**Vermont Coalition to End Homelessness**

**Collaborative Applicant for the VT-500 Balance of State Continuum of Care**

 FFY2022 HUD Continuum of Care Program - Notice of Funding Opportunity

REQUEST FOR PROPOSALS (RFP) – NEW AND RENEWAL PROJECTS

Any eligible entity that wishes to submit an initial application for a NEW or RENEWAL project during this year’s U.S. Housing & Urban Development (HUD) Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) must either:

* complete the FFY22 VT BoS CoC Program Initial Project Application for New and Renewal Housing projects (only one Project request per RFP form)

or

* complete a letter of intent for Coordinated Entry (CE) and Homeless Management Information System (HMIS) projects

**SUBMISSION INSTRUCTIONS**

Submit one of the above electronically to:

Vermont Coalition to End Homelessness (VCEH)

Attention: Martin Hahn: mhahn@helpingtohousevt.org

* Housing[[1]](#footnote-1) Project (NEW or RENEWAL) Initial Application forms must be submitted electronically before **4:00 PM EST Monday, August 29, 2022\*** to the:
* Coordinated Entry (CE) and Homeless Management Information System (HMIS) (NEW or RENEWAL) projects letter of intent are due electronically before **4:00 PM EST, Tuesday, August 23, 2022**

**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)2022 Continuum of Care (CoC) Program funding.

Applications must be submitted to the Vermont Coalition to End Homelessness (VCEH), 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 established through local communities and stakeholders, with a priority to serve vulnerable populations including individuals & families experiencing chronic homelessness, persons fleeing domestic violence, youth/young adults (18-24), families with children under 18, and Veterans.

**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 FFY2022 CoC Program funds listed below.**

Any reallocation or CoC bonus project can be: Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Joint Transitional Housing-RRH (TH-RRH), Coordinated Entry (CE) and/or Homeless Management Information System (HMIS).

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[[2]](#footnote-2) funding.

All VCEH planning and other resources related to the FFY2022 HUD CoC NOFO competition will be posted on the VT BoS CoC website at: **https://helpingtohousevt.org/hud-2022-continuum-of-care-funding/**.

1. ELIGIBLE APPLICANTS must submit an application to the VT BoS CoC for FFY2022 HUD CoC funding no later than **4:00PM on Monday August 29, 2022** for consideration of NEW and/or a RENEWAL CoC Program Project(s)\*\*. Applications must be submitted electronically to Martin Hahn at mhahn@helpingtohousevt.org.
2. 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.
3. **APPEALS PROCESS**: The eligible applicant may send a written response to VCEH as the CoC Collaborative Applicant 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 September 30, 2022. See FFY2022 CoC NOFO for more information.

*\*\*Please note that HMIS and CE funding will not use this application process. HMIS and CE may be designated an amount from the CoC based on identified needs for any new project applications. HMIS and CE lead agencies must submit a statement of need (for NEW projects) to VCEH by* **4:00pm August 23, 2022*.***

1. **AVAILABLE FUNDING** Read the “FFY2022 CoC Program NOFO” for full details\*

|  |  |  |
| --- | --- | --- |
| **Amount (Approximate)** | **Designated Uses/Source** | **Eligible Applicants** |
| $3,436,177 | Renewal of existing CoC Program Projects | Currently funded recipients from FY21 |
| $986,522 | Renewal of YHDP Projects – HUD designated funds – non-competitive | Currently funded recipients of YHDP funds |
| $369,712 | New or Expansion projects Reallocation Funding | Any eligible entity per CoC Program NOFO |
| Approx. $239,622 | New or Expansion ProjectsCoC Bonus Funding | Any eligible entity per CoC Program NOFO |
| Approx.$181,000 | 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/>
* **FY2022 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>

*\*Available funding amounts are subject to change based on HUD publications and project decisions*

**Vermont Coalition to End Homelessness**

**Collaborative Applicant for the VT-500 Balance of State Continuum of Care**

 FFY2022 HUD Continuum of Care Program - Notice of Funding Opportunity

**FFY22 VT BoS CoC Program Initial Project Application**

*Please note – CoC is waiting for HUD application material to be published and this document may be revised based on any additional information provided. DV project questions will be revised.*

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*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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1. **Pick a preferred funding source[[4]](#footnote-4) and the project type (Pick ONE):**

[ ]  **RENEWAL** Current CoC Program Project with NO changes

[ ]  **RENEWAL** Current CoC Program Project with funding reduction and associated changes[[5]](#footnote-5)

OR

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

**Project Type:**

[ ]  Permanent Supportive Housing (PSH)

Must be fully dedicated to serve individuals and/or families in which one adult or one child (if there are no adults): has a disability and are experiencing **chronic homelessness** OR **meets the DedicatedPLUS definition.**

**DedicatedPLUS** includes the following categories: people experiencing chronic homelessness; people living in place not meant for human habitation, shelter or safe haven BUT were experiencing chronic homelessness AND had been in permanent housing (PH) project within last year and were unable to maintain housing placement; people who are residing in TH funded by TH-RRH project and were experiencing chronic homelessness; people that live in a place not meant for human habitation, shelter or safe haven for at least 12 months in the last 3 years BUT has not done so on four separate occasions; or people in a Department of Veteran Affairs (VA)-funded homeless assistance program AND met one of the above at initial intake to the VA homeless assistance system.

[ ]  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*

**RENEWAL PROJECTS ONLY**

1. **Project Operating Year defined by HUD** *(mm/dd/yyyy – mm/dd/yyyy)***:**
2. Provide the grant number and fiscal year (FY) funding information for the grant that is active in the month you are submit this letter of interest.
3. Do you have additional grant awards for this project that are not yet active? [ ] YES [ ]  NO

If yes, provide grant number (if known) and anticipated activation date explanation:

1. HUD Drawdown from e-LOCCS: **Attach** printout/screen shots of current grant and previous grant (if applicable) with this initial project application.

**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)

*(NOTE: if proposing expansion project this description should include what activities are part of the expansion – not the full project unless additional participants have access to the resources (example – if original project is 20 units and the expansion is adding 5 units the project expansion level of effort would be 5 units)*

***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) (if new project only list counties served by new funds):
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. **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

 **15a. 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*

 **15b. 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

[ ]  Chronically Homeless [ ]  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. **Permanent Supportive Housing (PSH) only**

Population

[ ]  Chronically Homeless-Dedicated (24 CFR 578.3)

**OR**

[ ]  DedicatedPLUS (See NOFO for more details)

* Chronically Homeless; or
* Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement; or
* Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions;
* (4) residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 or
* Receiving assistance through a U.S. Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
1. **CoC Project Budget**

|  |  |  |
| --- | --- | --- |
| **Type of Cost** | **Proposed Budget** | **Proposed Activities Covered by Budget** (I.e. type of rental assistance, number of units, staff, details of housing costs details, supportive service(SS) type (for SS provide detail about funding by type of service – example .75 full-time case management staff, 40 utility deposits, etc.), etc. |
| *Rental Assistance (TBRA, SBRA, PBRA)* |  |  |
| *Leasing* |  |  |
| *Operations* |  |  |
| *Services* |  |  |
| *HMIS* |  |  |
| *Admin Costs* *(up to 10%)* |  |  |
| *TOTAL HUD FUNDS* |  |  |
| *MATCH* |  |  |
| *TOTAL PROJECT FUNDS* |  |  |

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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. **Match:** Applicant certifies the *availability*, if selected, to commit/provide arequired, **minimum 25% match (excluding leasing funds)**, 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)

**Describe type and quantity of eligible activity match funds will support**

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. Describe need to be filled by project expansion. If expanding housing and service describe need for each type of expansion
	2. What is current level of effort for the project (# persons at a PIT, # units, and # of beds) and proposed new effort (# additional persons at PIT, # additional units and # additional beds)

Current project design:

Additional housing: (persons, units and beds)

1. Describe the reason/method for the supportive services increase indicated above (such as expansion of services? Increased frequency? increased intensity?)

Details of each supportive service requested to increase

1. Describe how the project is proposing to bring the existing facility(ies) up to state/local government health and safety standards.
2. Replacing the loss of nonrenewable funding (private, federal, other excluding state/local government) Yes or NO

Explain here:

1. **Describe experience with administering PSH and 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. **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: \_\_\_\_\_\_

 [ ]  Total Dedicated CH Beds: \_\_\_\_\_ (PSH only)

1. **Leveraging Housing Commitments[[6]](#footnote-6)**

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. **Leveraging Healthcare Resources[[7]](#footnote-7)**

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

* + MUST submit agreement with application

Describe what they are below:

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. Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing & Rapid Rehousing (TH-RRH) [↑](#footnote-ref-1)
2. *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-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. *The project ranking committee makes final determinations on funding source.* [↑](#footnote-ref-4)
5. *Changes to renewal application that are not due to reduction in funds cannot include items that would require a HUD approved grant amendment.* [↑](#footnote-ref-5)
6. *Note: VT BOSCOC is looking for projects that can show the following: PSH projects where at least 25 percent of units included in projects are funded with funds other than CoC or ESG* ***OR*** *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-6)
7. *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-7)