

VT Coalition to End Homelessness (VT Balance of State CoC)
FFY2015 HUD Continuum of Care Program * Notice of Funding Availability

PROPOSAL LETTER

Any eligible entity wishing to submit a request to fund a NEW and/or RENEWAL CoC Project during this year's HUD CoC NOFA must complete this form and submit it to VT State Housing Authority (Daniel Blankenship) before **4PM FRIDAY, JULY 24**. Only one request per form.

Webinar Trainings (repeated): JULY 07, 2015 at 11:00 AM and July 10, 2015 at 2:00 PM

1. Options for any FFY2015 CoC Projects (pick one):

NEW CoC Project **RENEW-Retool** Transitional Housing CoC Project **RENEW** Current CoC Project

- **VT BoS CoC County/Counties Served by Proposed CoC Project** (list all): _____
- **Local CoC Ranking Level:** HIGH MEDIUM LOW NONE
- Applicant is in **good standing** with any and all state & federal funding: YES NO
- Applicant certifies the *availability*, if selected, to commit **25% minimum match**, above HUD CoC Program funds, from other sources [i.e. Medicaid, ESG, FSH, DMH, Other] for this NEW or RENEWAL CoC Project Proposal: YES NO (non-eligible)
- **Name All Sources/Amounts:** 1) _____ 2) _____
3) _____ 4) _____ 5) _____
- **CoC Project Name** (proposed new or renewal): _____
- **Name of Primary Applicant** (Direct HUD Recipient, if awarded): _____

Subrecipient(s)-if applicable: _____

Primary Partners-if applicable: _____

Eligible Applicants: Non-profit organizations, States, local governments, and instrumentalities of State or local governments are eligible to apply. Rental assistance must be administered by a State, unit of general local government, or a public housing agency. Only HMIS Lead may apply for HMIS projects.

2. Resources for new & renewal CoC Projects:

- **Intro to VT CoCs Guide** (soon on www.helpingtohouse.org or request from VSHA)
- **FFY2015 VT BoS CoC Project Funding Guide** (www.helpingtohouse.org or request from VSHA)
- **HUD CoC Program Interim Rule**
https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf
- **FFY2015 HUD CoC Program Registration Notice**
<https://www.hudexchange.info/resource/4464/fy-2015-coc-program-registration-notice/>
- **Strategic Resource Allocation: Role of Long-Term, Congregate Transitional Housing in Ending Homelessness** http://usich.gov/usich_resources/coc-resources/
- **Creating Effective Systems to End Homelessness: Guide to Reallocating Funds in CoC Program**
http://usich.gov/resources/uploads/asset_library/FINAL_Reallocation_Tool_09_30_14.pdf.

*** **Attend** one of the Webinars and **Read** related resources materials, especially- "VT BoS Project Funding Guide"; "HUD CoC Program Interim Rule" [**Subparts C/D/F/G**]; "Intro to VT CoC's"; websites.***

3. Eligible Types for NEW CoC Projects Only (pick one):

Permanent Housing-**Rapid Rehousing**/*Tenant-Based Rental Assistance only/Literal Homeless-coming directly from Streets, Shelter-including GA motel, or Fleeing Domestic Violence (DV):*

Pick one or more: ◇ Individuals ◇ Families ◇ Unaccompanied Youth (18-24) ◇ Fleeing DV

Rental Assistance Administrator: ◇ VSHA ◇ Local PHA ◇ Unit of Local Government ◇ State: _____

Requested CoC Funding Amount (*County FMR amounts X number/size of units*): _____

Permanent Housing-**Permanent Supportive Housing**/*Chronic Homeless only* (pick one housing type):

Pick one or more: ◇ Individuals ◇ Families ◇ Unaccompanied Youth (18-24)

Pick one or more: ◇ Severe/Persistent Mental Health ◇ Chronic Substance Disorder ◇ Other: _____

Pick one: ◇ *Tenant-Based Rental Assistance* ◇ *Sponsor-Based RA* ◇ *Project-Based RA*

Rental Assistance Administrator: ◇ Local PHA ◇ Unit of Local Government ◇ State: _____

Requested CoC Funding Amount (*County FMR amounts X number/size of units*): _____

◇ Project-Based/Leasing [Recipient/Subrcpt leases building] ◇ Project-Based/Operations [owns building]

Recipient (pick one): ◇ Non-Profit ◇ Local PHA ◇ Unit of Local Government ◇ State: _____

Number & Size of Units: _____ **Address-Units/Building(s):** _____

Project TOTAL Budget Request: _____ **Housing Budget Request:** _____

New Dedicated-**HMIS** Project (*HMIS Lead only*) – Requested Amount: _____

General New HMIS Activities: _____

New **Coordinated Assessment System** Project – County/Area: _____ Amount: _____

General Activities: _____

4. Population Change for a RENEW-Retool Transitional Housing CoC Project (pick one or more):

Homeless Youth **Persons Fleeing Domestic Violence** [*including in a shelter/GA motel voucher*]

Homeless Persons in Recovery/Treatment from Addiction

5. Eligible Types to RENEW Current CoC Project with no Changes (pick one):

PH/Permanent Supportive Housing (i.e. Shelter+Care) **PH/Rapid Rehousing** **HMIS**

Transitional Housing (serving “certain needs”) **Other Transitional Housing/Safe Havens**