

FY 24 HUD CoC Competition Renewal Project Application

This application will be utilized by the Rating and Ranking Committee as part of our local competition. Applications are due by **September 20th at 5 PM**. This application will not be turned into HUD. This application has been designed so that organizations can fill it out once and include information for each renewal project they are applying for. You are welcome to fill out multiple forms if the responses for different projects differ beyond where space is provided to reflect that.

If your project is selected and added to the ranked list, an eSnaps application must be completed by Monday, **October 18th at 5 PM** with a .pdf being sent to josh@heartlandhoused.org

Funds available for new projects for FY 24 will be posted as soon as they are made available by HUD.

Please see [HUD's Continuum of Care Competition page](#) for additional information. Please thoroughly review [HUD's Notice of Funding Opportunity](#) to ensure your agency meets all threshold requirements. You can review the Renewal Project Scoring Tool at the Heartland HOUSED CoC Competition Page.

For more information on the HCoC Local Competition please go to the grants page at www.heartlandhoused.org.

* Indicates required question

1. Organization Name and Address *

2. Project Name(s) and Project Type(s): List all projects you are applying for a renewal for *

3. Contact Person/Title/Phone Number/Email *

4. FUNDING REQUEST (Must match Grant Inventory Worksheet): If multiple projects, * list each name and funding request

5. Provide a description that addresses the entire scope(s) of the proposed project(s). * Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

Additionally, if your project will implement service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented. **(This question is a part of the eSNAPS application)**

If easier, you are welcome to email this response as a file to josh@heartlandhoused.org

6. If you have multiple grants of the same type, are you exploring grant consolidation? Explain reasoning if not.

THRESHOLD FACTORS

7. 1. Do you certify that none of your policies and procedures have changed in ways that could impair any of your federal obligations, including: *

Check all that apply.

- identifying and lowering its barriers to housing in line with a Housing First approach
- entering data for all CoC-funded beds into HMIS (or comparable database for domestic violence services).
- maintaining adequate internal financial controls, record maintenance and management, and policies regarding termination of assistance, client appeals, ADA and fair housing requirements, and confidentiality.
- providing equal access and fair housing without regard to sexual orientation, gender identity, local residency status, or any other protected category
- only accepting new participants if they can be documented as eligible for this project's program type based on their housing and disability status
- participation in Coordinated Entry
- ADDITIONAL PROJECT (section already completed)

8. 2. The project fills 100% of beds through the Coordinated Entry System and follows CES polices. Additionally, the organization commits to being a Coordinated Entry access point with a minimum of two staff trained to conduct Coordinated Entry assessments. *

Mark only one oval.

YES

No

9. Provide a description of your organization's plan for ensuring all referrals for this project comes through the CES and maintaining a minimum of two trained CE assessors. Share relevant information about how many CE assessments your organization has completed between January 1 and August 1 of this year. If your organization has had challenges meeting this threshold requirement please provide a description.

10. 3. The project is an active participant in the Homeless Management Information System (HMIS) or comparable database if a victim services provider. *

Mark only one oval.

YES

No

11. Active participation in HMIS means that, at a minimum, the organization is entering all required data for this project in a timely manner. Describe how you train your staff to enter this data and what your expectations are for timely entry of data. Additionally, community planning to effectively address homelessness requires the HCoC to pursue quality data across all projects that serve people experiencing homelessness, please describe the other non-HUD funded projects your organization has that utilize HMIS. If your organization has projects that do not utilize HMIS, please share a rationale for why they are not included.

12. 4. This project meets appropriate requirements for project type found on pages 59-67 of HUD's NOFO. *

Mark only one oval.

YES

No

13. 5. The matching funds for the project meet HUD's standards as described in the CoC Interim Rule and requirements in Notice of Funding Opportunity. *

Mark only one oval.

YES

No

14. Organization commits to supporting Lived Experience Advisory Board efforts by responding to requests for nominations for individuals to serve on the board. *

Mark only one oval.

YES

No

COMPLIANCE

15. 6. Have you received any negative audit findings or concerns in the past 2 years as part of any HUD audits or financial audits? If so, please briefly describe those findings and your agency's response. If you did not receive any such findings, please type "N/A". *

16. 7. Were 100% of your bed openings in the past year reported to and filled from the Coordinated Entry System? If less than 100%, please explain. *

Community

17. 8. Please briefly describe your agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since last year's NOFO. In particular, did you participate meaningfully in 4 or more voluntary events, lead a successful event or training, or provide leadership for CoC Task or Work Group? *

18. 9. Did your agency voluntarily reallocate any HUD CoC Program funds in the previous two NOFO competitions? If so, why did you reallocate this funding? *

19. 10. Do you engage people with lived experience in your program design and policy making? If so, how? For example, do you include people with lived experience on your staff or board of directors? Do you have a consumer advisory board that meets regularly? Do you regularly administer consumer satisfaction surveys or convene client focus groups? *

20. 11. Have you analyzed project data to identify barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population? Do you have a plan to use this data to eliminate barriers identified? *

SYSTEM PERFORMANCE

21. 12. Please describe efforts to increase income of clients and connections to mainstream benefits. *

22. 13. Please describe the quality of your supportive services. Please make sure that * your response includes:

- (a) what services you offer,
- (b) why those services are thoughtfully matched to the needs of your target population,
- (c) what kind of training your supportive services staff has,
- (d) why your staff-to-client ratio is appropriate for your program, and
- (e) how your supportive services help create positive outcomes for your clients.

Bulleted lists, short phrases, and summaries are appropriate.

FULL UTILIZATION

23. 14. What was the cost per household served of the project(s) using the following formula: HUD Award divided by (project unit capacity + household discharges to Permanent Housing). Example A: The RRH project receives a HUD award of \$200,000. It is contracted for 10 units. 6 households moved to Permanent Housing during the most recent grant year that has been completed. \$200,000 divided by (10 + 6) equals cost per unit of \$12,500

24. 15. Have you faced any circumstances that made it difficult or impossible for you to fully utilize your beds? If so, please briefly explain your situation. If you have a plan to improve bed utilization in future years, please describe that plan. This question is optional. If you do not wish to answer this question, please type "pass".

25. 16. Have you faced any circumstances that made it difficult or impossible for you to draw down all of your HUD funding? If so, please briefly explain your situation. If you have a plan to improve grant spend down in future years, please describe that plan. This question is optional. If you do not wish to answer this question, please type "pass".

PRIORITIZATION

26. 17. Does the project ensure that participants are not screened out or terminated from the program for the following reasons?

Does the project enroll program participants who have the following barriers?

Check all that apply.

- Having too little or little income
- Active or history of substance use
- Having a criminal record with exceptions for state-mandated restrictions
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse)
- Failure to participate in supportive services
- Failure to make progress in service plan
- Loss of income or failure to improve income

27. 18. Does the project prevent program participant termination for the following reasons? Select all that apply.

Check all that apply.

- Having too little or little income
- Active or history of substance use
- Having a criminal record with exceptions for state-mandated restrictions
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse)
- Failure to participate in supportive services
- Failure to make progress in service plan
- Loss of income or failure to improve income

28. 19. Does the project ensure that participants are not screened out or terminated from the program for the following reasons?

From detailed instructions. Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as, sobriety or a minimum income threshold). See Section III.B.2.o of the NOFO for additional information. Any project application submitted as using a Housing First approach must continue operating as such during the upcoming grant term. This approach quickly connects individuals and families experiencing homelessness to permanent housing:

- no barriers to entry (e.g., sobriety, treatment, or service participation requirements);
- no preconditions (e.g., sobriety, income); and
- does not terminate program participants from the project for lack of participation (e.g., supportive service participation requirements or rules beyond normal tenancy rules).

Check all that apply.

- YES
- NO

29. 20. What types of severe needs have you encountered while serving clients? *
What have been the most challenging elements of providing services for the program(s)?

30. 21. Does your project affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, limited English proficiency, religion, sex, gender identity, sexual orientation, age, familial status, and/or disability to engage people who are least likely to apply in the absence of special outreach? If so, how do you do this? *

Renewal Project Checklist:

31. Please ensure each of the following items are emailed to josh@heartlandhoused.org by the appropriate deadline.

Check all that apply.

- PDF of most recently submitted HUD APR for the project(s)
- The budget for your project.

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