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

Project Type (check one):

[ ]  Permanent Supportive Housing

[ ]  Rapid Re-Housing

[ ]  Joint Transitional Housing / Permanent Housing – Rapid Re-Housing

Renewal Application Option (check one):

[ ]  Standard Renewal (no change from FY20)

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

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

[ ]  Expansion (must complete New 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 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: |   |

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

**GENERAL PROJECT INFORMATION**

1a. Provide a narrative describing the purpose and design of this project. Responses should detail the goals of the project, the target population for the project, and how participants are served within the project. *(500 word limit)*

Click or tap here to enter text.

1b. Provide a narrative describing how the project’s performance met the plans and goals established in the current project’s application, the project’s performance in assisting program participants to achieve and maintain independent living, and record of success. If the renewing project does not have a completed project year, provide a narrative response based on all completed quarters of the project year. *(500 word limit)*

Click or tap here to enter text.

1c. Using the chart below, indicate the county or counties served by this project, the number of households planned for service in each county, and the number of households actually served per the last completed project year or all completed quarters of the current project year. If the renewing project does not have a completed project year, indicate the planned number of units per county and the actual number served as of the date of this application.\*

|  |  |  |
| --- | --- | --- |
| County | Planned Households | Actual Number Served |
| Click or tap here to enter text. | Click here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. | Click here to enter text. |

*\*Attach additional forms as needed to list all counties.*

Provide an explanation if the number of households planned is less than the actual number served.

Click or tap 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 number of units |   |   |
|[ ]  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 subrecipients, geographic area of service, number of households to be served, and amount of funding allocated to the subrecipient. Attach additional forms as needed.

Click or tap here to enter text.

**SECTION I: Project Effectiveness**

4. Is the project dedicated to serve priority populations (Veterans, Chronically Homeless, Families, Youth, Domestic Violence Survivors)? Enter the number of units dedicated for each population at turnover (Dedicated Plus for chronically homeless only).

|  |  |
| --- | --- |
|  | Number of Units |
|  | Dedicated | Dedicated Plus |
| Veterans | Click here to enter text. |  |
| Chronically Homeless | Click here to enter text. | Click here to enter text. |
| Families | Click here to enter text. |  |
| Youth | Click here to enter text. |  |
| Domestic Violence | Click here to enter text. |  |

5. Low Barrier

|  |
| --- |
| **Which of the following will prohibit potential participants from being accepted into this project?** |
| Having too little or not enough income |[ ]
| Active substance use or history of substance abuse |[ ]
| Having a criminal record (other than for state-mandated restrictions) |[ ]
| Domestic violence (requiring survivor to take specific actions or demonstrate distance from assailant) |[ ]
| None of the above |[ ]

Please briefly explain your response. Click or tap here to enter text.

6. Housing First

|  |
| --- |
| **Which of the following criteria are used to exit participants from this project?** |
| Failure to participate in supportive services |[ ]
| Failure to make progress on a service plan |[ ]
| Loss of income or failure to improve income |[ ]
| Being a victim of domestic violence |[ ]
| Failure to participate in any other activity not typically covered in a lease agreement |[ ]
| None of the above |[ ]

Please briefly explain your response. Click or tap here to enter text.

7a. All recipients of HUD CoC Program funding are required to participate in the Balance of State CoC Coordinated Entry System, as implemented through its Local Planning Bodies. Did the project take 100% of all referrals from the Coordinated Entry System in the past project year? Yes/No

7b. Within the last complete project year, how many referrals from the Coordinated Entry System were received by this project? How many referrals from the Coordinated Entry System were ultimately not served by this project? What was the rationale for not serving these referrals? *(500 word limit)*

Click or tap here to enter text.

8. What is the prioritization process for households referred to this project? How is it 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.

9a. Does the project have a clear and defined process for upholding VAWA protections for project participants? Detail the process both within the project and in coordination with Coordinated Entry. (500 word limit)

Click or tap here to enter text.

9b. For DV Specific Projects Only: Using internal survey data, what percentage of project participants report a greater awareness of safety options and outcomes after participating in the project?

Click or tap here to enter text.

**Efficient Use of Funding**

*Expectations for Narrative: Narratives are not required. If an applicant chooses to include narrative to supplement data provided, it should be a concise explanation that outlines any extenuating circumstances.*

10. What was the project’s unit utilization rate? Please use the last completed project year or all completed quarters from the current project year. *(Average of Utilization Rate – Point-in-Time Count of Households on Last Wednesday in APR Q8b [or for Persons, Q7b]; see Detailed Instructions)*

11. Does the applicant anticipate unexpended project funds at the expiration of the current project year? Yes/No

If yes, how much? Click or tap here to enter text.

12. In the last 3 years, did the applicant have any unexpended funds for any BoS CoC HUD CoC project – *regardless of project type* – at the expiration of the project year? *(Please exclude the most recent project year for the project that is the subject of this renewal application. This information will be received in question 13.)* Yes/No

If yes, how much? *(Note HUD CoC Competition year and project name)*

Click or tap here to enter text.

13. 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. **Documentation of the eLOCCS balance is required as an attachment to this application.**

|  |  |
| --- | --- |
| a. Total amount authorized within eLOCCS | Click here to enter text. |
| b. Remaining balance in eLOCCS | Click here to enter text. |
| c. Percentage recapturedDivide answer b. by answer a. and multiply by 100 | Click here to enter text. |

14. Were drawdowns made to eLOCCS at least quarterly?Yes/No

If drawdowns did not occur at least quarterly, what does the applicant intend to improve through the next project year to address this requirement?

Click or tap here to enter text.

15. 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 low utilization rates and 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.

If this project was not fully utilized or expended, will the applicant voluntarily reallocate at least a portion of the project? If so, what portion of funding and service area would the applicant choose to retain and serve as effectively as possible?

If the applicant does not wish to voluntarily reallocate, describe how this project will improve utilization and/or drawdowns to the benefit of the community or communities served. *(500 word limit)*

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

Click or tap here to enter text.

**HMIS Participation**

*Expectations for Narrative: Narrative response is not required. If an applicant chooses to include narrative to supplement data provided, it should be a concise explanation that outlines any extenuating circumstances.*

16. Indicate how many APR Data Quality Elements (DQE) have 5% or less null or missing values from the last completed project year or all completed quarters from the current project year *(APR Q06)*:

|  |
| --- |
| Data Quality Element APR 6a.-6d. |
| Number of elements with 5% or less null or missing values |
| DQE 6a. | DQE 6b. | DQE 6c. | DQE 6d. |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Total the numbers above, divide by 16, multiply by 100 for a percent: Click here to enter text. |

Optional narrative:Click or tap here to enter text.

**HUD Monitoring**

17a. Does the recipient have any HUD monitoring findings in any of the applicant’s projects? Yes/No

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

Click here to enter text.

17b. Has the applicant been monitored by HUD in the past three (3) years? Yes/No

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

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

**Impact on Homelessness – System Performance**

18. Is this project the only CoC funded project with dedicated beds to a particular target population? *Answered by the HUD CoC Application and Evaluation Committee based on all applications submitted for this NOFA.*

19. Funds that are reallocated may be added to renewal projects to increase the number of households served. If funding is available:

Would this project accept additional funds? [ ]  Yes [ ]  No

How would additional households be served with these funds?

Click here to enter text.

20. Is the applicant (or identified subrecipient[s]) a participating member of any Balance of State Continuum of Care Committees, including any Local Planning Body Committees served by this project? Yes/No

Complete the “FY21 Participation Form” for each recipient and subrecipient in the project (one form per recipient/subrecipient).

**Serving High Need Populations**

*Expectations for Narrative: Narrative response is not required. If an applicant chooses to include narrative to supplement data provided, it should be a concise explanation that outlines any extenuating circumstances.*

*Using data from the last completed project year or all completed quarters from the current project year, provide responses to the questions below.*

21. What percentage of the households served met “hard to serve” criteria defined as having zero income at start/entry? *(APR Q18. Value for Adults with No Income at Start divided by Total Adults)*:

Click here to enter text.

22. What percentage of the households served met “hard to serve” criteria defined as having two (2) or more physical or mental health conditions known at start/entry *(APR Q13a2. add totals for two and three or more conditions, then divide by total)*:

23. What percentage of the households served were chronically homeless?*(APR Q26a. divide total chronically homeless by total households)*:

Click here to enter text.

**Section II. Project Performance**

**Performance Data**

*Expectations for Narrative: Narrative responses are not required. If an applicant chooses to include narrative to supplement data provided, it should be a concise explanation that outlines any extenuating circumstances.*

*Using data from the last completed project year or all completed quarters from the current project year, provide responses to the questions below.*

**Permanent Support Housing Projects:**

24. Length of Stay: Calculate the percentage of leavers that remained in the project more than 180 days *(APR 22a1)*

Click here to enter text.

25. Exits to Permanent Housing: Calculate the percentage of participants who remained in the project or exited to permanent housing destinations. *(Total Persons* *Exiting to Positive Housing Destinations APR Q23c+ Stayers Q05a)/ [Total Served Q05a – Excluded Q23c]*

26. New or Increased Income and Earned Income

a. What percent of project stayers had new or increased earned income within the project year? (*APR 19a1)*

Click here to enter text.

b. What percent of project stayers had new or increased other (non-employment) income within the project year? (*APR 19a1)*

Click here to enter text.

c. What percent of project leavers had new or increased earned income within the project year? (*APR Q19a2)*

Click here to enter text.

d. What percent of project leavers had new or increased other (non-employment) income within the project year? (*APR Q19a2)*

Click here to enter text.

**Rapid Re-Housing or Joint Transitional Housing/Rapid Re-Housing Projects:**

24. Length of Stay: Calculate the percentage of participants that took 30 days or less from project entry to lease up. *(CAPER 22C)*

Click here to enter text.

25. Exits to Permanent Housing: Calculate the percentage of participants who exited to permanent housing destinations. *(Total* *Persons Exiting to Positive Housing Destinations APR Q23c)/ [Total Leavers Q05a – Excluded Q23c]*

Click here to enter text.

26. New or Increased Income and Earned Income

a. What percent of project leavers had new or increased earned income within the project year? (*APR 19a2)*

Click here to enter text.

b. What percent of project leavers had new or increased other (non-employment) income within the project year? (*APR 19a2)*

**Financial Information**

**PROJECT BUDGET**

Complete the chart below for all funds associated with this project.

If this project has subrecipients, include an additional sheet to show how these funds are allocated among subrecipients.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **HUD Requested Funds** | **+** | **Other Funding** | **=** | **Total Project Cost** |
| Leasing |   |   |   |
| Rental Assistance |   |   |   |
| Supportive Services |   |   |   |
| Operating Costs |   |   |   |
| HMIS  |   |   |   |
| Project Administration (up to 10%, follow GIW) |   |   |   |
| Total Project Cost |   |   |   |

**Attachment A**

Except for leasing, 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**

**Attachment 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:**

[ ]  #1: Annual Progress Report (APR) for the project’s most recent completed contract year, or all completed quarters from the current contract year.

[ ]  #2: Line of Credit Control System (LOCCS) report showing drawdowns and final balance

[ ]  #3: FY21 Participation Form

[ ]  #4: Project Application submitted in e-snaps

[ ]  #5: Documentation of all match

**Each applicant must include one of the following two (#6):**

[ ]  Monitoring report from US Department of Housing and Urban Development (HUD)

[ ]  Monitoring report from an entity other than HUD for federal or state funding (ESG, CDBG, etc)

**If relevant include (#7):**

[ ]  A: Organization’s response to any findings

[ ]  B: Documentation from HUD (or other entity) that the finding(s) or concern(s) has been satisfied

[ ]  C: Any other relevant documentation

[ ]  D: Written communication to HUD requesting the significant change indicated in question 2.

[ ]  E: HUD’s written approval of the change requested in question 2.

**Attachment 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 2021 Continuum of Care Program Competition FR-6200-N-25.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the 2021 General Section, found at: <https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps> to ensure eligibility.

Applicant:

Acknowledged By:

Title:

Date: