

Agency Name:	If applicable, list subrecipients involved in project:
Project Name:	<b>HUD Expiring Project Grant #:</b>
Grant Start & End Dates:	
<b>Primary Contact Information for Application</b>	
Contact Name:	Title:
Email Address:	Phone:
Project Type: <input type="checkbox"/> Permanent Housing (PH) <input type="checkbox"/> PSH or <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Joint Transitional Housing/Rapid Rehousing <input type="checkbox"/> Supportive Services Only	Maximum # of Units (If applicable): _____ Maximum # of Beds _____ Total Dedicated Chronically homeless beds: _____ Total Prioritized Chronically homeless beds: _____
Identify the specific population focus for the project; <input type="checkbox"/> Chronic homeless <input type="checkbox"/> Veterans <input type="checkbox"/> Youth (under 25) <input type="checkbox"/> Families with children <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Illness <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Other, explain	<b>Housing Type (check one)</b> <input type="checkbox"/> <b>Clustered apartments</b> <input type="checkbox"/> <b>Scattered site units</b> <input type="checkbox"/> <b>Project based</b> <input type="checkbox"/> <b>Other</b>  <b>Location of housing (address or addresses) Office</b> <b>Location may be used for scattered site</b>

**2A: RECIPIENT PERFORMANCE:**

1. Does the recipient have any unresolved HUD monitoring findings and/or Office of Inspector General (OIG) audit findings concerning any previous grant term related to this renewal request?
  - No
  - Yes
  - 1a. If yes, explain the items that are unresolved and the plan to resolve them.
  
2. Has the Recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project?
  - Yes
  - No
  
3. Have any funds been recaptured by HUD for the most recently expired grant term related to this renewal request?
  - No

Yes

3a. If yes, provide the amount and percentage of overall project budget recaptured and explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

### 3: PROJECT DESCRIPTION

Narrative (\*Note this counts for 50% of the project component score)

1. Provide a clear and concise description of the scope of the project (1,000 character limit). The description should describe:
  - a) the community needs,
  - b) target population(s) to be served,
  - c) project plan for addressing the identified housing and supportive service needs,
  - d) projected project outcome(s),
  - e) coordination with other sources or partners, and
  - f) the reason CoC Program support is required.

*The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.*

#### Housing First

2. Does the project quickly move participants into permanent housing? *Check Yes, if program will quickly move program participants into permanent housing without additional steps (i.e., required to stay in transitional housing first. If DV program check yes, if you will quickly move into program participants into permanent housing after immediate safety needs are addressed.)*

Yes  
 No

3. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income
- Active or history of substance abuse
- Having a criminal record with exceptions for state-mandated restrictions
- History of victimization (domestic violence, sexual assault, childhood abuse)
- None of the above

4. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services not including case management that is for the purposes of engagement only
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Domestic violence
- Any other activity not covered in a lease agreement typically found in the project's geographic area
- None of the above

5. Does the project follow a “Housing First” approach? *All four boxes in Q3 (except NA) & Q4 must be checked*

- Yes
- No

6. What is the client to case manager ratio for this project?

6a. If the client to case manager ratio is higher than 12:1 for PSH or 25:1 for RRH or TH, then explain how client case management needs are met.

**4: SUPPORTIVE SERVICES FOR PARTICIPANTS**

1. For ALL the supportive services that are available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided. Applicant means the applicant will directly provide the service; sub-recipient means the grant sub-recipient will directly provide the service; Partner means someone with whom the applicant has a formal MOU will provide the service; Non-partner is an organization who will provide the direct service but with whom the applicant does not have a direct relationship.

<b>Supportive Services</b>	<b>Provider</b>	<b>Frequency</b>
Assessment of Service Needs	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Assistance with Moving Costs	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Case Management	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Child Care	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Education Services	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Employment Assistance and Job Training	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Food	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Housing Search and Counseling Services	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

	<input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Legal Services	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Life Skills Training	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Mental Health Services	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Outpatient Health Services	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Substance Abuse Treatment Services	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Transportation	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A
Utility Deposits	<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-recipient <input type="checkbox"/> Partner <input type="checkbox"/> Non-Partner	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> N/A

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?

- Yes  
 No

2b. Use of a single application form for four or more mainstream programs?

- Yes  
 No

2c. At least annual follow ups with participants to ensure mainstream benefits are received and renewed?

- Yes  
 No

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency?

- Yes  
 No



<b>Adults ages 18-24</b>									
<b>Children under age 18</b>									
<b>Total Persons</b>									

<b>Characteristics</b>	<b>Chronically homeless non-veterans</b>	<b>Chronically homeless veterans</b>	<b>Non-chronically homeless veterans</b>	<b>Chronic substance abuse</b>	<b>Persons with HIV/AIDS</b>	<b>Severely mentally ill</b>	<b>Victims of domestic violence</b>	<b>Developmental Disability</b>	<b>Person not represented by subpopulation</b>
<b>Adults over age 24</b>									
<b>Adults ages 18-24</b>									
<b>Children under age 18</b>									

<b>Characteristics</b>	<b>Chronically homeless non-veterans</b>	<b>Chronically homeless veterans</b>	<b>Non-chronically homeless veterans</b>	<b>Chronic substance abuse</b>	<b>Persons with HIV/AIDS</b>	<b>Severely mentally ill</b>	<b>Victims of domestic violence</b>	<b>Developmental Disability</b>	<b>Person not represented by subpopulation</b>
<b>Adults over age 24</b>									
<b>Adults ages 18-24</b>									
<b>Children under age 18</b>									

**5c. OUTREACH FOR PARTICIPANTS**

Enter the percentage of project participants that will be coming from each of the following locations.

<b>Percentage</b>	<b>Location</b>
	Directly from the streets or other locations not meant for human habitation
	Directly from emergency shelters
	Directly from safe havens
	From transitional housing & previously resided in a place not meant for human habitation or emergency shelters
	Persons fleeing domestic violence
	<b>Total of above percentages (must be 100%)</b>

**6E. HUD COC SUMMARY BUDGET**

**Note: All budget line items must be the same as what was affirmed in the 2018 GIW. Match is 25% of all line items, except leasing.**

<b>Housing Activities</b>	<b>Total Assistance Requested for Grant</b>
1a. Leased Units	
1b. Leased structures	
2. Short-term/Medium term Rental Assistance	
3. Long-Term Rental Assistance	

4. Supportive Services <i>(please list line items in Chart A)</i>	
5. Operating Costs <i>(please list line items in Chart B)</i>	
6. HMIS <i>(please list line items in Chart C)</i>	
<b>Sub-total Costs requested</b>	
Administrative Costs (up to 10 %)	
<b>Total HUD Request</b>	
Cash Match	
In-kind match	
<b>Total Match</b>	
<b>TOTAL BUDGET</b>	

**CHART A: SUPPORTIVE SERVICES BUDGET LINE ITEMS**

<b>Eligible Costs</b>	<b>Description (max 400 characters)</b>	<b>Total</b>
1. Assessment of Service Needs		
2. Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment		
15. Transportation		
16. Utility Deposits		
<b>Total Supportive Services Request</b>		