**VERMONT BALANCE OF STATE CONTINUUM OF CARE**

**2024 CoC NOFO New Projects Application Template**

# Quick Facts and Links

* Please see VT BoS CoC’s New Projects Request for Proposals for background and instructions. All resources related to the FFY2024 HUD CoC NOFO competition will be posted on [VT BoS CoC Funding Webpage](https://helpingtohousevt.org/hud-funding/).
* Eligible applicants must submit applications to the VT BoS CoC for FFY2024 CoC funding no later than 3:00pm on Friday, July 12, 2024 to Molly Shimko at [mshimko@helpingtohousevt.org](mailto:mshimko@helpingtohousevt.org) for consideration of NEW Projects.
* A successful proposal will not exceed 12 pages (not including budget worksheets and letter(s) of support) with 1-inch margins, 11-point font and using the appropriate sections of this template.
* All projects must fill out the [Introduction](#_heading=h.4d34og8) section and follow [Project Budget Instructions](#_heading=h.nkaf9rld3xk6). Applicants should fill out the applicable threshold & scoring criteria response and delete other response pages: [PSH/RRH/TH-RRH](#_heading=h.j9v7876d85ho), [HMIS](#_heading=h.h7dk7pe94bte), [SSO-CE](#_heading=h.rs5uym32ur8g).

# Supportive Housing Project Type Descriptions

Permanent Supportive Housing (PSH) must be fully dedicated to serve individuals and/or families in which at least one adult or one child (only if no adults) has a disability and is experiencing **chronic homelessness** ORmeets the **DedicatedPLUS** definition**.**

**DedicatedPLUS** includes the following categories:

* 1. People experiencing chronic homelessness;
  2. People living in a place not meant for human habitation, shelter or safe haven who were experiencing chronic homelessness prior to a permanent housing (PH) project move-in within the last year and were unable to maintain the housing placement;
  3. People living in the TH portion of a TH-RRH project AND were experiencing chronic homelessness prior to entry;
  4. People living in a place not meant for human habitation, shelter or safe haven for at least 12 months in the last 3 years BUT with fewer than four separate episodes; or
  5. People in a Department of Veteran Affairs (VA)-funded homeless assistance program who meet any of the above criteria at initial intake to VA homeless assistance system.

Rapid Rehousing (RRH) *(Tenant-Based Rental Assistance only, (Sponsor/Project-Based only available for YHDP project)* may serve households including *individual adults*, *youth/young adults (18-24)*, or *families with minor children* who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3.

Joint Transitional Housing-Rapid Rehousing (TH-RRH) may serve households including *individual adults*, *youth/young adults (18-24)*, or *families with minor children* who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3.

**DV Bonus projects** may serve homeless individuals or families fleeing domestic violence, dating violence, sexual assault, and stalking, who are defined as homeless at 24 CFR 578.3.

# Introduction – All Project Types

1. **CoC New Project Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Applicant Name (Organization)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant** [**Unique Entity ID**](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsam.gov%2Fcontent%2Fduns-uei&data=04%7C01%7Cebioteau%40rihousing.com%7C3e246166c082450db52008da1e3b0fb4%7C05df7b1b5f934a61aa9644c90e298e51%7C0%7C0%7C637855536272871406%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=OWOVIgEOjiBGZD2OTX%2FzdFJ1nD09tQDeF4tmCcTK1zg%3D&reserved=0) **Number (UEI)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant** [**Employer ID Number**](https://www.irs.gov/taxtopics/tc755#:~:text=An%20employer%20identification%20number%20(EIN,file%20various%20business%20tax%20returns.) **(EIN)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Main Point of Contact Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Main Point of Contact Phone**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Main Point of Contact Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Subrecipients** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Select Eligible Applicant Type** ☐ **Non-Profit[[1]](#footnote-1)** ☐ **Local Government** ☐ **State Entity** ☐ **PHA**
2. **Select applicant’s cost rate method**  ☐ Direct costs ☐ Indirect costs
   1. If using indirect costs, select which [Indirect cost rate](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/indirect-costs/) the applicant will use:

☐ Agency’s federally approved rate \_\_\_\_\_\_\_\_ (Must attach documentation)

☐ [10% de minimis rate](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/indirect-costs/10-de-minimis-rate/)

NOTE: Indirect costs are not the same as direct administrative costs charged to the Administration (“Admin”) BLI in CoC projects. For more information, please review [CoC and ESG Financial Management - Direct vs. Indirect Costs - HUD Exchange](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-financial-management/direct-vs-indirect-costs/#:~:text=The%20CoC%20and%20ESG%20Indirect%20Cost%20Toolkit%20was,can%20be%20calculated%20and%20charged%20under%20these%20programs.)

1. **Select all geographic areas to be served by proposed project:**

☐ Bennington ☐ Addison ☐ Caledonia & Southern Essex ☐ Franklin & Grand Isle

☐ Lamoille ☐ Orange & Windsor North ☐ Orleans & Northern Essex ☐ Rutland

☐ Washington ☐ Windham South ☐ Windsor South & Windham North

1. **Select applicable project type and funding source for which you are applying:**

☐ PSH - CoC Bonus/Reallocation ☐ PSH - DV BONUS

☐ RRH - CoC Bonus/Reallocation ☐ RRH - DV BONUS

☐ SSO-CE - CoC Bonus/Reallocation ☐ SSO-CE - DV BONUS

☐ HMIS - CoC Bonus/Reallocation ☐ TH-RRH - DV BONUS

# CoC Project Budget Instructions (not in 12-pg limit): All Project Types

A complete application must include a complete/total project budget with clear delineation of CoC costs and matching costs. Project budget should be submitted using the CoC budget tools (“No Indirect Costs” and “De Minimus”) provided. If not using the budget tools provided, submit your own excel document, making sure applicant has addressed all threshold and scoring criteria in the 2024 CoC NOFO New Project Request for Proposals (RFP). If an agency is using the 10% de minimis rate for indirect costs (NOT admin), please use the budget form with “de minimis” in the title. All other applicants without an indirect cost rate and who are not using the “de minimis” rate should use the budget form that says “no indirect” in the title. If an agency already has a federally approved indirect cost rate, please include documentation along with the budget form.

Administrative costs are capped at 10% of total project costs; applicants are strongly encouraged to apply for the 10% admin costs although they could manually adjust the budget form to decrease that budget line item. Please submit the budget as an attachment. (Excel format preferred for this attachment only).

**NOTE**: Admin Costs charged to the Administration (“Admin”) BLI in CoC projects are **not** the same as indirect costs. For more information on the differences please click here: [CoC and ESG Financial Management - Direct vs. Indirect Costs - HUD Exchange](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-financial-management/direct-vs-indirect-costs/#:~:text=The%20CoC%20and%20ESG%20Indirect%20Cost%20Toolkit%20was,can%20be%20calculated%20and%20charged%20under%20these%20programs.).

# Attachments List

|  |  |
| --- | --- |
| **Document Description** | **Condition for Attachment** |
| Federally approved indirect cost rate (PDF) | Only if agency has federally approved indirect cost rate |
| Project Budget (excel) | All applicants must submit |
| 501c3 status documentation (PDF) | Only if applicant is applying as a non-profit |
| Letter of Support from Collaborating Agency (PDF) | All applicants must submit |
| Housing Leverage documentation (PDF) | If seeking housing leverage bonus points |
| Healthcare Leverage documentation (PDF) | If seeking healthcare leverage bonus points |
| Aging Leverage documentation (PDF) | If seeking aging leverage bonus points |
| Most recent audit report (needs to show audit issues or findings (or lack of)) (PDF) | All applicants must submit |
| Most recent HUD monitoring documentation (needs to show presence of monitoring findings, and if they are resolved) (PDF) | Only if applicant has received HUD funds prior to FY24 Competition |

# Response to PSH, RRH, TH-RRH Threshold & Scoring Criteria (11pg limit)

**\*\*ONLY fill out if applying for PSH, RRH, or TH-RRH Project Types\*\***

1. Target population(s) to be served (Select ALL that apply):

☐ Persons in shelter, safe haven, or not meant for habitation (Cat 1)

☐ Adults (25+) ☐ Persons at risk (Cat 2) ☐ Persons fleeing DV (Cat 4) ☐ Youth (18-24) ☐ 100% Chronically homeless ☐ 100% DedicatedPLUS ☐ Families w/ children ☐ Veterans ☐ Persons with SMI/SUD

1. Describe the applicant’s experience with the proposed project type, homeless population or other relevant/related supportive service expertise, especially with housing insecure or homeless households.
2. If awarded, this project commits to using ☐ HMIS **or** ☐ Comparable database (DV Bonus)
3. If awarded, this project will follow Coordinated Entry policies and procedures, including only accepting referrals made by/from Coordinated Entry: ☐ Yes ☐ No
4. If awarded, project will comply with HUD’s Equal Access Rule, fair housing and civil rights laws and commit to ongoing training that includes implementation strategies: ☐ Yes ☐ No
5. List all identified match sources **and** total amounts from each source for proposed project:

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1. Describe type and quantity of eligible activity match funds will support.
2. Applicant certifies that it has no outstanding delinquent federal debts; no debarments; and/or no suspensions from doing business with the federal government: ☐ Yes ☐ No
3. Describe the 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.*
4. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds.
5. Provide a description that addresses the entire scope of the proposed project, including a) plan to address both housing[[2]](#footnote-2) and supportive service[[3]](#footnote-3) needs, b) projected core outcomes (examples: stable housing, education, employment and social-emotional wellbeing/community connections), and c) plan to collaborate with other community partners to expand resources available to clients within the program. Include a description of the staffing plan and a justification of caseload range for each direct service position and description of strategies to ensure staff have lived experience of homelessness and/or reflect the identities of prioritized populations. Include a description of how the applicant will conduct meaningful evaluation and ensure cultural/linguistic competency. Indicate whether units are already secured.
6. How many days from execution of grant agreement to participant enrollment for this new project? ☐ 0-30 ☐ 31-60 ☐ 61-90 ☐ 91-120 ☐ 121-180 ☐ 181+
7. Describe this project’s Trauma-Informed Care approach and how TIC will be demonstrated in practice in the project.
8. Describe this project’s approach to following Housing First principles and adopting a low-barrier approach. Be specific about your plan to implement these approaches within the project.
9. Describe the applicant’s commitment to equity by demonstrating in one of the following ways: a) community partnerships with organizations led by and/or explicitly serving historically marginalized racial, ethnic, or LGBTQ communities; b) agency led by persons identifying with one or more historically marginalized racial, ethnic, or LGBTQ communities; or c) agency explicitly serves historically marginalized racial, ethnic, or LGBTQ communities.
10. Describe how the project will incorporate lived experience of homelessness in organizational governance, as well as in program design, implementation (including staffing) and evaluation/improvement. Includes discussion of compensation for expertise if that is applicable within the program.
11. **Healthcare Leverage.** Do you have formal written agreements with a healthcare organization to provide either a) access to treatment or recovery services for all program participants who qualify and choose those services, or b) 25% of requested funding will be leveraged by the healthcare organization? Partial points may be awarded for commitments less than 25%.

☐ Yes (must attach to application) ☐ No

1. **Housing Leverage.** Do you have a letter of commitment, contract or other formal written document demonstrating the number of subsidies or units being provided to support this new project from non-CoC or ESG program funding? ☐ Yes (must attach to application) ☐ No
2. **Aging Leverage.** Do you commit to serving persons who are 55+ and experiencing homelessness AND Can you demonstrate a commitment either from a service organization primarily serving persons age 55+, or an Area Agency on Aging to leverage mainstream services for all program participants who qualify and choose those services? ☐ Yes (must attach to application) ☐ No
3. Confirm you are submitting all relevant documents using the [Attachments List](#_heading=h.dymt8cxotst1) as a reference.

☐ Yes, I am submitting all relevant documentation, including, at a minimum, Project Budget and Letter(s) of Support from Collaborating agencies.

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# Response to SSO-CE Threshold & Scoring Criteria (11pg limit)

**\*\*ONLY fill out if applying for SSO-CE Project\*\***

1. List all identified match sources **and** total amounts from each source for proposed project:

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1. Describe type and quantity of eligible activity match funds will support.
2. Applicant certifies that it has no outstanding delinquent federal debts; no debarments; and/or no suspensions from doing business with the federal government: ☐ Yes ☐ No
3. If awarded, project will comply with HUD’s Equal Access Rule, fair housing and civil rights laws and commit to ongoing training that includes implementation strategies: ☐ Yes ☐ No
4. Provide a description that addresses the entire scope of the proposed project, addressing how the additional funding requested will result in improvements in a) time from housing provider referral to housing placement; b) number of referrals from coordinated entry to housing providers that do not result in a housing placement (either referral not accepted by housing provider, or provider not able to house the referred household); c) training or support to agencies participating in coordinated entry; and/or d) access to the coordinated entry system throughout the VT BoS CoC. If project will explicitly address access for historically marginalized racial, ethnic, and LGBTQ communities, describe this.

*\*If applying under the DV Bonus, provide a description of the need for a coordinated entry system that better meets the needs of survivors of domestic violence, dating violence, sexual assault, or stalking, and how the project will fill this need.*

1. Describe the 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.*
2. How many days from execution of grant agreement to participant enrollment for this new project? ☐ 0-30 ☐ 31-60 ☐ 61-90 ☐ 91-120 ☐ 121-180 ☐ 181+
3. Confirm and upload evidence that the applicant had no issues or findings with its most recent financial audit. ☐ No audit issues or findings (attach) ☐ We had audit issues or findings
4. Confirm and upload evidence that the applicant has no unresolved HUD monitoring findings. ☐ NO unresolved HUD monitoring findings (attach) ☐We have unresolved monitoring findings
5. Input the percentage of grant funds that were expended for the most recent Federal Fiscal year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%.
6. Confirm you are submitting all relevant documents using the [Attachments List](#_heading=h.dymt8cxotst1) as a reference.

☐ Yes, I am submitting all relevant documentation, including, at a minimum, Project Budget, Letter(s) of Support from Collaborating agencies, most recent audit, and HUD monitoring findings (if applicable).

# Response to HMIS Threshold & Scoring Criteria (11pg limit)

**\*\*ONLY fill out if applying for HMIS Project\*\***

1. List all identified match sources **and** total amounts from each source for proposed project:

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1. Describe type and quantity of eligible activity match funds will support.
2. Applicant certifies that it has no outstanding delinquent federal debts; no debarments; and/or no suspensions from doing business with the federal government: ☐ Yes ☐ No
3. Provide a description that addresses the entire scope of the proposed project, addressing how the additional funding requested will result in improvements in data quality, improvements in data visualization, increased training or support to agencies providing data in HMIS, increased training or support to VT BoS CoC in utilizing data to inform decision making, and/or increased capacity to provide reporting to system stakeholders.
4. Describe the 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.*
5. Provide system Universal Data Element quality in HMIS (systemwide UDEs null/unknown error rate of less than 10% (systemwide UDEs null/unknown error rate of less than 10% = 10 points; less than 15% = 5 points)
   1. HMIS score on HMIS related factors in 2023 CoC Application (85%-100% of possible HMIS points = 10 points, 60-84% = 5 points, less than 60% = 0 points) – up to **10 points**
   2. Proposed project results in regular reporting to VT BoS CoC on disaggregated outcomes data (by race, ethnicity, gender identity, and age) to inform decision making - **10 points**
6. How many days from execution of grant agreement to participant enrollment for this new project? ☐ 0-30 ☐ 31-60 ☐ 61-90 ☐ 91-120 ☐ 121-180 ☐ 181+
7. Confirm and upload evidence that the applicant had no issues or findings with its most recent financial audit. ☐ No audit issues or findings ☐ We had audit issues or findings
8. Confirm and upload evidence that the applicant has no unresolved HUD monitoring findings. ☐ NO unresolved HUD monitoring findings ☐ Yes, we have unresolved monitoring findings
9. Input the percentage of grant funds that were expended for the most recent Federal Fiscal year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%.
10. Confirm you are submitting all relevant documents using the [Attachments List](#_heading=h.dymt8cxotst1) as a reference.

☐ Yes, I am submitting all relevant documentation, including, at a minimum, Project Budget, Letter(s) of Support from Collaborating agencies, most recent audit, and HUD monitoring findings (if applicable).

1. If selected, attach agency 501c3 status documentation. This attachment does not count toward the 10 page limit. [↑](#footnote-ref-1)
2. Include provision of appropriate housing, and the type, scale, and location of the housing are adequate to meet the needs of the program participants described to be served [↑](#footnote-ref-2)
3. Adequate to support the target population, including proposed strategies to serve priority subpopulations [↑](#footnote-ref-3)