|  |
| --- |
| **AGENCY PROFILE** |
| Legal Name of Agency |   |
| Project Name |   |
| Contact Person |   |
| Title |   |
| Address |   |
| Email |   |
| Phone |   |

Check one:

[ ]  Permanent Supportive Housing for Chronically Homeless

[ ]  DedicatedPLUS Permanent Supportive Housing

[ ]  Rapid Re-Housing

[ ]  Joint Transitional Housing-Rapid Re-Housing

[ ]  Supportive Services Only – Coordinated Entry

[ ]  HMIS

Check one:

[ ]  New Project Application from Reallocated Funds

[ ]  Bonus Project Application

[ ]  Domestic Violence Bonus Project Application

[ ]  Consolidation (must complete Renewal Project Application in addition)

[ ]  Transition (must complete Renewal Project Application in addition)

[ ]  Expansion (must complete Renewal Project Application in addition)

Authorized Representative: *I hereby certify that the information contained in this proposal is true and accurate. Any falsification of information will render the application void, and the application will not be accepted. This application has been reviewed and authorized for submission by the agency’s board of directors as of the date indicated.*

|  |  |
| --- | --- |
| Name:  | Title:  |
| Date of Board/Local Planning Body Authorization: |   |
| Date of Anticipated Board/Local Planning Body Authorization: |   |

**ELIGIBILITY THRESHOLDS**

Basic HUD Eligibility Thresholds must be satisfied before the CoC may consider a new or bonus project application for funding.

1. Please indicate by checking the boxes if the agency has any of the following:

a. Outstanding obligation to HUD that is in arrears for which a payment schedule has not been agreed upon;

[ ]  Yes [ ]  No If yes, please explain: Click here to enter text.

b. Debarments and/or Suspensions- In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the federal government;

[ ]  Yes [ ]  No If yes, please explain: Click here to enter text.

c. Unresolved monitoring findings or outstanding (agency or HUD) audit findings;

[ ]  Yes [ ]  No If yes, please explain: Click here to enter text.

d. Inadequate financial management or accounting practices within the past three years;

[ ]  Yes [ ]  No If yes, please explain: Click here to enter text.

e. Evidence of untimely expenditures on prior award;

[ ]  Yes [ ]  No If yes, please explain: Click here to enter text.

f. Major capacity issues that have significantly impacted the operation of a project and its performance within the past three years;

[ ]  Yes [ ]  No If yes, please explain: Click here to enter text.

g. Issues impacting the timeliness in reimbursing subrecipients for eligible costs;

[ ]  Yes [ ]  No If yes, please explain: Click here to enter text.

h. Served ineligible persons, expended funds on ineligible costs, or failed to expend funds within statutorily established timeframes within the past three years;

[ ]  Yes [ ]  No If yes, please explain: Click here to enter text.

2. Does applicant have a financial management system that meets federal standards as described at 2 CFR 200.302? ;

[ ]  Yes [ ]  No Please describe: Click here to enter text.

3. Does the agency employ or contract services of an accountant who is familiar with Generally Accepted Accounting Principles (GAAP)?

[ ]  Yes [ ]  No

4. Does the agency obtain an annual audit by an independent certified public accountant?

[ ]  Yes [ ]  No

5. Has your organization been monitored by HUD in the past three (3) years? Yes/No

***If yes,*** include as attachments: Monitoring report from HUD, your organization’s response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

***If no,*** reference most recent monitoring by an entity other than HUD for federal or state funding (ESG, CDBG, etc) and include as attachments: Monitoring report, your organization’s response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

**All projects must include as attachments (please number each attachment as follows):**

[ ]  #1: Proof of 501(c)3 status from the IRS

[ ]  #2: Financial statements, including cash flow statement

[ ]  #3: Non-profit Corporation Update (2013) or equivalent

[ ]  #4: DUNS number and Standard Form 424 (SF-424)

