**Vermont Coalition to End Homelessness (VCEH) (VT-500 Balance of State Continuum of Care)**

 FFY2021 HUD Continuum of Care Program - Notice of Funding Opportunity

**REQUEST FOR PROPOSALS (RFP) – NEW PROJECTS**

**REISSUE FOR DOMESTIC VIOLENCE (DV) BONUS FUNDING**

Any eligible entity that wishes to submit a RFP application for a NEW DV project during this year’s U.S. Housing & Urban Development (HUD) Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) must complete the attached form (only one Project request per RFP form) and submit it electronically before **NOON EST Wednesday, October 6, 2021** to the:

 Vermont State Housing Authority (VSHA) (Daniel Blankenship: daniel@vsha.org)

**INTRODUCTION**

The Vermont Balance of State Continuum of Care (VT BoS CoC) is accepting proposals for projects to be submitted for funding consideration to the U.S. Department of Housing & Urban Development (HUD) with Federal Fiscal Year (FFY)2021 Continuum of Care (CoC) Program funding.

Applications must be submitted to the Vermont State Housing Authority (VSHA), who serves as the Collaborative Applicant for the Vermont Balance of State Continuum of Care (VT BoS CoC) geographic area. The VT BoS CoC geographic area encompasses all counties in Vermont, except Chittenden.

We are seeking proposals to address housing and service priorities for households fleeing domestic (individual or families with children under 18).

**ALL eligible entities, including those that do not currently receive CoC Program funds, are encouraged to submit proposals for any of the VT BoS CoC FFY2021 CoC Program funds listed below.**

HUD is allowing each CoC to submit one Domestic Violence (DV) Coordinated Entry Bonus project and multiple DV Bonus RRH or Joint TH-RRH projects.

Expansion project applications are allowed for reallocation, CoC bonus or DV bonus[[1]](#footnote-1) funding.

All VCEH planning and other resources related to the FFY2021 HUD CoC NOFO competition will be posted on the VT BoS CoC website at: **http://helpingtohousevt.org/whatwedo/hud/**.

1. All Requests for Proposals must be submitted to the VCEH/VT BoS CoC Collaborative Applicant, VT State Housing Authority (VSHA)[[2]](#footnote-2) – daniel@vsha.org, no later than the date listed in this RFP above.
2. As part of the VT BoS CoC FFY2021 HUD CoC NOFO competition any **ELIGIBLE APPLICANT** must submit an Application to the VT BoS CoC through VSHA for consideration for NEW DV Bonus CoC Program Project(s)\*\*.
3. The VCEH **RANKING COMMITTEE** will use the approved CoC POLICY & TOOLS, HUD and CoC priorities, as well as CoC Program NOFO thresholds and guidance, to determine funding and project ranking submissions to HUD. DV Bonus funding projects already submitted will get priority.
4. **APPEALS PROCESS**: The eligible applicant may send a written response to the CoC Collaborative Applicant [VSHA] or the VCEH CoC Project Ranking Committee if there is an objection to the determination (rejected, reduced funding, lower priority, or other reason). In addition, any applicant whose project is rejected by the VT BoS CoC may appeal the decision by submitting a Solo Application in e-snaps directly to HUD prior to the application deadline of 8PM EST on November 16, 2021. See FFY2021 CoC NOFO for more information.
5. **Coordinated Entry** projects do not need to submit this form but must confirm their intent in writing to use DV Bonus funds by the date listed on page 1.
6. **AVAILABLE FUNDING as of 9/29/2021** Read the “FFY2021 CoC Program NOFO” for full details (

|  |  |  |
| --- | --- | --- |
| **Amount (Approximate)** | **Designated Uses/Source** | **Eligible Applicants** |
| $214,990 | New or Expansion ProjectsDV Bonus Funding | Any eligible entity per CoC Program NOFO |

1. **ADDITIONAL RESOURCES**:
* **HUD CoC Program Interim Rule** <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>
* **FY2021 HUD CoC Program Notice of Funding Opportunity (NOFO)** <https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nofa-coc-program-competition/>
* **CoC Program Grants Administration User Guide** <https://www.hudexchange.info/resource/2946/coc-program-grants-administration-user-guide/>
* **HUD E-SNAPS**  <https://esnaps.hud.gov/grantium/frontOffice.jsf>

**FFY2021 HUD COC PROGRAM PROJECT APPLICATION TASKS AND DEADLINES**

VT Coalition to End Homelessness (VT-500 Balance of State Continuum of Care)

|  |  |
| --- | --- |
| **TASK** | **DEADLINE** |
| HUD releases the FFY2021 HUD CoC Registration Notice | January 14, 2021 |
| HUD releases FFY2021 HUD **CoC Notice of Funding Availability (NOFO)** | August 18, 2021 |
| VSHA **releases RFP and Application form** via VCEH email listserv, emails (VT League of Cities & Towns, Local CoCs, PHAs, Other Stakeholders), Social Media (VHFA Blog/Facebook/Twitter) and TV (PSAs) | September 1, 2021 |
| **CoC Chair votes (with local input)** on CoC Project Review Tools & Committee Members. CoC Project Ranking Policy approved in August.**Collaborative Applicant (VSHA) updates** VT BoS CoC on Funding Options. | On or before September 15, 2021 |
| VSHA-Daniel Blankenship is **available to answer basic questions** via email-only related to submission of the application form and process. | September 1 – 22, 2021 |
| **HMIS & Coordinated Entry:** Intent to apply for NEW & RENEWAL projects due to VSHA:Email (daniel@vsha.org)  | Before 4:00 PM Friday, September 17, 2021 |
| **CoC Project applications are due** to VSHA via: email (daniel@vsha.org) or fax (802-828-2111)\*applicant must confirm after sending | Before 4:00PM Wednesday, September 29, 2021 |
| **Additional DV Bonus Applications are due** to VSHA via: email (daniel@vsha.org) or fax (802-828-2111)\*applicant must confirm after sending | By NOON Wednesday, October 6th, 2021 |
| **ALL CoC Project applications will be forwarded**by VSHA to the VCEH CoC Project Ranking Committee. | Before 4:00PMFriday, October 1, 2021 |
| VCEH CoC Project Ranking Committee will meet to **review, accept/reject and prioritize/rank** all VT BoS CoC applications with available HUD funds. | TBD during first week of October 2021 |
| Proposed Applicants will be notified if their project(s) were **Accepted/Rejected/Reduced** AND the **CoC Ranking number** (if accepted). | Before 4:00PMThree business days from the Project Ranking Committee meeting  |
| Proposed Applicants that are rejected or reduced must **submit a written appeal to the CoC Collaborative Applicant [VSHA]** via:* VSHA - email (daniel@vsha.org) or fax (802-828-2111)
 | Before 4:00PMThree business days from date of notification |
| The CoC Ranking Committee will review all appeals and make a final determination (if different), sent by VSHA to each applicant. | Before 4:00PMThree business days from appeal submission deadline  |
| All CoC Program project applications *approved* by the Ranking Committee must be **completed/submitted in e-snaps and submitted to the Collaborative Applicant within the e-snaps system.** | Before 4:00PM Wednesday, October 27, 2021 |
| Any applicant whose project is rejected by the VCEH **may appeal the decision directly to HUD**, *with a Solo Application in e-snaps*, if the project applicant believes it was denied the opportunity to participate in the Vermont Balance of State CoC planning process in a reasonable manner.\*See the FFY2021 CoC NOFO for full details\* | Before 8:00PMTuesday, November 16, 2021 |

**FFY21 VT BoS CoC Program Initial Project Application**

1. **CoC Project Name** (proposed new or renewal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Applicant Name and Contact Information[[3]](#footnote-3)** (Direct HUD Recipient, if awarded):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Applicant Agency Type (pick one)** [ ]  **Non-Profit** [ ]  **Local Government** [ ]  **State Entity** [ ]  **PHA**

*Subrecipient(s)-if applicable:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Primary Partners/Providers-if applicable*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Pick a funding source and the project type (Pick ONE):**

[ ]  NEW-**DV BONUS**\*

**Project Type:**

[ ]  Rapid Rehousing (RRH)

*(Tenant-Based Rental Assistance only, (Sponsor/Project-Based only available for YHDP project)*

Households including i*ndividuals*, *youth/young adults (18-24)*, *families* who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3.

[ ]  Joint Transitional Housing-Rapid Rehousing (TH-RRH)

Households including i*ndividuals*, *youth/young adults (18-24)*, *families* who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3.

*\*DV Bonus projects can only serve households that are fleeing or attempting to flee of domestic violence, dating violence, sexual assault, human trafficking or stalking who are defined as homeless at 24 CFR 578.3*

**ALL PROJECTS** *(Note that DV Bonus applicants chosen for funding may have to do additional narratives as required by HUD application process)*

1. **CoC Project Description:** Describe project design showing the target population, plan to address housing and supportive service needs, projected outcomes, and coordination with partners. (Limit response to no more than one page)

***DV Bonus Project Applicants*** *– In addition to the description above, you must specifically quantify the need for the project, how large that need is compared to other homeless populations and how this project fills the gap you identified. Include total number of survivors of domestic violence in geographic area and number of survivors currently being served and how you calculated the two numbers. (4A-2 and 2a of CoC Application)*

Explain here:

1. **VT BoS CoC County/Counties Served by Proposed CoC project** (list all):
2. **Does the applicant or identified subrecipient have any unresolved HUD Monitoring and/or OIG Audit findings covering any previous grant?**

[ ] YES [ ]  NO

If yes, explain:

1. **Match:** Applicant certifies the *availability*, if selected, to commit/provide arequired, **minimum 25% match**, above total budget HUD CoC Program funds, from other otherwise unobligated sources [i.e. Medicaid, HOP, FSH, DMH, Private, Other]?

[ ] YES [ ]  NO (not eligible for funding)

**Name all identified match sources AND total amounts for the CoC Program project:**

1)

2)

3)

1. **If awarded, will the CoC Program project participate in VT BoS CoC Coordinated Entry System?**

[ ]  YES [ ]  NO (*non-eligible*)

1. **If awarded, will this CoC Program project use the VT HMIS Implementation?**

[ ]  YES [ ]  NO

**If No, are you a Victim Service Provider (VSP) who will use a HMIS comparable *database?***

[ ]  YES [ ]  NO

1. **Will you ensure participants move quickly into permanent housing?**

[ ]  YES [ ]  NO

1. **Will/Does the project follow a “Housing First Approach”?**

[ ]  YES [ ]  NO

 **12a. Housing First - Low Barrier**: **Will participants be screened-out of HUD CoC projects due to any of the following?**

[ ]  *Too Little or No Income*

[ ]  *Active or History of Substance Abuse*

[ ]  *Criminal record with exceptions for state-mandated restrictions*

[ ]  *History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)*

[ ]  *None of the Above*

 **12b. Housing First Principles**: **Will HUD CoC project participants be terminated based upon any of the following?**

[ ]  *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*

[ ]  *Other activity not covered in typical lease agreement*

[ ]  *None of the above*

**Population Targets**

1. **Subpopulation – Choose all that apply**

[ ]  Individuals [ ]  Families [ ]  Youth (18-24) [ ]  Veterans [ ]  DV and other survivors

[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Target Disability– Choose all that apply** (PSH must choose at least one, other projects types may choose one or none)

[ ]  Severe/Persistent Mental Illness

[ ]  Substance Use

[ ]  Other Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No target

1. **CoC Project Budget**

|  |  |  |
| --- | --- | --- |
| **Type of Cost** | **Proposed Budget** | **Proposed Activities Covered by Budget** (I.e. type of rental assistance, number of units, staff, supportive service type, details of housing costs details, etc.) |
| *Rental Assistance (TBRA, SBRA, PBRA)* |  |  |
| *Leasing* |  |  |
| *Operations* |  |  |
| *Services* |  |  |
| *HMIS* |  |  |
| *Admin Costs* *(up to 10%)* |  |  |
| *TOTAL* |  |  |

Number and Size of Rental Subsidies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County(s) Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address-Units/Building(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rental Assistance Administrator (if applicable)

[ ]  **Non-Profit Organization** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **Local Government** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **State Entity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **PHA** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subrecipient(s) and Primary Service Provider(s):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. **Leveraging Healthcare Resources[[4]](#footnote-4)**

Do you have formal written agreements with a health care organization? [ ]  Yes [ ]  No

* + MUST submit agreement with application

Describe what they are below:

1. **Equity –Agency**
2. [ ]  YES - [ ]  NO - Do your agency management and leadership staff include people from typically under-represented populations (black, indigenous, people of color, people who identify as LGBTQIA+, etc.)?
3. [ ]  YES - [ ]  NO - Does your Board of Directors (or equivalent decision making entity) include people from typically under-represented populations (black, indigenous, people of color, people who identify as LGBTQIA+, etc.)?
4. [ ]  YES - [ ]  NO - Does your Board of Directors (or equivalent decision making entity) include representation from more than one person with lived experience?
5. [ ]  YES - [ ]  NO - Does your agency have process for receiving and incorporating feedback from persons with lived experience?
6. [ ]  YES - [ ]  NO - Has your agency reviewed internal policies and procedures with an equity lens and has a plan for updating policies that currently center white dominant culture?
7. **Equity Factors – Outcomes**
8. [ ]  YES - [ ]  NO - Have you reviewed participant outcomes in your current projects with an equity lens? (including disaggregation of data by race, ethnicity, gender identify, and/or age)
9. [ ]  YES - [ ]  NO - Have you identified programmatic changes needed to make participant outcomes more equitable and developed a plan to make those changes?
10. [ ]  YES - [ ]  NO - Will you work with the CoC’s HMIS Lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identify, and/or age?

**ADDITIONAL QUESTIONS** - **NEW COC PROGRAM PROJECT PROPOSALS**

1. **Do you operate any homeless dedicated projects?**

[ ]  YES [ ]  NO

If yes, do they participate in the VT HMIS or if a VSP do they use a comparable database?

[ ]  YES [ ]  NO

**Project Design and Funding**

1. **Is this NEW project application requesting a “Project Expansion” of an eligible renewal project of the same component type?**

[ ]  YES [ ]  NO

If YES, which of the following activities describe the expansion proposal (check all that apply)?

[ ]  Increase the number of homeless persons served

[ ]  Provide additional supportive services to people experiencing homelessness

[ ]  Bring existing facilities up to state/local government health and safety standards

[ ]  Replace the loss of nonrenewable funding

If requesting a project expansion, answer the following (as applicable):

* 1. What is current level of effort (# persons at PIT, # units, and # of beds) and proposed new effort (# additional persons at PIT, # additional units and # additional beds)
1. Describe the reason for the supportive services increase indicated above (such as expansion of services? Increased frequency? increased intensity?) OR
2. Describe how the project is proposing to bring the existing facility(ies) up to state/local government health and safety standards. OR
3. Replacing the loss of nonrenewable funding (private, federal, other excluding state/local government) Yes or NO

Explain here:

1. **Describe experience with administering RRH projects and state/federal funding.** (limit response to no more than half a page)

***DV Bonus Project Applicants:*** *In this narrative you must specifically address your previous performance in serving people who are survivors of domestic violence, dating violence, sexual assault, or stalking. The description must include experience in meeting safety outcomes including training, adjusting intake space, interview techniques, and working with households to identify units. Safety must be defined in partnership with the participant and include supports and skill that add to household stability. Also include experience with trauma-informed, victim-centered approaches. (4A-4c of CoC Application)*

Explain:

1. **Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds.** (limit response to no more than half a page)

Explain:

1. **Describe the basic organization and management structure of the applicant and potential subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.** *Include the organization and management structure of the applicant and all subrecipients; be sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.*

Explain:

1. **Timeliness of Grant Activities Complete the following chart** (pick at least one)

|  |  |  |
| --- | --- | --- |
| **Project Milestones** | **Days from Execution of Grant Agreement** | **Days from Execution of Grant Agreement** |
|  | Location or Structure A | Location or Structure B |
| New project staff hired, or other project expenses begin? |  |  |
| Participant enrollment in project begins? |  |  |
| Participants begin to occupy leased units or structures(s) and supportive services begin? |  |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? |  |  |
| Closing on execution of a structure lease? |  |  |

1. **Describe outreach plan including how program participants will be identified and connected with the offered housing and services and how the project will work with coordinated entry.** (limit response to no more than half a page)
2. **Are the proposed project policies and practices consistent with the laws (including the McKinney-Vento Act) related to providing education services to individuals and families?**

[ ]  YES [ ]  NO [ ]  Not applicable

**If yes, will the proposed project assign staff to ensure that children and youth are enrolled in school and receive educational services, as appropriate?**

[ ]  YES [ ]  NO [ ]  Not applicable

1. **How will the CoC Program project help participants obtain and remain in permanent housing? Address the needs of the target population, how the needs will be addressed through service provision, landlord engagement plan, how units will be identified and how rents will be deemed reasonable.** (limit response to no more than half a page)

***DV Bonus Project Applicants -*** *In this narrative you must specifically describe past success and current ability to house survivors in safe, affordable housing and moved clients from assisted housing to housing they could sustain. The description must include how survivors are prioritized, quickly moved and connected to supportive services (4A-4b of CoC Application).*

Explain how:

 Past Performance for your Agency

Rate of Housing Placement of DV Survivors – Percentage:\_\_\_\_\_

Rate of Housing Retention of DV Survivors – Percentage: \_\_\_\_\_

How is this percentage determined?

1. **How will the new CoC Program project support participants to increase employment and/or income to maximize their ability to live independently?**

Explain how:

1. **Housing Type and Location: Indicate the maximum number of units and beds available for project participants at the selected housing site:**

[ ]  Total Units: \_\_\_\_\_\_

 [ ]  Total Beds: \_\_\_\_\_\_

1. **Leveraging Housing Commitments[[5]](#footnote-5)**

Do you have a letter of commitment, contract or other formal written documents demonstrating the number of subsidies or units being provided to support this new project from non-CoC or ESG program funding? [ ]  Yes [ ]  No

* + MUST submit document(s) with application

Explain:

1. **Will CoC participants be required to live in a particular structure/unit/locality?**

[ ]  YES [ ]  NO

If “YES”, where and why:

1. **Will the new CoC Program project use an existing homeless facility or activities?**

[ ]  YES [ ]  NO

If “YES”, explain:

1. *II.B 11.e DV Bonus funding may be used to expand an existing renewal project that is not dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking who meet the definition of homeless in paragraph (4) of 24 CFR 578.3 so long as the DV Bonus funds for expansion are solely for additional units, beds, or services dedicated to persons eligible to be served with DV Bonus funding.* [↑](#footnote-ref-1)
2. *FULL DISCLOSURE: VSHA is the Collaborative Applicant responsible for submitting ALL VT BoS CoC project applications to HUD. VSHA is also an eligible applicant who intends to submit applications for renewal, reallocated, Bonus and DV Bonus projects to the unbiased VCEH CoC Project Ranking Committee for review. VSHA is not a voting member of the CoC Ranking Committee.* [↑](#footnote-ref-2)
3. *Eligible Project Applicants: nonprofit organizations, states, local governments and instrumentalities of state and local governments. Public housing agencies are eligible without limitation or exclusion. For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds.* [↑](#footnote-ref-3)
4. *Note: VT BOSCOC is looking for projects that can show: access to treatment or recovery services for all program participants who qualify and choose services* ***OR*** *25% of funding being requested for the project will be covered by the healthcare organization. Partial points may be awarded for commitments that are to less than the above description.* [↑](#footnote-ref-4)
5. *Note: VT BOSCOC is looking for projects that can show the following: RRH projects 25 percent of the participants anticipated to be served will be housed with funds other than CoC or ESG. Partial points may be awarded for commitments that are less than the above description.* [↑](#footnote-ref-5)