# New Project Application: CoC Bonus

## Application Details

Applicant Legal Name:

Contact Person:

Employer Identification Number (EIN/TIN):

UEI Number:

Proposed Project Start Date:

Proposed End Date:

Total Amount Requested for this project:

Project Name:

Component Type/Sub-Type: [ ] PH-PSH [ ] PH-RRH [ ] Joint TH/PH-RRH

[ ] SSO-CE [ ] HMIS

Is the applicant delinquent on any Federal debt: [ ] Yes [ ] No

Is your organization, or subrecipient, a victim service provider: [ ] Yes [ ] No

Will funds requested in this application replace state/local government funds: [ ] Yes [ ] No

## Project Applicant and Subrecipient Information

|  |  |  |  |
| --- | --- | --- | --- |
|  | Organization Name | Amount | Attends LPB/ CoC Meetings |
| Applicant |  |  | Choose an item. |
| Subrecipient |  |  | Choose an item. |
| Subrecipient |  |  | Choose an item. |
| Subrecipient |  |  | Choose an item. |
| Subrecipient |  |  | Choose an item. |
| Subrecipient |  |  | Choose an item. |

## Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient) experience in effectively utilizing federal funds and performing the activities proposed in the application.

|  |
| --- |
|  |

1. Describe your organization’s (and subrecipient) experience in leveraging Federal, State, local and private sector funds.

|  |
| --- |
|  |

1. Describe your organization’s (and subrecipient) financial management structure and internal controls.

|  |
| --- |
|  |

1. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?

|  |
| --- |
|  |

***The following questions are supplemental and are not located in e-snaps.***

1. How has your program/agency participated in events or activities related to the promotion of racial equity in the homeless system? How does your program/agency promote diversity, equity, and inclusion? What are the outcomes of these efforts?

|  |
| --- |
|  |

1. How has your program/agency coordinated with healthcare agencies regarding health needs for homeless households?

|  |
| --- |
|  |

1. How has your program/agency coordinated with Public Housing Agencies?

|  |
| --- |
|  |

1. How does your program/agency incorporate participant feedback in daily program operations? How has your program/agency incorporated persons with lived experience in its decision-making processes?

|  |
| --- |
|  |

1. How does your program/agency ensure equitable access to services regardless of gender identity or sexual orientation?

|  |
| --- |
|  |

## Project Description

1. Provide a description that addresses the entire scope of the proposed project. The project description should include:
	1. Evidence of an unmet need.

|  |
| --- |
|  |

* 1. Description of the target population.

|  |
| --- |
|  |

* 1. Description of the referral process and how the project will utilize Coordinated Entry.

|  |
| --- |
|  |

* 1. Detailed description of the proposed supportive services.

|  |
| --- |
|  |

* 1. How the project will meet the service needs of the target population.

|  |
| --- |
|  |

* 1. Explanation of coordination efforts with other community agencies/partners, including access to mainstream benefits.

|  |
| --- |
|  |

* 1. How the project will address increased housing stability for participants.

|  |
| --- |
|  |

1. Enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

|  |  |
| --- | --- |
| Project Milestones | Days from Executionof Grant Agreement |
| Begin hiring staff or expending funds |  |
| Begin program participant enrollment |  |
| Program participants occupy leased or rental assistance units, or supportive services begin |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity |  |

1. Will the project have a specific subpopulation? Select all that apply.

[ ] Domestic Violence [ ] Veterans [ ] Substance Abuse

[ ] Youth (under 25) [ ] Mental Illness [ ] Families

[ ] HIV/AIDS [ ] Chronic Homeless [ ] Other

[ ] N/A - Project Serves All Subpopulations

1. Will the project participate in HMIS? [ ] Yes [ ] No
2. Will the project participate in the CoC's Coordinated Entry (CE) process, or if agency is a VSP, use an alternate CE process that meets HUD requirements? [ ] Yes [ ] No
3. Housing First
	1. Will the project quickly move participants into permanent housing? [ ] Yes [ ] No
	2. Will the project enroll program participants who have the following barriers?

[ ] Active or history of substance use

[ ] Having a criminal record, with exceptions for state-mandated restrictions

[ ] History of victimization (domestic violence, sexual assault, childhood abuse)

[ ] None of the above

* 1. Will the project prevent program participant termination for the following reasons? Select all that apply.

[ ] Failure to participate in supportive services

[ ] Failure to make progress on a service plan

[ ] Loss of income or failure to improve income

[ ] Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area

[ ] None of the above

* 1. Will the project follow a "Housing First" approach? [ ] Yes [ ] No
	2. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? [ ] Yes [ ] No
	3. Will more than 16 persons live in a single structure? [ ] Yes [ ] No

## 100% Dedicated or DedicatedPLUS

A *“100% Dedicated”* project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

A *“DedicatedPLUS”* project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, that at a minimum, meet one of the following criteria:

1. experiencing chronic homelessness.
2. residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project.
3. residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement.
4. residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness prior to entering the project.
5. residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years but has not done so on four separate occasions.
6. receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Is this project 100% Dedicated or DedicatedPLUS? [ ] Yes [ ] No [ ] N/A

*(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds.”)*

## Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

|  |
| --- |
|  |

1. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

|  |
| --- |
|  |

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

|  |  |  |
| --- | --- | --- |
| **Supportive Services** | **Provider** | **Frequency** |
| Assessment of Service Needs | Choose an item. | Choose an item. |
| Assistance with Moving Costs | Choose an item. | Choose an item. |
| Case Management | Choose an item. | Choose an item. |
| Child Care | Choose an item. | Choose an item. |
| Education Services | Choose an item. | Choose an item. |
| Employment Assistance and Job Training | Choose an item. | Choose an item. |
| Food | Choose an item. | Choose an item. |
| Housing Search and Counseling Services | Choose an item. | Choose an item. |
| Legal Services | Choose an item. | Choose an item. |
| Life Skills Training | Choose an item. | Choose an item. |
| Mental Health Services | Choose an item. | Choose an item. |
| Outpatient Health Services | Choose an item. | Choose an item. |
| Outreach Services | Choose an item. | Choose an item. |
| Substance Abuse Treatment Services | Choose an item. | Choose an item. |
| Transportation | Choose an item. | Choose an item. |
| Utility Deposits | Choose an item. | Choose an item. |

1. Identify whether the project will include the following activities:
	1. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? [ ] Yes [ ] No
	2. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? [ ] Yes [ ] No
	3. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? [ ] Yes [ ] No
		1. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. [ ] Yes [ ] No
	4. How is the SOAR model incorporated into the project?

|  |
| --- |
|  |

## Housing Type and Location

|  |  |  |
| --- | --- | --- |
| **County** | **# Units** | **# Beds** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |  |

## Budget Summary

|  |  |
| --- | --- |
| **Costs** | **Assistance Requested** |
| Acquisition; Rehabilitation; New Construction |  |
| Leased Units; Leased Structures |  |
| Rental Assistance |  |
| Supportive Services |  |
| Operating |  |
| HMIS |  |
| **Sub-total Costs** |  |
| Admin (up to 10%) |  |
| **Total Assistance + Admin** |  |
| Cash Match |  |
| In-Kind Match |  |
| **Total Match** |  |
| **Total Budget** |  |

Budget Narrative: Include a description for the line items, justifications for the expenses, and elaborate on how costs were calculated.

|  |
| --- |
|  |

## Assurances

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

* Applicant will complete the HUD Project Application forms with the same information as contained in this application unless the Ranking Committee has made adjustments during the rating/ranking process.
* Applicant agrees to participate fully in the Homeless Management Information System (HMIS), or comparable database, and enter data in a timely and accurate manner.
* Applicant agrees to abide by all CoC Written Standards applicable to the project that funding is requested for.
* Applicant agrees to ensure that the proposed project participates in the Coordinated Entry system, which includes using the Coordinated Assessment(s) approved by the CoC.
* Applicant agrees that HUD CoC funded homeless projects will be monitored by the Collaborative Applicant. This can include an annual site visit, annual submission of the applicant’s most recent APR submitted to HUD, and submission of the most recent audited financial statement.
* If awarded funding, the applicant agrees to inform the Collaborative Applicant when the following occur:
* There are changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD.
* Any programmatic changes that will prevent the project from fulfilling its obligations.
* There is an increase/decrease of other funding to the project that could affect the projected number of participants served, services provided, ability to meet matching or leveraging requirements, etc.
* There is a delay in the start-up of a new project.

|  |  |
| --- | --- |
|  |  |
| (Please print or type) | (Title) |
|  |  |
| (Electronic Signature) | (Date) |