[ ]  #5: Active registration in SAM

[ ]  #6: Most recent audit by an independent certified public accountant

[ ]  #7: Monitoring report by HUD or other federal or state funding entity, including any responses if there were findings noted in the report

[ ]  #8: Documentation of all match

[ ]  #9 Project Application in e-Snaps

[ ]  #10 Preliminary Rendering and Site Plan (if applicable)

**NEW AND BONUS PROJECT APPLICATION**

*See scorecard for scoring criteria in each question.*

**PROJECT OVERVIEW**

1.a. Provide a description that addresses the entire scope of the proposed project. (Include target population(s), the plan for addressing identified needs/issues of the identified target population, projected outcomes, how the project type, scale and location of housing and support services fit the needs of the identified target population.) *(1,000 word limit)*

 Click here to enter text.

1.b. Describe the plan to assist in participants securing and maintaining permanent housing that is safe, affordable, accessible and acceptable to their needs. *(500 word limit)*

 Click here to enter text.

1.c. Describe how participants will be assisted to rapidly increase employment and/or income to maximize their ability to live independently. *(500 word limit)*

 Click here to enter text.

**EXPERIENCE**

2. Describe the experience of the applicant and sub-applicants in working with the proposed target population and in providing housing similar to that proposed in the application. *(500 word limit)*

 Click here to enter text.

|  |  |
| --- | --- |
| Chronically homeless |[ ]  Families |[ ]
| Veterans |[ ]  Youth (18-25) |[ ]
| Domestic Violence |[ ]

3. Describe the experience of the applicant and sub-applicants with utilizing a Housing First approach. *(500 word limit)*

Click here to enter text.

4. Describe the experience of the applicant and sub-applicants in utilizing federal funds. *(500 word limit)*

 Click here to enter text.

5. Describe the process for the determination of the type, amount, and the duration of rental assistance for participants. *(500 word limit)*

Click here to enter text.

6. Does the project commit to taking all referrals through the Local Planning Body’s Coordinated Entry process?

Yes/No If no, explain: Click here to enter text.

7. What would be the prioritization process for households referred to this project? How will it be determined who is most vulnerable and the best fit for any referrals to this project? Provide detail from policy established by the Local Planning Body. *(500 word limit)*

Click or tap here to enter text.

8. Will all participating households served in this project be recorded in HMIS or an equivalent database for Domestic Violence, in accordance with the Balance of State CoC’s Data Quality Standards?

Yes/No If no, explain: Click here to enter text.

9. Describe the plan for rapid implementation of the project, documenting how the project will be ready to begin housing the first participant. Provide a detailed schedule of proposed activities for 60 days, 120 days and 180 days after grant award. *(500 word limit)*

Click here to enter text.

**ORGANIZATIONAL CAPACITY**

10. Describe agency key staff positions and qualifications of individuals who will carry out the project *(500 word limit)*:

Click here to enter text.

11. Describe the agency’s financial management system, including financial reporting, record keeping, accounting systems, payment procedures, procurement processes, and audit requirements *(500 word limit)*:

Click here to enter text.

|  |  |
| --- | --- |
| Scope of Proposed Project | Proposed Households Served |
| Total units | Click here to enter text. | Households with at least one adult and one child | Click here to enter text. |
| Total beds | Click here to enter text. | Adult households without children | Click here to enter text. |

**PROJECT BUDGET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Requested Funds** | **Other Funding** | **Total Project Cost** | **% of Total Budget** |
| Acquisition |   |   |   |  % |
| New Construction |   |   |   |  % |
| Rehabilitation |   |   |   |  % |
| Leasing |   |   |   |  % |
| Rental Assistance |   |   |   |  % |
| Supportive Services |   |   |   |  % |
| Operating Costs |   |   |   |  % |
| HMIS  |   |   |   |  % |
| Project Administration (up to 10%) |   |   |   |  % |
| Total Project Cost |   |   |   |  |

Complete Match and Leveraging worksheet, Attachment A.

See scorecard for scoring criteria based on budget information, questions 12-15

**Attachment A**

Identify all HUD and non-HUD funding that comprises the project budget. Only those dollars or non-cash contributions (in-kind) that directly support the project should be listed. This may include federal, state, or local government funds, private funds, grants, and/or other sources, including donations.

**Match must be at least 25% of total funding requested. Documentation of match must be provided with the application.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Resource** | **Cash or In Kind** | **Committed or Planned/ Pending** | **Available (MM/YY)** | **Amount/ Value** | **% of Total Budget** | **Serves as CoC Program Match? (Y/N)** |
|   | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|   | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|   | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|   | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|   | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|  | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|   | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|   | Cash/Kind | C/PP | MM/YY |   | %. | Yes/No |
| **Total leveraged from other sources** |   | % |  |

**Attach additional forms as necessary**

**Attachment B**

**HUD General Section Certificates**

The agency certifies to the Balance of State Continuum of Care that it and its principals are in compliance with the following requirements as indicated by checking the box.

[ ]  *Fair Housing and Equal Opportunity*. See CFR 578.93 for specific requirements related to Fair Housing and Equal Opportunity.

[ ]  *Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity.* See the Federal Register dated February 1, 2012, Docket No. FR 5359-F-02 and Section V.C.1.f. of the FY 2017 General Section.

[ ]  Debarment and Suspension. See Section III.C.4.c. of the FY 2015 General Section. Additionally, it is the responsibility of the recipient to ensure that all subrecipients are not debarred or suspended. (24 CFR 578.23((3)(c)(4)(v).d. Delinquent Federal Debts. See Section V.B.3. of the FY 2017 General Section.

[ ]  Compliance with Fair Housing and Civil Rights. See Section V.C.1.a. of the FY 2017 General Section.

[ ]  Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency (LEP). See Section V.C.1.d. of the FY 2017 General Section.

[ ]  Economic Opportunities for Low- and Very Low-income Persons (Section 3). See Section V.C.1.c. of the FY 2017 General Section.

[ ]  Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct. See Section V.C.15. of the FY 2017 General Section.

[ ]  Prohibition Against Lobbying Activities. See Section V.C.15. of the FY 2017 General Section.

[ ]  HUD Habitability Standards inspections on all units, at a minimum.

[ ]  Participation in HUD-Sponsored Program Evaluation. See Section V.C.5. of the FY 2017 General Section.

[ ]  Environmental Requirements. Notwithstanding provisions at 24 CFR 578.31 and 24 CFR 578.99(a) of the CoC Program interim rule, and in accordance with Section 100261(3) of MAP-21 (Pub. L. 112-141, 126 Stat. 405), activities under this NOFA are subject to environmental review by a responsible entity under HUD regulations at 24 CFR part 58.

[ ]  Drug-Free Workplace. See Section VI.B.9. of the FY 2015 General Section. n. Safeguarding Resident/Client Files. See Section V.C.11 of the FY 2017 General Section.

[ ]  Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended. See Section V.C.13. of the FY 2017 General Section.

[ ]  Lead-Based Paint Requirements. For housing constructed before 1978 (with certain statutory and regulatory exceptions), CoC Program recipients must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801, et seq.), as amended by the Residential Lead-Based

[ ]  Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851, et seq.); and implementing regulations of HUD, at 24 CFR part 35; the Environmental Protection Agency (EPA) at 40 CFR part 745, or State/Tribal lead rules implemented under EPA authorization; and the Occupational Safety and Health Administration at 29 CFR 1926.62 and 29 CFR 1910.1025.

[ ]  Attestation that all attachments as required by HUD are uploaded in e-snaps. See Notice of Funding Availability for the 2018 Continuum of Care Program Competition FR-6200-N-25.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the 2018 General Section, found at: <https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps> to ensure eligibility.

Agency:

Acknowledged By:

Title:

Date: