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| **Name of Agency** | **Point of Contact for Application** | **POINT OF CONTACT EMAIL ADDRESS** |
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**APPLICATION PROCESS**

The Selection & Ranking Subcommittee of the Continuum of Care will review and select the new project application(s) for inclusion in the CoC Application to HUD submitted by the Office to Prevent and End Homelessness (OPEH) as part of the FY2023 HUD CoC Program Competition. The selection criteria are included in the July 13, 2023, New Funding Opportunities Announcement. *If selected*, Applicant(s) will need to complete a project application in [e-snaps](https://esnaps.hud.gov/grantium/frontOffice.jsf). The project will be ranked as part of the CoC-wide ranking process. Inclusion of the project application in the Collaborative Application submitted to HUD by OPEH does not guarantee funding. The decision on funding awards for all projects will be announced by HUD at a later date.

* **New Project Application(s) are due via e-mail to** [**stephen.knippler@fairfaxcounty.gov**](mailto:stephen.knippler@fairfaxcounty.gov) **by 4:00 pm on August 17th.**
* If selected, an e-snap application draft is due to OPEH on **September 8th** prior to 4:00 p.m. and the final e-snaps application must be submitted, once approved by OPEH, on **September 14th** prior to 4:00 p.m.

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| 1. **PROJECT REQUEST DETAILS** | |
| 1. **Project Name:** |  |
| 1. **Amount of funding requested:** |  |
| 1. **Type of funding requested:**   *Select one* | Bonus Funding  DV Bonus Funding |
| 1. **Expansion Project:** | Is this an expansion project?  Yes  No  If yes, please provide the details of the existing project proposed to be expanded:   |  |  |  | | --- | --- | --- | | Name of existing project | # of existing units | # of existing beds | |  |  |  | |  | | | | Total current HUD Budget of existing project (excluding match) | | | |  | | |   a  a |
| 1. **Project type:**   *Select one* | Permanent Supportive Housing (PSH) |DedicatedPLUS:  Yes  No  *NOT eligible under DV Bonus Funding Only*  Rapid Rehousing (RRH)  Joint Transitional Housing and Rapid Rehousing (TH-RRH)  Supportive Services Only (SSO-CE) *ONLY Eligible under DV Bonus Funding* |

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| 1. **PROJECT CAPACITY & TARGET POPULATION DOES NOT APPLY FOR SSO-CE PROJECTS** | | | | | | | |
| 1. **Proposed capacity:**   *If Expansion Project, only include new units / beds* | | | |  |  | | --- | --- | | # of new units | # of new beds | |  |  |   **a** | | | | |
| 1. **Proposed number served annually:**   *If Expansion Project, only include new households / persons served* | | | |  |  | | --- | --- | | # of new households | # of new persons in households | |  |  |   **a** | | | | |
| 1. **Population & Subpopulations:**   *Select all that apply* | | | Chronic Homeless  Domestic Violence  Families | HIV/AIDS  Mental Illness  Single Individuals | Substance Abuse  Veterans  Youth (under 25)  Other: | | |
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| 1. **PROJECT DESCRIPTION** | | | | | | | |
| 1. **Provide a description that addresses the entire scope of the proposed project, including existing gaps identified in the homeless services system that the project will address and how the project will improve system performance.** (*500 words or less)* | | | | | | | |
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| 1. **Describe how participants will be assisted to obtain and remain in permanent housing using a Housing First model.** (*150 words or less)* **DOES NOT APPLY FOR SSO-CE PROJECTS** | | | | | | | |
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| 1. **Describe the type of supportive services that will be offered to program participants. Include how program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply (Medicare, Medicaid, SSI, food stamps, local workforce office, early childhood education, etc.).** (*150 words or less)* | | | | | | | |
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| 1. **HMIS Participation (*Select Yes or No for each question listed below)*** | | | | | | **Yes** | **No** |
| 1. **Does your agency currently participate in HMIS?** | | | | | |  |  |
| 1. **Will your agency enter data into HMIS for this proposed project?** | | | | | |  |  |
| 1. **If your agency is a victim service provider and is excluded from entering data into HMIS for this proposed project, will you enter data into a comparable database that meets all of HUD’s HMIS requirements?** | | | | | |  |  |
| 1. **List the days from the execution of the grant agreement that following project milestones will begin:** | | | | | | **Days from Execution of Grant Agreement** | |
| 1. **New project staff hired, or other project expenses begin** | | | | | |  | |
| 1. **Participant enrollment in project begins** | | | | | |  | |
| 1. **Participants begin to occupy units and start supportive services** | | | | | |  | |
| 1. **Leased or rental assistance units and supportive services near 100% capacity** | | | | | |  | |
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| 1. **PROJECT BUDGET** | | | | | | | |
| 1. **Proposed Budget:**   (*for JOINT TH-RRH projects, there must be enough RRH assistance to ensure that at any given time a program participant can move from TH to permanent housing. Options to do this include (1) identifying a budget with twice as many resources for RRH, or (2) demonstrating that the budget and units are appropriate for the population served by the project.)*  *If Expansion Project, please only include new request* | | |  |  |  | | --- | --- | --- | | Leasing Assistance: |  | (PSH) | | Rental Assistance: |  | (RRH, JOINT TH-RRH) | | Supportive Services: |  |  | | Operating: |  |  | | Admin: |  | (up to 10%) | | **(HUD) TOTAL**: |  |  | | Cash Match: |  | [Total Match](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-match/coc-match-overview/) must be 25% of the HUD Total, excluding Leasing Assistance | | In-Kind Match: |  | | **(Match) TOTAL**: |  | | **(HUD + Match) TOTAL**: |  |  |   a | | | | | |
| 1. **Budget Narrative: Please provide an overview of the project budget, including how the budget line items were estimated and the number of FTEs funded through Supportive Services.** (*150 words or less)* | | | | | | | |
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| 1. **AGENCY EXPERIENCE** (*150 words or less for each question)* | | | | | | | |
| 1. **Describe the experience of the agency in performing the activities proposed in the application.** (*150 words or less)* | | | | | | | |
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| 1. **Provide two outcome measures in the table below from projects currently operated by the agency that are most like the project proposed. If no experience, please propose outcomes.**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Project Type | Target Population | Outcome Measure | Rate Achieved | Timeframe | | EXAMPLE: PSH | Chronically Homeless Single Adults | % of project participants who remained in or exited to PH | 100% | FY22 | |  |  |  |  |  | |  |  |  |  |  | | | | | | | | |
| 1. **Describe the agency’s structures for managing basic organizational operations, e.g., fiscal, compliance, quality improvement, staff supervision, program oversight, and Board oversight. Briefly describe the financial accounting system that will be used to administer the grant** (*150 words or less)* | | | | | | | |
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| 1. **Describe the experience of the agency in effectively utilizing federal funds. If your agency has not previously received a federal award, please describe other relevant experience that demonstrates the agency’s capacity to effectively use these funds in accordance with HUD and CoC requirements.** (*150 words or less)* | | | | | | | |
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| 1. **Describe how the agency assesses for and addresses racial equity. Please include any efforts made in terms of designing policies and policies, HR practices which address the recruitment, hiring and retention of Black, Indigenous, and other People of Color, and any analysis conducted to assess for and address disparities by race.** (*150 words or less)* | | | | | | | |
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| 1. **If your agency is currently a recipient of the HUD CoC Program funding, has funding been fully drawn down (for each Project the agency operates) for the past three complete grant years? If NO, please explain why.** (*150 words or less)* | | | | | | | |
| Yes  No  Not Applicable |  | | | | | | |
| 1. **Are there any unresolved monitoring or audit findings for any HUD grants (including ESG), State or Local Homeless Services grants operated by the applicant? If YES, describe the details of the unresolved monitoring or audit findings, and steps that will be taken to resolve them.** (*150 words or less)* | | | | | | | |
| Yes  No  Not Applicable |  | | | | | | |

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| **DV BONUS FUNDING ONLY** |
| 1. **Describe the agency’s experience in serving survivors of domestic violence, dating violence, or stalking, best practices used in providing services, and ability to house survivors and meet safety outcomes.** (2*50 words or less)* |
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| **SSO-Coordinated Entry ONLY** |
| 1. **Describe how the agency would ensure the centralized or coordinated assessment system would be easily available/reachable for all persons within the CoC’s geographic area who are seeking homelessness assistance**. (*150 words or less).* |
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| 1. **Describe how the agency would standardize the assessment process to ensure program participants would be directed to appropriate housing and services that fit their needs.** (*150 words or less).* |
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| 1. **Describe how the agency would advertise to specifically reach people experiencing homelessness with the highest barriers within the CoC’s geographic area.** (*150 words or less).* |
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*The Agency Capacity Tool is required for agencies that are not currently HUD CoC Program Grantees.*