**BONUS FUNDS**

**New Project Application (FY22 CoC Competition)**

**Organization Name:**  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**New Project Name:**­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Area(s) covered by this project (identify counties):**  \_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Total Funding Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_

**Grant Period: \_\_\_\_\_\_\_\_\_**

**Proposed Project Type (PSH, RRH, EXP-PSH, EXP-RRH): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does this grant request include a sub-recipient? \_\_\_\_\_**

**If yes, identify the sub-recipient organization and the amount of funding that will be awarded to the sub-recipient:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:**

**It is your responsibility to complete each question with sufficient detail, completely and thoroughly.**

1. **Experience of Applicant, Sub-recipient(s) and Other Partners**
2. Describe the experience of the applicant and potential sub-recipients (if any), has in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.
3. Describe why the applicant (& if applicable, sub-recipients) are the appropriate entities to receive funding.
4. Provide concrete examples that illustrate your experience and expertise in each of the following: (1) working with and addressing the target population’s identified housing and supportive service needs; (2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; (3) identifying and securing matching funds from a variety of sources; and (4) managing basic organization operations including financial accounting systems.
5. Describe the experience of the applicant and potential sub-recipients (if any) in leveraging other Federal, State, local and private sector funds. Include experience with all Federal, State, local and private sector funds. If the applicant and sub-recipient have no experience leveraging other funds, include the phrase “no experience leveraging other Federal, State, local or private sector funds.”
6. Describe your organization’s financial management structure. Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning account system. Include fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG operated by the applicant or potential sub-recipients (if any):  YES  NO

*\*You must select “yes” if there are any unresolved HUD Monitoring or OIG Audit findings, regardless of the funding year of the project for which they were originally identified. The HUD monitoring or OIG Audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs (e.g. HOPWA, ESG).*

If applicable, describe the unresolved monitoring or audit findings and what plans or strategies have been implemented to resolve the findings:

1. Describe the experience of the applicant and potential subrecipients (if any ) in providing housing and services to Black, indigenous, People of Color (BIPOC) experiencing homelessness.
2. **PROJECT EXPANSION**

\*Skip and move to Section C (Project Description) if applying for a new PSH or RRH.

1. Enter the PIN for the renewal project application (see screen 1A. SF-424 Application Type, question 5a or 5b of your renewal project application): \_\_\_\_\_\_\_\_\_\_
2. Enter the Project Name exactly as it was entered in the renewal project application \_\_\_\_\_\_\_\_\_\_\_

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

1. Are you wanting to increase the number of program participants?  YES  NO

If yes, answer the following questions using your APR (10/1/21 – 9/30/22):

* 1. In the renewal project, what is the number of persons served by the project during the January PIT? \_\_\_\_\_\_
  2. In the renewal project, what is the number of units? \_\_\_\_\_\_
  3. In the renewal project, what is the number of beds? \_\_\_\_\_\_
  4. For the expanded part of the project, what is the number of additional persons proposed to be served? \_\_\_\_\_\_
  5. For the expanded part of the project, what is the number of units proposed to be used? \_\_\_\_\_\_
  6. For the expanded part of the project, what is the number of beds proposed to be used? \_\_\_\_\_\_

1. Are you wanting to provide additional supportive services to program participants?  YES  NO

If yes, answer both questions:

1. Will the proposed project increase the number of or expand supportive services provided?

YES  NO

1. Will the proposed project increase the frequency or intensity of supportive services?

YES  NO

1. Explain why this application is an effective and efficient use of funds in an area with a data proven need. Include how this expansion of a current grant will further the goal of ending homelessness.
2. **PROJECT DESCRIPTION**
3. Provide a description that addresses the entire scope of the proposed project. The project description should address the entire scope of the project, including:
   1. a clear picture of the target population(s) to be served,
   2. the plan for addressing the identified housing and supportive service needs,
   3. anticipated project outcome(s)
   4. coordination with other organizations (e.g. federal, state, nonprofit)
   5. How will the CoC Program funding be used?

The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

1. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to the CoC Program funds requested in this project application.

\*If the project has only one location or structure, or no structures, complete 1st column only.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Milestone | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
| Begin hiring staff or expending funds |  |  |  |  |
| Begin program participant enrollment |  |  |  |  |
| Program participants occupy rental assistance/leased units and/or supportive services begin |  |  |  |  |
| Rental assistance/Leased units and supportive services near 100% capacity |  |  |  |  |

* 1. If requesting capital costs (i.e. acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant (and sub-recipients if applicable) to develop and maintain the property using CoC program funds.
  2. Identify the # of days from execution of grant agreement for:
     1. Closing on purchase of land, structure(s), or execution of structure lease
     2. Start of rehabilitation
     3. Complete rehabilitation
     4. Start new construction
     5. Complete new construction

1. Coordinated Entry is a requirement with all CoC-funded projects.
   1. If you are not currently connected, do you understand that this is a requirement for all newly funded YHDP projects. ☐ YES ☐ NO ☐ N/A \*go to b.
   2. If you are current connected, describe your involvement with the coordinated entry system.
2. All CoC-funded projects are expected to align with the BOS CoC Standards; this is a requirement of the funding. *Existing standards can be viewed on the BOS website:* [*https://www.wiboscoc.org/boscoc-forms-standards-and-policies.htm*l](https://www.wiboscoc.org/boscoc-forms-standards-and-policies.html) . Do you understand that this is a requirement for all CoC-funded projects? ☐ YES ☐ NO
3. If PSH, will your project have a specific population focus other than chronically homeless:  YES  NO *\*Select “yes” if your project has special capacity in its facilities, program design, tools, outreach, or methodologies for a specific subpopulation. This does not mean that your project exclusively serves this subpopulation.*

If yes, explain:

If RRH, will your project have a specific population focus:  YES  NO

*\*Select “yes” if your project has special capacity in its facilities, program design, tools, outreach, or methodologies for a specific subpopulation. This does not mean that your project exclusively serves this subpopulation.*

If yes, explain:

1. Housing First is required for all CoC-funded projects. Will the project follow a “Housing First” model:  YES  NO

a. Please describe how the project will follow housing first with clients at entry and while enrolled.

b. Will the project quickly move participants into permanent housing?  YES  NO

*\*Check “yes,” if the project will rapidly move program participants into permanent housing and will not require additional steps (e.g. a certain number of days of sobriety).*

c. Will the project enroll participants who have the following barriers?

(*check all that apply: checking the box next to an item listed confirms that your project does not have the following barriers to entering the project)*

having too little or little income

active or history of substance use

having a criminal record with exceptions for state-mandated restrictions

history of victimization (e.g. DV, sexual assault, childhood abuse)

d. Will the project prevent participants termination for the following reasons?

*(check all that apply: checking the box next to an item listed confirms that your project does not terminate participants for the following reasons)*

failure to participate in supportive services

failure to make progress on a service plan

loss of income or failure to improve income

any other activity not covered in a lease agreement

1. Describe how you will address issues around mental health, addiction, resistance to services, lease violations, and other things that could jeopardize a participant’s housing.
2. Describe how you will cultivate landlord relationships, will help participants find housing, and will ensure participants can access available housing options within the coalition. This includes removing barriers.
3. If the local coalition in which this project will be executed already has COC funded projects in operation, please explain the role of this proposed project and describe the steps taken to ensure this is not a duplication of services.
4. **SUPPORTIVE SERVICES FOR PARTICIPANTS**
5. Describe how:

* The project applicant will help program participants obtain permanent housing
* The project applicant will provide the necessary services and support to help program participants successfully remain in permanent housing once assistance ends.

Within the description above, applicants must:

* Acknowledge the needs of the target population
* Include a plan that addresses the types of assistance that will be provided by the project applicant (or other partners) to ensure participants move into appropriate permanent housing and remain in/move to other permanent housing once assistance is no longer needed
* Describe how the project applicant will determine the right type of housing that fits the needs of program participants
* Describe how the project applicant will work with landlords to address possible issues and challenges
* Describe how the program applicant will work with program participants to set goals towards successful retention of permanent housing

1. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. The description must include:

* How the project will assist participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g. local employment programs, job training opportunities, educational opportunities);
* What types of mainstream services the project will assist participants with obtaining to increase non-employment income (e.g. SSI; SSDI; food stamps; Veteran benefits);
* What types of social services the project will provide access and help to participants to obtain (e.g. childcare, food assistance, TANF, early childhood education); and
* How the project will coordinate with other partners and assist participants access healthcare benefits and resources (e.g. Medicaid, Medicare, healthcare for the homeless, Federally qualified health centers).

1. Identify whether the project will include the following activities:
   1. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs  YES  NO

*\*select “yes” if the project provides regular, or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, and jobs. Assistance may include bus passes, vehicle owned by agency, etc.*

* 1. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?  YES  NO

*\*select “yes” if the project follows-up with participants annually to ensure they applied for mainstream benefits (e.g. TANF, food stamps, SSI) for which they are eligible, receiving the benefits, and renew benefits as required.*

* 1. Do project participants have access to SSI/SSDI technical assistance provided by applicant or partner agency?  YES  NO

*\*select “yes” if participants have access to SSI/SSDI technical assistance. The assistance can be provided by the project applicant, a partner-agency (through a formal or informal relationship).*

* 1. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?  YES  NO THIS IS NOT A SCORED QUESTION.

*\*select “yes” if the staff person who provides SSI-SSDI technical assistance completed SOAR training, online or in person, the past 24 months. If more than 1 person provides technical assistance, only select “yes” if all the people have completed the training.*

1. **HOUSING TYPE AND LOCATION**
2. Identify the Type of Housing, the Total number of Units and the Total number of beds for each Type of Housing

Shared Housing: two or more unrelated people share a house or an apartment. Each unit must contain private space for each household, plus common space for shared use by residents of the unit. Zero or 1 bedroom units cannot be used for shared housing.

* Enter the total number of **units** available at full capacity on a single night in the selected housing type and location: \_\_\_\_\_\_\_\_\_\_\_\_
* Enter the total number of **beds** available at full capacity on a single night in the selected housing type and location: \_\_\_\_\_\_\_\_\_\_\_\_

Single Room Occupancy (SRO): households have private sleeping or living room which may contain a private kitchen and bath.

* Enter the total number of **units** available at full capacity on a single night in the selected housing type and location: \_\_\_\_\_\_\_\_\_\_\_\_
* Enter the total number of **beds** available at full capacity on a single night in the selected housing type and location: \_\_\_\_\_\_\_\_\_\_\_\_

Clustered apartments: households have a self-contained housing unit located within a building or complex that houses both person with special needs (e.g. persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and those without special needs.

* Enter the total number of **units** available at full capacity on a single night in the selected housing type and location: \_\_\_\_\_\_\_\_\_\_\_\_
* Enter the total number of **beds** available at full capacity on a single night in the selected housing type and location: \_\_\_\_\_\_\_\_\_\_\_\_

Scattered Site apartments (including efficiencies): households have a self-contained apartment scattered throughout the community.

* Enter the total number of **units** available at full capacity on a single night in the selected housing type and location: \_\_\_\_\_\_\_\_\_\_\_\_
* Enter the total number of **beds** available at full capacity on a single night in the selected housing type and location: \_\_\_\_\_\_\_\_\_\_\_\_

Single family homes/townhouses/duplexes: households have a self-contained single-family home, townhouse, or duplex that is located throughout the community.

* Enter the total number of **units** available at full capacity on a single night in the selected housing type and location: \_\_\_\_\_\_\_\_\_\_\_\_
* Enter the total number of **beds** available at full capacity on a single night in the selected housing type and location: \_\_\_\_\_\_\_\_\_\_\_\_

\*Notes:

* A zero bedroom or efficiency must be indicated as 1 unit, 1 bedroom, and 1 bed.
* The number of units and beds must be equal to or greater than the total number of units requested in the budget.
* The number of beds should correlate to the number and characteristics of persons that the project is expected to serve as identified in Section G of this application.

1. **PROJECT PARTICIPANTS – HOUSEHOLDS**
2. List the number of households and persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Households | **Household with at least 1 adult & 1 child** | **Adult households without children** | **Households with only children** | **Total** |
| **Total # of households** |  |  |  |  |
|  |  |  |  |  |
| **# of Persons over age 24** |  |  | **NA** |  |
| **# of Persons age 18-24** |  |  | **NA** |  |
| **# of Accompanied children under age 18** |  | **NA** |  |  |
| **# of Unaccompanied children under age 18** | **NA** | **NA** |  |  |
| **Total # of Persons** |  |  |  |  |

1. Identify the subpopulation information for the households identified in Question 1 and are based on a single point in time.

The numbers entered for the following columns ***cannot be duplicated*** within these 3 subpopulations:

* CH (Not Veterans) – number of chronically homeless non-veterans
* CH Veterans – number of chronically homeless veterans (regardless of discharge reason)
* Veterans (Not CH) – number of veterans who do not meet the chronically homeless definition

The numbers entered for the following columns ***can be duplicated*** and should reflect the estimated subpopulations program participants fall under:

* SA – chronic substance abuse
* HIV - HIV/AIDS
* MI - Mentally Ill
* DV - Domestic Violence including survivors of human trafficking, sexual assault, stalking, and dating violence
* PD – physical disability
* DD – developmental disability
* Not Listed – enter the number of program participants that do not meet the definition of the subpopulations listed

For example:

* someone can be chronically homeless and have SA, MI, and PD
* someone cannot be CH Vet and Vet – as you will only mark 1
* someone can be SA and HIV
  1. **Persons in Households with at least 1 Adult and 1 Child**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AGE | CH | CH Vet | Vet | SA | HIV | MI | DV | PD | DD | Not Listed |
| Over 24 |  |  |  |  |  |  |  |  |  |  |
| 18-24 |  |  |  |  |  |  |  |  |  |  |
| Under 18 |  |  |  |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |  |

* 1. **Persons in Households without Children**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AGE | CH | CH Vet | Vet | SA | HIV | MI | DV | PD | DD | Not Listed |
| Over 24 |  |  |  |  |  |  |  |  |  |  |
| 18-24 |  |  |  |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |  |

* 1. **Persons in Households with Only Children**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AGE | CH | CH Vet | Vet | SA | HIV | MI | DV | PD | DD | Not Listed |
| Accompanied under 18 |  |  |  |  |  |  |  |  |  |  |
| Unaccompanied under 18 |  |  |  |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |  |

1. **FUNDING REQUEST**
2. Select the costs for which funding is being requested. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2022 CoC Program competition.

Acquisition/Rehabilitation/New Construction 24 CFR 578.43-47

Leased Units 24 CFR 578.49

Leased Structures 24 CFR 578.49

Rental Assistance 24 CFR 578.51

Supportive services 24 CFR 578.53

Operating 24 CFR 578.55

HMIS 24 CFR 578.57

Administration

1. Acquisition/Rehabilitation/New Construction
   1. Enter specific location information for each site requesting capital costs. Create a name for each site that you will recognize, enter the Street Address, City, and Zip Code. The address must be the actual site of the proposed development activities and not the administrative office of your organization.

Site #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Enter the amount of funds requested for acquisition, rehabilitation, and new construction costs at the structure site.

|  |  |  |
| --- | --- | --- |
|  | Site #1 | Site #2 |
| Acquisition |  |  |
| Rehabilitation |  |  |
| New Construction |  |  |

If there will be more than 2 sites, please add information regarding the address of the location(s) and requested funds for the additional sites here:

**What is the total amount of Acquisition/Rehabilitation/New Construction**

**requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the acquisition/rehabilitation/new construction section of this project:

1. Leased Units (Permanent Supportive Housing only)

The explanation of eligible costs can be found at [24 CFR 578.49](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578/subpart-D/section-578.49)

* All new project applications are required to use FY2022 Fair Market Rent (FMR) and request full FMR for initial funding. <https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/select_Geography.odn>
* If your project provides units in more than 1 FMR area, you must complete a chart for each FMR area.
* The table accounts for the size of units, number of units requested, FMR for each unit, and multiplied by 12 months to account for annual rent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FMR Area** | **Total Units Requested** | | **Total Annual Budget Requested** | |
|  |  | |  | |
| **Size of Units** | **# of Units** | **FMR Amount** | | **FMR Amount x 12** |
| 0 Bedroom  (studio or efficiency) |  |  | |  |
| 1 Bedroom |  |  | |  |
| 2 Bedrooms |  |  | |  |
| 3 Bedrooms |  |  | |  |
| 4 Bedrooms |  |  | |  |
| 5 Bedrooms |  |  | |  |
| 6 Bedrooms |  |  | |  |
| 7 Bedrooms |  |  | |  |
| 8 Bedrooms |  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FMR Area** | **Total Units Requested** | | **Total Annual Budget Requested** | |
|  |  | |  | |
| **Size of Units** | **# of Units** | **FMR Amount** | | **FMR Amount x 12** |
| 0 Bedroom  (studio or efficiency) |  |  | |  |
| 1 Bedroom |  |  | |  |
| 2 Bedrooms |  |  | |  |
| 3 Bedrooms |  |  | |  |
| 4 Bedrooms |  |  | |  |
| 5 Bedrooms |  |  | |  |
| 6 Bedrooms |  |  | |  |
| 7 Bedrooms |  |  | |  |
| 8 Bedrooms |  |  | |  |

If more than 2 FMR areas, please copy and add another chart below.

**What is the total amount of Leased Units requested (adding the total annual budget requested for all FMR areas)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the leased units section of this project:

1. Leased Structures
   1. Enter the Structure Name by which you will identify the leased structure (e.g. name of the property), street address, city, and zip code.

Structure #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Structure #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Enter the monthly amount of HUD paid rent you are requesting for each structure, multiple by 12, and the total annual assistance requested for each structure.

|  |  |  |
| --- | --- | --- |
|  | Structure #1 | Structure #2 |
| HUD paid rent (monthly) |  |  |
| Multiply monthly amount by 12 = total annual assistance |  |  |

If there will be more than 2 structures, please add information regarding the address of the location(s) and requested funds for the additional sites here:

**What is the total amount of Leased Structures requested (adding the total annual budget requested for all FMR areas)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the leased structures section of this project:

1. Rental Assistance Budget (Rapid Rehousing only)

The explanation of eligible costs can be found at [24 CFR 578.51](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578/subpart-D/section-578.51)

* All new project applications are required to use FY2022 Fair Market Rent (FMR) and request full FMR for initial funding. <https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/select_Geography.odn>
* If your project provides units in more than 1 FMR area, you must complete a chart for each FMR area.
* The table accounts for the size of units, number of units requested, FMR for each unit, and multiplied by 12 months to account for annual rent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FMR Area** | **Total Units Requested** | | **Total Annual Budget Requested** | |
|  |  | |  | |
| **Size of Units** | **# of Units** | **FMR Amount** | | **FMR Amount x 12** |
| 0 Bedroom  (studio or efficiency) |  |  | |  |
| 1 Bedroom |  |  | |  |
| 2 Bedrooms |  |  | |  |
| 3 Bedrooms |  |  | |  |
| 4 Bedrooms |  |  | |  |
| 5 Bedrooms |  |  | |  |
| 6 Bedrooms |  |  | |  |
| 7 Bedrooms |  |  | |  |
| 8 Bedrooms |  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FMR Area** | **Total Units Requested** | | **Total Annual Budget Requested** | |
|  |  | |  | |
| **Size of Units** | **# of Units** | **FMR Amount** | | **FMR Amount x 12** |
| 0 Bedroom  (studio or efficiency) |  |  | |  |
| 1 Bedroom |  |  | |  |
| 2 Bedrooms |  |  | |  |
| 3 Bedrooms |  |  | |  |
| 4 Bedrooms |  |  | |  |
| 5 Bedrooms |  |  | |  |
| 6 Bedrooms |  |  | |  |
| 7 Bedrooms |  |  | |  |
| 8 Bedrooms |  |  | |  |

If more than 2 FMR areas, please copy and add another chart below.

**What is the total amount of Rental Assistance requested (adding the total annual budget requested for all FMR areas)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the rental assistance section of this project:

1. Supportive Services Budget

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. The explanation of

eligible costs can be found at 24 CFR 578.53.

*The Budget Narrative must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e. numbers) and descriptive information for each activity. For example: if requesting staffing enter position title – 1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe of $X. Include any direct provision costs (24 CFR 578.53€(17)) for each line item (e.g. monthly use of cell phone to contact program participants @ $x per month.*

|  |  |  |
| --- | --- | --- |
|  | **Annual Amount** | **Budget Narrative (quantity & description)** |
| Assessment of Service Needs |  |  |
| Assistance with Moving Costs |  |  |
| Case Management |  |  |
| Child Care |  |  |
| Education Services |  |  |
| Employment Assistance |  |  |
| Food |  |  |
| Housing/Counseling Services |  |  |
| Legal Services |  |  |
| Life Skills |  |  |
| Mental Health Services |  |  |
| Outpatient Health Services |  |  |
| Outreach Services |  |  |
| Substance Abuse Treatment Services |  |  |
| Transportation |  |  |
| Utility Deposits |  |  |
| Operating Costs |  |  |

**What is the total amount of Supportive Service funding requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the supportive services section of this project:

1. Operating Budget (Permanent Supportive Housing only)

The explanation of eligible costs can be found at [24 CFR 578.55](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578/subpart-D/section-578.55)

Enter the quantity and total budget request for each Operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

*The Budget Narrative must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e. numbers) and descriptive information for each activity. For example: if requesting staffing enter position title – 1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe of $X.*

|  |  |  |
| --- | --- | --- |
|  | **Annual Amount** | **Budget Narrative (quantity & description)** |
| Maintenance and Repair |  |  |
| Property Taxes and Insurance |  |  |
| Building Security |  |  |
| Electricity, Gas, and Water |  |  |
| Furniture |  |  |
| Equipment |  |  |

**What is the total amount of Operating funding requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the operating section of this project:

1. HMIS Budget

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

*The Budget Narrative must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e. numbers) and descriptive information for each activity. For example: if requesting staffing enter position title – 1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe of $X. Include any direct provision costs (24 CFR 578.53€(17)) for each line item (e.g. monthly use of cell phone to contact program participants @ $x per month.*

|  |  |  |
| --- | --- | --- |
|  | **Annual Amount** | **Budget Narrative (quantity & description)** |
| Equipment |  |  |
| Software |  |  |
| Services |  |  |
| Personnel |  |  |
| Space & Operations |  |  |

**What is the total amount of HMIS funding requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the HMIS section of this project:

1. **SUMMARY BUDGET**

Complete the chart.

* In the HUD Amount column, write the total amount of funds requested in this project from HUD.
* In the explanation column, explain what the funds will be used for. This should include number of units, type of housing, types of services to be provided, and any other detail that explains what role the funds will plan in the project.

|  |  |  |
| --- | --- | --- |
|  | **HUD Amount** | **Explanation** |
| Acquisition/Rehabilitation/ New Construction |  |  |
| Leased Units |  |  |
| Leased Structures |  |  |
| Rental Assistance |  |  |
| Supportive Services |  |  |
| Operating |  |  |
| HMIS |  |  |
| **Subtotal** |  |  |
| Admin (up to 10%) |  |  |
| **Total** |  |  |

1. **SOURCES OF MATCH**

Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25% of the total request (including administrative costs, not including leasing costs). See 24 CFR 578.73 for CoC Program match requirements.

Example: The total amount of CoC funding requested is $100,000. Then the applicant must match funds no less than $25,000.

In the table below, identify the type of commitment, source, and amount.

* **Type of Commitment** = Indicate cash or in-kind (non-cash) in the column.
  + This indicates the type of contribution that describes this match commitment. Examples of in-kind can include the value of any real property, equipment, or services contributed t to this project that are eligible costs under the CoC Program.
* **Source** = Indicate private or government in the column.
  + Private means that the match will be provided by a non-governmental entity
  + Government means that the match will be provided by a government entity so long as the government funds do not prohibit their use as match for another federal program
* **Name of the Source** = Write the name of the organization providing the contribution. Be specific and include the office or grant program if applicable.
* **Amount of Commitment** = Enter the total dollar value of the contribution.

Add rows as necessary

**Summary for Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Commitment** | **Source of Commitment** | **Name of the Source** | **Amount of the Commitment** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **DEMONSTRATION OF ORGANIZATION FISCAL CAPACITY:**
2. How long has the agency existed?
3. How long has the agency provided housing and/or services to people experiencing homelessness?
4. What is the agency’s rate of turnover in management positions? This should include the total number of management positions and the total number of turnover during the last calendar year (2021) and year-to-date (2022).
5. What was the agency’s total budget for the most recent fiscal year? Include the date of fiscal year used.
6. Does the agency administer any other federal dollars?
   1. Please describe and identify any and all other federal dollars administered, including the name of the project, federal funder, amount, purpose, type of clients served.
7. Does the agency administer any State of Wisconsin dollars?
   1. Please describe and identify any and all other state dollars administered, including the name of the project, federal funder, amount, purpose, type of clients served.
8. Does the agency conduct an annual financial audit?
   1. If no, why?
   2. If yes, describe the type of audit conducted and when was the most recent audit completed?
9. Does the agency segregate funds?
   1. If no, why?
   2. If yes, describe the process.

**Appendix 1 – Required**

If the proposed project is Rapid Re-housing, answer the following questions:

(1) Describe the difference between the ESG-funded RRH project(s), other CoC-funded RRH project(s) already in operation in the coalition and this proposed CoC-funded RRH project. How will coalition ensure that the right people are enrolled in the right projects that meet their ends? How will the applicant ensure this is not a duplication of services. This should include population, priorities, eligibility, etc.

(2) Describe the exit strategy that the project will incorporate to ensure project participants are prepared to move on from the project and able to maintain permanent housing.

If the proposed project is Permanent Supportive Housing, answer the following questions:

(1) Describe the outreach methods that will be used to ensure that all of the eligible chronic homeless individuals and families are identified for this project.

(2) Describe the collaboration with medical providers to ensure timely documentation on the disability verification form required for at least one adult in each household.

(3) Describe the exit strategy that the project will incorporate to encourage project participants to move on from the project when they no longer need or want the level of intensive case management that PSH entails.

Both project types must answer the following question:

(1) Using data from the PIT and coordinated entry and any other data source, describe the need that this project will meet in the community. If additional data sources are used, please identify and attach to this application (including but not limited to Osnium or another comparable database). This description should draw a connection from the project description, units and beds requested, services provided, and target population identified and supported specifically with data.

**Appendix 2 – BONUS**

**Leveraging Housing Resources (up to 50 points)**

Leveraging Housing Resources – using housing subsidies or subsidized housing units not funded through the CoC or ESG programs. Housing subsidies or subsidized housing units may be funded through any of the following sources:

* Private organizations;
* State or local government, including through the use of HOME funding provided through the American Rescue Plan;
* Public Housing Agencies, including through the use of a set aside or limited preference;
* Faith-based organizations; or
* Federal programs other than the CoC or ESG programs.

In the case of rapid re-housing project, the project must demonstrate that these housing units will serve at least 25% of the program participants anticipated to be served by the project.

In the case of permanent supportive housing project, the project must demonstrate that these housing units will provide at least 25% of the units included in the project.

Projects must attach letters of commitment, contracts, or other formal written documents that demonstrate the number of subsidies or units being provided to support the project.

Question:

Describe how this project will leverage housing resources. Explain where the additional housing subsidies or subsidized housing units will come from and what attachments will be provided to support the commitment.

**Leveraging Healthcare Resources (up to 50 points)**

Leveraging Healthcare Resources – using healthcare resources to help people experiencing homelessness. Sources of healthcare resources include:

* Direct contributions from a public or private health insurance provider to the project, and
* Provision of health care services by a private or public organization tailored to the program participants of the project.
* Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirement s of the health care service provider.

Projects must attach letters of commitment from a health care organization that the value of assistance being provided is at least:

* in the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and chose those services; or
* an amount that is equivalent to 25% of the funding being requested for the project will be covered by the healthcare organization

Acceptable forms of commitment are formal written agreements and must include:

* Value of the commitment, and
* dates the healthcare resources will be provided.

In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.

Question:

Describe how this project will leverage healthcare resources. Explain where the resources will come from and what attachments will be provided to support the commitment.

**Required Attachments**

1. Most recent fiscal year agency audit including management letter.
2. Letter of support from at least two different agencies within the local coalition. The letters must be dated no earlier than 7/1/2022.
3. Letters of match support totally 25% or more. These can be in-kind or cash match obligations. The letters must be dated no earlier than 8/15/2022.

1. Provide evidence from a current coordinated entry prioritization list and explanation as to what the need in the community is and how this proposed project will meet that need.
2. Specific and detailed timeline and explanation as to how the project will be prepared to start expending funds and enrolling & housing clients on Day 1.
3. Application Specific Questions:
   1. Employer or Tax Identification Number
   2. Organization’s UEI
   3. Organization’s Physical Address
   4. Organization’s Congressional District(s)
   5. The name and contact information of the person within the organization who has the authority to act on the organization’s behalf as it relates to carrying out the actions contracted by your organization.