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

Check one:

[ ]  Rapid Re-Housing

[ ]  Joint Transitional Housing-Rapid Re-Housing

[ ]  Permanent Supportive Housing ([ ]  Dedicated PLUS or [ ]  PSH for Chronically Homeless)

Please also note the following:

[ ]  Bonus/DV Bonus

[ ]  New or Reallocation funds

And/or

[ ]  Expansion (III.B.4.b.(7) in FY2023 NOFO, page 49)

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 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 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

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, applicant’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, applicant’s response to any findings, documentation from the entity that finding or concern has been satisfied, and any other relevant documentation.

**Applicant Information**

**1. 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.

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

Click here to enter text.

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

Click here to enter text.

**4. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.**

Click here to enter text.

**Project Description**

**5a.** **Provide a description that addresses the entire scope of the project. Responses should detail the project type, goals of the project, and how households will be served within the project. (Answer must satisfy requirements in Section III.C.5.b (page 54) and III.C.5.c (page 55) of the NOFO for their project type.)**

Click here to enter text.

**5b. Using the chart below, outline county or counties, or trust land or reservations to be served by the project and the number of households planned for service.**

|  |  |
| --- | --- |
| **County/Tribal Nation** | **Planned Households** |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. |

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

*\*\* Projects intending to locate project-based housing projects on trust land or reservations must have a formal resolution from the Tribe authorizing Continuum of Care funding activities in their jurisdiction if the applicant is not the Tribe.*

**5c. Complete the chart with the number of units within each project type**

|  |  |  |
| --- | --- | --- |
|  | **Project Type** | **Total Number** |
| **Units** | Choose an item. | Click here to enter text. |
| **Beds** | Choose an item. | Click here to enter text. |
| **Second only necessary for Joint TH/RRH Projects** |  |  |
| **Units** | Choose an item. | Click here to enter text. |
| **Beds** | Choose an item. | Click here to enter text. |

**6.** **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 the point of project entry and at unit 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. |  |

**7. 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. How does the project plan to take 100% of all referrals through the Coordinated Entry System if housing? Or work with Coordinated Entry if the project is an SSO? *(500 word limit)***

Click here to enter text.

**8a. Low Barrier**

|  |
| --- |
| **Which of the following will prohibit potential households 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 |[ ]

**Explain your response.** Click or tap here to enter text.

**8b. Housing First**

|  |
| --- |
| **Which of the following criteria would be used to exit households 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 |[ ]

**Explain your response.** Click or tap here to enter text.

**Supportive Services**

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

Click here to enter text.

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

Click here to enter text.

**11a. What supportive services will be provided in this project by the applicant?**

Click or tap here to enter text.

**11b. What supportive services will be provided in this project by a subrecipient?**

Click or tap here to enter text.

**11c. What supportive services will be provided by community partners with an MOU?**

Click or tap here to enter text.

**Project Effectiveness**

**12. How will this project align with the Balance of State Continuum of Care Prioritization policy? Are there any anticipated areas where the project would not be able to follow the CoC Prioritization policy? (*500 word limit*)**

Click or tap here to enter text.

**13. 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.

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

Click or tap here to enter text.

**15. Describe the agency’s orientation and ongoing training for project staff. (*500 word limit*)**

Click or tap here to enter text.

**16. How will this project ensure alignment in practices with the Policy Priorities listed under I.A.4.b. (pg. 6) in the HUD NOFO? *(500 word limit)***

Click or tap here to enter text.

**17. How will this project ensure participants are able to secure and maintain medical insurance? *(500 word limit)***

Click or tap here to enter text.

**18. How will this project prevent participants from eviction while in the project? If participants are evicted or must leave the housing unit to avoid eviction, how will the project ensure participants are not terminated from the project? *(500 word limit)***

Click or tap here to enter text.

**19. Is the applicant (or potential subrecipients) a member of the Local Planning Body/Bodies and Balance of State Committees/Subcommittees?** Yes/No

Complete the “FY23 LPB Participation Form” for each project application.

**Equity Factors**

**20. What has applicant done to reduce barriers to services and successful outcomes for all participants with attention paid to barriers for BIPOC, LGBTQ+, and persons with disabilities? *(500 word limit)***

Click here to enter text.

**21. How has the applicant improved practices and reviewed project outcomes with a racial equity lens? *(500 word limit)***

Click here to enter text.

**22. What has the applicant done to increase racial and ethnic diversity within staff and leadership, including Board positions? *(500 word limit)***

Click here to enter text.

**23. Explain the process for actively seeking, receiving, and incorporating feedback from project participants. (*500 word limit)***

Click here to enter text.

**24. Detail participation in the agency and the project from homeless and formerly homeless persons currently and any future plans to improve. (*500 word limit)***

Click here to enter text.

**Project Design Bonus**

**25. Does this project utilize housing subsidies or subsidized housing units not funded through the CoC or ESG Programs? If yes, provide the numbers of units/participants anticipated in your answer.**

Click or tap here to enter text.

**26. Is this project coordinating with a healthcare provider for supportive services? If yes, what % of the total amount requested for the project will be matched by the healthcare provider services? Provide the amounts committed in your answer and attach a formal written agreement from the healthcare provider(s).**

Click or tap here to enter text.

**Applicant Experience**

**27. Describe the experience of the applicant (and potential subrecipients) in working with the proposed target population and in performing the activities proposed in the application. Provide concrete examples to illustrate the experience and expertise in a) working with and addressing the housing and supportive service needs of the target population; and, b) developing and implementing relevant projects and/or services. *(500 word limit)***

Click here to enter text.

**28. Will all participating households served in this project be recorded in the Homeless Management Information System (HMIS) or a comparable database used by Domestic Violence service providers, in accordance with the Balance of State Continuum of Care’s Data Quality Standards?**

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

**If using a comparable database as a Domestic Violence service provider, name the software to be used by this project and describe its capacity to provide reports similar to those provided by HMIS. *(200 word limit)***

Click or tap here to enter text.

**29. Describe the plan for rapid implementation of the project, documenting how the project will be ready to begin housing the first household. 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.

**30. For PSH Projects Only:**

**Does the applicant commit to participation in the MIBOSCOC’s PSH Support Workgroup and adherence to the CoC’s Service Standards? Describe participation plan below. *(500 word limit)***

Click here to enter text.

**Organizational Capacity**

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

Click here to enter text.

**32. Proposed project start date (must be on a first of the month) (between June 2024 and October 2024):**

Click here to enter text.

**Domestic Violence Dedicated Projects Only**

**33. Increasing Participant Safety: Describe how this project will increase the safety of the households served. In your response, please be sure to address the following:**

**a. Staff training on safety planning;**

**b. How the project will work with the clients to identify what is safe for them as it relates to living in a scattered-site rental unit;**

**c. How will congregate living spaces (if applicable to this project) be kept safe by ensuring the security of doors and windows, maintaining well-light areas, etc.**

**d. How will project location for any dedicated units and/or congregate living spaces be kept confidential;**

**e. How will the project measure the extent to which it has increased the safety of program participants?**

***(700 word limit)***

Click here to enter text.

**34. Experience Providing Trauma-Informed and Survivor or Victim Centered Services: Describe the recipient and/or subrecipient’s experience utilizing trauma-informed, person-centered approaches that meet the needs of persons fleeing domestic violence. *(500 word limit)***

Click here to enter text.

**PROJECT BUDGET**

**35. 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.

Each column should have information entered into it. Other funding will include leveraging and required match.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **HUD Requested Funds** | **+** | **Other Funding** | **=** | **Total Project Cost** |
| Leasing |   |   |   |
| Rental Assistance |   |   |   |
| Supportive Services |   |   |   |
| Operating Costs |   |   |   |
| Emergency Motel/Shelter |  |  |  |
| Unit Repairs |  |  |  |
| Capacity Building |   |   |   |
| HMIS |  |  |  |
| Project Administration (up to 10%) |   |   |   |
| **Total Project Cost** |   |   |   |

**Appendix 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.

Drafted MOUs must be included as attachments but do not need to be executed at the time of application submission.

**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 (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: UEI 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 FY23 LPB Participation Form

**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: