|  |
| --- |
| **APPLICANT PROFILE** |
| Legal Name of Applicant |   |
| Project Name |   |
| Project Start Date |   |
| Contact Person |   |
| Title |   |
| Address |   |
| Email |   |
| Phone |   |

Check one:

[ ]  Coordinated Entry System - Supportive Services Only (SSO)\*

[ ]  Homeless Management Information System

*An \* indicates this project type may be eligible for the Domestic Violence Bonus*

Check one:

[ ]  Standard Renewal (no change from FY18)

[ ]  Expansion (additional questions referenced in this application)

[ ]  New Project from Reallocated Funds (additional questions referenced in this application)

[ ]  Bonus – including Domestic Violence Bonus (additional questions referenced in this application)

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 applicant’s board of directors as of the date indicated.*

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

**ELIGIBILITY THRESHOLDS**

New and Bonus Projects Only: *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 applicant 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 If yes, please describe: Click here to enter text.

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

[ ]  Yes [ ]  No

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

[ ]  Yes [ ]  No

*All applicants must demonstrate they have met minimum project eligibility, capacity, timeliness, and performance standards to be considered for funding.*

**General Project Information**

*Please note questions that are directed to specific application types (i.e. Renewal, Expansion, New, or Bonus) and make sure to answer only those questions which reflect the application type desired.*

**1a.** **Renewal or Expansion Projects: Provide a narrative describing how the project’s performance met the plans and goals established in the current project’s application (as specified and/or allowed by the Notice of Funding Availability [NOFA] under which the project was originally funded), the project’s performance in assisting the Balance of State CoC to bring an effective end to homelessness, and record of success. (Answer must satisfy requirements in Section V.C.3.c.of the NOFO for their project type.) *(500 word limit)***

 Click here to enter text.

**1b.** **New or Bonus Projects: Provide a narrative describing the identified need and scope of the project, its geographic coverage, and what plans and goals will be set for the project to assist communities in bringing an effective end to homelessness (including targeted outcomes that fit within the Balance of State CoC’s goals and plans). (Answer must satisfy requirements in Section V.C.3.c.of the NOFO for their project type.) *(500 word limit)***

 Click here to enter text.

**2. Has the project had any significant changes since the last funding approval?**

**Yes/No If “yes” complete the chart below to indicate the change.**

|  |  |  |  |
| --- | --- | --- | --- |
| Check change type |  | Previous | New |
|[ ]  Decrease in the number of persons/households served |   |   |
|[ ]  Change in project site location |   |   |
|[ ]  Change in target population |   |   |
|[ ]  Change in component type |   |   |
|[ ]  Change in grantee/applicant |   |   |
|[ ]  Line item or cost category budget changes more than 10% |   |   |
|[ ]  Other: Click here to enter text. |   |   |
| If change was made include as many of the following that apply as attachments to your application: |
| Attached(check) |  |
|[ ]  Attachment: Written communication to HUD requesting the significant change |
|[ ]  Attachment: HUD’s written approval of the change requested |
|[ ]  N/A: HUD has not yet provided written approval of the requested change |

**3. Does this project have any subrecipients? If so, please list (1) name of each subrecipient, (2) amount of funding allocated to each subrecipient, (3) geographic area of service, and (4) activities completed by each subrecipient. Attach additional forms as needed.**

Click or tap here to enter text.

**EXPANSION PROJECTS ONLY**

*Complete the following questions if this project is proposed as an Expansion to a current project.*

**4. In what ways would this funding increase grant activities within the CoC geographic area? Include specific outputs or process deliverables. (*500 word limit*)**

Click or tap here to enter text.

**5. Why is this Expansion necessary for consideration? Detail the identified need based on relevant data or process information, HUD guidance, or informed consultation. (*500 word limit*)**

Click or tap here to enter text.

**NEW OR BONUS PROJECTS ONLY**

*Complete the following questions if this project is proposed as a New or Bonus project.*

**6. Why is this New or Bonus project necessary for consideration? Detail the identified need based on relevant data or process information, HUD guidance, or informed consultation. (*500 word limit*)**

Click or tap here to enter text.

**Performance and Improvement**

**7a. Renewal or Expansion Projects: List the outcomes reported to HUD for this project and describe the project’s progress in reaching those outcomes. *(500 word limit)***

 Click here to enter text.

**7b. New or Bonus Projects: List the outcomes that will be reported to HUD for this project and describe the how the project intends to reach these outcomes. *(500 word limit)***

 Click here to enter text.

**8. Does the project have a Continuous Quality Improvement plan or process? If yes, describe. *(500 word limit)***

Click here to enter text.

**9. How will this project ensure alignment in practices with the Policy Priorities listed under II.A. (pg. 7) in the HUD NOFO as well as the MIBOSCOC funding Priorities found in the FY21 Project Application Guide? *(500 word limit)***

Click here to enter text.

**10. How does (How will, for New or Bonus Project applications) the project’s progress toward specific outcomes support the efforts of permanent housing projects throughout the CoC? *(500 word limit)***

Click here to enter text.

**11. How does/will this project incorporate equity into the work it does accomplishing set goals and tasks? *(500 word limit)***

Click here to enter text.

**Efficient Use of Funding**

**12a. Renewal or Expansion Projects: Complete the following chart using the project’s last completed project year. If the project does not have a completed year, provide information based on the project balance as of the date of this application.**

|  |  |
| --- | --- |
| a. Total amount awarded | Click here to enter text. |
| b. Total amount spent | Click here to enter text. |
| c. Percentage spent (answer b. divided by a. multiplied by 100) | Click here to enter text. |

Click or tap here to enter text.

**12b. New or Bonus Projects: Describe the process in place to ensure that the project, if awarded by HUD, is fully expended by the end of the project year and that drawdowns from the electronic Line of Credit Control System (eLOCCS) are completed on a quarterly basis. *(500 word limit)***

Click or tap here to enter text.

**13. Renewal Projects: It is critical that all HUD CoC funding received within the Balance of State CoC is used fully and effectively to end homelessness for the area(s) served. Projects with significant amounts of recaptured funding do not demonstrate effectiveness at reaching this goal and place the BoS CoC at high risk of losing HUD CoC funding in future application rounds.**

**Does this project wish to voluntarily reallocate (in part or in whole) in order to improve the overall effectiveness of the Balance of State CoC?**

Please note: Voluntary reallocation may result in additional application materials requested by the HUD CoC Application and Evaluation Committee. Refer to the Infrastructure Detailed Instructions and Voluntary Reallocation Consideration Guide for more information.

Click or tap here to enter text.

**HUD Monitoring**

**14a. Does the applicant have any HUD monitoring findings for any of its projects? Yes/No**

 **If yes, explain below in detail for the HUD CoC Application and Evaluation Committee. Include details on the nature of the finding, along with the resolutions and corrective actions taken, if any.**

Click here to enter text.

**14b. 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 the entity that finding or concern has been satisfied, and any other relevant documentation.

**Organizational Capacity**

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

Click here to enter text.

**16. Describe the applicant’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.

**17. Does the recipient or subrecipients have a person or persons who have experienced homelessness on their Board currently? If not, what is the plan to add a person with lived expertise by the time project funding is received? (*500 word limit)***

Click here to enter text.

**Financial Information**

**PROJECT BUDGET**

**18. Expansion, New, Bonus: If this project cannot be awarded at the full level requested by the applicant, can it function effectively with a partial award of requested funds? Please detail the lowest amount of new/additional funding would be accepted by the applicant and any other increments between request and funding floor.**

Click here to enter text.

**19. Applicant must complete and attach budget template for the appropriate project type (HMIS Lead, HMIS Non-Lead, Coordinated Entry-SSO).**

**Appendix A**

Match resources must equal to at least 25% of the total requested HUD funding, including project and administrative costs. Please note, Cash and In-Kind Match must qualify as eligible program expenses under the CoC interim rule.

Identify all match using the chart below. 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. Worksheet should reflect information in eSnaps application.

**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 HUD Project Award** |
|   | Cash/Kind | C/PP | MM/YY |   | % |
|   | Cash/Kind | C/PP | MM/YY |   | % |
|   | Cash/Kind | C/PP | MM/YY |   | % |
|   | Cash/Kind | C/PP | MM/YY |   | % |
|   | Cash/Kind | C/PP | MM/YY |   | % |
|   | Cash/Kind | C/PP | MM/YY |   | % |
|   | Cash/Kind | C/PP | MM/YY |   | % |
|   | Cash/Kind | C/PP | MM/YY |   | %. |
| **Total match** |   | % |

**Attach additional forms as necessary**

**Appendix B**

Attachments listed below are required but unscored. Failure to include any documentation that is required may result in disqualification of the application. *Please number all attachments in accordance with the list below.*

**All projects must include as attachments:**

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

[ ]  #2: Documentation of all match

[ ]  #3: Project Application in e-Snaps (if applicant is the project recipient)

[ ]  #16: Detailed Budget

**All New or Bonus projects must include as attachments:**

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

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

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

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

[ ]  #8: Active registration in SAM

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

**Appendix C**

**HUD General Section Certificates**

The applicant 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.

[ ]  Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs (24 CFR Parts 5, 91, 92, 93, 200, 247, 547, 576, 880, 882, 883, 884, 886, 891, 905, 960, 966, 982, and 983).

[ ]  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.

Applicant:

Acknowledged By:

Title:

Date: