|  |
| --- |
| **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 FY22)

[ ]  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:  |
| Signature: |  |

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

**SECTION I: Project Performance**

1. Does the agency have an acceptable organizational audit/financial review? Yes/No

(Provide Attachment)

2. Were draws completed at least quarterly in eLOCCS? Yes/No

3a. 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)*

 Click here to enter text.

3b. 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. |

4. Quarterly Scorecard:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total Points Earned | Total Points Applicable | Percent Score |
| a. Data Quality Score:  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| b. Project Performance Score:  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| c. Total Scorecard: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

5. Coming FY24: Quarterly Scorecard Improvement Rate

6. What is the cost per permanent housing exit for this project?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Total Project Budget | ÷ | b. Total of Stayers and Exits to PH Destinations  | = | c. Cost Per Permanent Housing Exit |
| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |

*Optional—Provide additional information on the calculation above:*

Click or tap here to enter text.

**DV Projects Only**

7. Detail how the project ensures and increases the safety of project participants. (500 word limit)

Click here to enter text.

8. Detail how the applicant uses a trauma-informed, survivor-centered approach in service delivery. (500 word limit)

Click here to enter text.

**Section II. Recipient Performance**

**Serving High Need Populations**

*Expectations for Narrative: Narrative response is not required unless noted. 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.*

9. What percentage of the households served met high service needs 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.

10. What percentage of the households served met high service needs 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)*:

Click here to enter text.

11a. What percentage of the households served were chronically homeless?*(APR Q26a. divide total chronically homeless by total households)*:

Click here to enter text.

11b. For Permanent Supportive Housing Project Only—If answer is less than 100% please explain why this is and how the project is working to improve the amount of chronic households served:

Click here to enter text.

**Applicant Agency Processes**

12. Does the applicant serve on MIBOSCOC Committees beyond the Local Planning Body? If so, detail committees and contributions. *(500 word limit)*

Click or tap here to enter text.

13. 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.

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

Click here to enter text.

15. 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.

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

Click here to enter text.

17. 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.

18. Detail the project applicant’s policy and process for preventing eviction for participants in this project and for preventing participants from early termination of service once entered into the project. (*500 word limit)*

Click here to enter text.

19. Detail the caseload size for staff of this project and include caseload for any other project(s) the staff person may also be employed in. (*500 word limit)*

Click here to enter text.

20. Detail how the applicant requires all project staff to complete all MIBOSCOC recommended online training modules for the project type. (500 word limit)

Click here to enter text.

**Section III. Project Description**

21. Provide a narrative description that covers the entire purpose, design, and scope 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. *(1000 word limit)*

Click or tap here to enter text.

22. 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. |  |

23a. 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 |[ ]

Provide a narrative answer to give more detail regarding how your project is low barrier.

 Click or tap here to enter text.

23b. 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 |[ ]

Provide a narrative answer to give more detail regarding how your project is housing first aligned.

 Click or tap here to enter text.

24a. 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

24b. 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.

25a. 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.

25b. If the project has subrecipients, describe the processes by which the applicant will ensure quality of service provided by subrecipient(s) and monitor actions, results, and spending?

Click or tap here to enter text.

26a. What supportive services will be provided in this project by the applicant?

Click or tap here to enter text.

26b. What supportive services will be provided in this project by a subrecipient?

Click or tap here to enter text.

26c. What supportive services will be provided by community partners with an MOU?

Click or tap here to enter text.

27. PSH Projects Only: Has your agency attended the PSH Cohort sessions? If so, who has attended; if not, please explain.

Click or tap here to enter text.

28. 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.

**Section IV. Requested Funds**

29. Total Budget and Rental Assistance Calculation (Feasibility)

Complete the chart below for all funds associated with this project. All columns should have an entry.

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

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

30. Detail the documented and secured match for this project, complete Attachment A, and attach In-Kind match MOUs.

Click or tap here to enter text.

31. Is the project applicant having trouble spending the grant fully each year or serving the contracted number of households? If yes, would the project applicant like to consider reallocating part or all of the grant?

Click or tap here to enter text.

**Section V. Application Review**

32. Are all attachments submitted? (Answered by Funding Committee.)

33. Was the application submitted on or before the due date? (Answered by Funding Committee.)

34. Is this application complete with answers provided on every line and answers with data matching those in the related APR? (Answered by Funding Committee.)

**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: Organizational audit/financial review for last completed fiscal year.

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

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

[ ]  #4: FY23 LPB Acknowledgement Form for each Local Planning Body served by this project

[ ]  #5: Documentation of all match (See Detailed Instructions for requirements)

**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 (#7-11):**

[ ]  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 G4.

[ ]  E: HUD’s written approval of the change requested in question G4.

**Attachment C**

**HUD Communications and General Section Certificates**

1. 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 Funding Committee. Include details on the nature of the finding, resolution and corrective actions taken, if any.

Click here to enter text.

2. 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.

3. 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 |

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 Agency:

Acknowledged By:

Title:

Date: