# Attachment A: Coversheet and Applicant Information

|  |
| --- |
| Please use the attached Request for Funding to provide the CoC with information about your proposed project that will be sufficient enough for the Rating and Ranking Committee to evaluate. Complete A, Coversheet, and Attachment B, C, D or E, based on chosen component type. Delete or hide attachments not applicable to your project. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Legal Name of Applicant Organization: Click or tap here to enter text. Click or tap here to enter text. | | | | | | |
| Contact Name: Click or tap here to enter text. | Phone: Click or tap here to enter text. | | Fax: Click or tap here to enter text. | | | Email: Click or tap here to enter text. |
| Agency UEI Number: Click or tap here to enter text. | Agency Tax ID Number: Click or tap here to enter text. | | Agency Type:  Choose an item. | | | Project Service Area:  Click or tap here to enter text. |
| Name of Project: Click or tap here to enter text. | | | | | | |
| Funding Requested: Choose an item. | | Amount Requested: $ Click or tap here to enter text. | | | Desired Grant Term: Choose an item. | |
| Component Type  *(Note: DV Bonus funds are not eligible for new PH-PSH project or a new HMIS project)* | | | | Choose an item. | | |

1. **Experience of Applicant**
2. **Describe your organization’s experience in effectively utilizing federal funds and performing the activities proposed in the application.**

Click or tap here to enter text.

1. **Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

Click or tap here to enter text.

1. **Describe your organization’s (and subrecipient(s) if applicable) financial management structure.**

Click or tap here to enter text.

1. **Assurances**
2. For housing projects, will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Choose an item.
3. For housing projects, will the applicant be capable of meeting all HMIS data collection and reporting requirements? Choose an item.
4. Select the response that describes the applicant’s current use of HMIS: Choose an item.
5. Does the applicant participate in federal lobbying activities? Choose an item.
6. Is the applicant debarred or suspended from doing business with the federal government? Choose an item.
7. Does the Agency have any outstanding delinquent Federal Debts? Choose an item.
8. Does the Agency have an accounting system? Choose an item.
9. Does the applicant adhere to Fair Housing and Equal Opportunity Act? Choose an item.
10. Is your organization a victim service provider defined in 24 CFR 578.3? Choose an item.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Executive Director Name | Executive Director Signature | Date |

# Attachment B: Project Description Questionnaire – PH, TH, & Joint TH/RRH Projects

1. **Project Description**
2. **Provide a description that addresses the entire scope of the proposed project.** Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

If applying for DV Bonus funds you must also include in the description how eligible program participants (paragraph 4 of the homeless definition (24 CFR 578.3)) will be assisted to obtain and remain in permanent housing that addresses their particular needs and includes trauma-informed, victim-centered approaches.

Click or tap here to enter text.

1. **For the primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award, or input “N/A.”**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Begin hiring staff or expending funds | Click or tap here to enter text. | | Begin program participant enrollment | Click or tap here to enter text. | | Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | Click or tap here to enter text. | | Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | Click or tap here to enter text. | | Closing on purchase of land, structure(s), or execution of structure lease | Click or tap here to enter text. | | Start rehabilitation | Click or tap here to enter text. | | Complete rehabilitation | Click or tap here to enter text. | | Start new construction | Click or tap here to enter text. | | Complete new construction | Click or tap here to enter text. | |  |
|  |
|  |
|  |

1. **A. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

**(Select ALL that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NA/ Project Serves All Subpopulations** |  | **Domestic Violence** |  |
| **Veterans** |  | **Substance Abuse** |  |
| **Youth (under 25)** |  | **Mental Illness** |  |
| **Families** |  | **HIV/Aids** |  |
| **Chronic Homeless** |  | **Other \_\_\_\_\_\_\_\_\_\_\_\_** |  |

**B. Describe your organizations experience working and/or providing housing and services to the proposed subpopulations.**

Click or tap here to enter text.

1. **Describe your organizations experience and commitment to applying a “Housing First” approach.**

Click or tap here to enter text.

1. **Supportive Services**

1. **Describe how program participants will be assisted to obtain and remain in permanent housing.**

Click or tap here to enter text.

1. **Describe how program participants will be assisted to obtain and remain in permanent housing.**

Click or tap here to enter text.

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.**

Click or tap here to enter text.

1. **For all supportive services available to program participants, indicate who will provide them and how often they will be provided.**

|  |  |  |
| --- | --- | --- |
| **Service** | **Provider** | **Frequency** |
| Assessment of Service Needs | Choose an item. | Choose an item. |
| Assistance with Moving Costs | Choose an item. | Choose an item. |
| Case Management | Choose an item. | Choose an item. |
| Child Care | Choose an item. | Choose an item. |
| Education Services | Choose an item. | Choose an item. |
| Employment Assistance and Job Training | Choose an item. | Choose an item. |
| Food | Choose an item. | Choose an item. |
| Housing Search and Counseling Services | Choose an item. | Choose an item. |
| Legal Services | Choose an item. | Choose an item. |
| Life Skills Training | Choose an item. | Choose an item. |
| Mental Health Services | Choose an item. | Choose an item. |
| Outpatient Health Services | Choose an item. | Choose an item. |
| Outreach Services | Choose an item. | Choose an item. |
| Substance Abuse Treatment Services | Choose an item. | Choose an item. |
| Transportation | Choose an item. | Choose an item. |
| Utility Deposits | Choose an item. | Choose an item. |

1. **Identify whether the project will include the following activities:**
2. **Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Choose an item.
3. **Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** Choose an item.
4. **Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?** Choose an item.
5. **Housing Services**
6. **Housing Type and Location**

*Note: For Joint TH/RRH component type, both TH and PH-RRH assistance must be provided, a minimum of two entries below is required.*

**a. Select housing type for this project:** Choose an item.

Type of Housing: Choose an item.

Address for proposed or existing property (for victim service providers, input PO Box or other anonymous address): Click or tap here to enter text.

Number of Units available for program participants at selected site Click or tap here to enter text.

Number of Bedroom Type(s) (e.g. SRO, 1 bedroom, etc.) Click or tap here to enter text.

Number of Beds Click or tap here to enter text.

Number of Beds Dedicated to Chronic Homelessness Click or tap here to enter text.

**b. Select housing type for this project:** Choose an item.

Type of Housing: Choose an item.

Address for proposed or existing property (for victim service providers, input PO Box or other anonymous address): Click or tap here to enter text.

Number of Units available for program participants at selected site Click or tap here to enter text.

Number of Bedroom Type(s) (e.g. SRO, 1 bedroom, etc.) Click or tap here to enter text.

Number of Beds Click or tap here to enter text.

Number of Beds Dedicated to Chronic Homelessness Click or tap here to enter text.

**c. Select housing type for this project:** Choose an item.

Type of Housing: Choose an item.

Address for proposed or existing property (for victim service providers, input PO Box or other anonymous address): Click or tap here to enter text.

Number of Units available for program participants at selected site Click or tap here to enter text.

Number of Bedroom Type(s) (e.g. SRO, 1 bedroom, etc.) Click or tap here to enter text.

Number of Beds Click or tap here to enter text.

Number of Beds Dedicated to Chronic Homelessness Click or tap here to enter text.

*Copy additional entry as needed:*

1. **Project Participants**

|  |  |  |
| --- | --- | --- |
| **Households** | **Households with at least one adult and one child** | **Households without children** |
| Total number of households | Click or tap here to enter text. | Click or tap here to enter text. |
|  | | |
| **Participants** | **Persons in households with at least one adult and one child** | **Persons in households without children** |
| Adults over age 24 | Click or tap here to enter text. | Click or tap here to enter text. |
| Adults ages 18-24 | Click or tap here to enter text. | Click or tap here to enter text. |
| Accompanied Children under 18 | Click or tap here to enter text. | Click or tap here to enter text. |
|  | | |

1. **Budget**
2. **Eligible activities per component type (select all that apply, and enter amount under applicable component):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Joint Transitional Housing & Rapid Rehousing (TH & PH/RRH)** | **Total assistance requested** | **Transitional Housing (TH)** | **Total assistance requested** | **Permanent Housing (PH) – Rapid Rehousing (RRH)** | **Total assistance requested** | **Permanent Housing (PH) – Permanent Supportive Housing (PSH)** | **Total assistance requested** |
| Leased Units | **$** Click or tap here to enter text. | Leased Units | **$** Click or tap here to enter text. |  |  | Leased Units | **$** Click or tap here to enter text. |
| Leased Structures | **$** Click or tap here to enter text. | Leased Structures | **$** Click or tap here to enter text. |  |  | Leased Structures | **$** Click or tap here to enter text. |
| Rental Assistance | **$** Click or tap here to enter text. | Rental Assistance | **$** Click or tap here to enter text. | Rental Assistance | **$** Click or tap here to enter text. | Rental Assistance | **$** Click or tap here to enter text. |
| Supportive Services | **$** Click or tap here to enter text. | Supportive Services | **$** Click or tap here to enter text. | Supportive Services | **$** Click or tap here to enter text. | Supportive Services | **$** Click or tap here to enter text. |
| Operating | **$** Click or tap here to enter text. | Operating | **$** Click or tap here to enter text. |  |  | Operating | **$** Click or tap here to enter text. |
| HMIS | **$** Click or tap here to enter text. | HMIS | **$** Click or tap here to enter text. | HMIS | **$** Click or tap here to enter text. | HMIS | **$** Click or tap here to enter text. |
| Rural | **$** Click or tap here to enter text. | Rural | **$** Click or tap here to enter text. | Rural | **$** Click or tap here to enter text. | Rural | **$** Click or tap here to enter text. |
| VAWA | **$** Click or tap here to enter text. | VAWA | **$** Click or tap here to enter text. | VAWA | **$** Click or tap here to enter text. | VAWA | **$** Click or tap here to enter text. |
| Admin (up to 10% of CoC Project funds) | **$** Click or tap here to enter text. | Admin (up to 10% of CoC Project | **$** Click or tap here to enter text. | Admin (up to 10% of CoC Project | **$** Click or tap here to enter text. | Admin (up to 10% of CoC Project | **$** Click or tap here to enter text. |
| **TOTAL** | **$** Click or tap here to enter text. | **TOTAL** | **$** Click or tap here to enter text. | **TOTAL** | **$** Click or tap here to enter text. | **TOTAL** | **$** Click or tap here to enter text. |

1. **Complete the budget detail below if funding for leased units is requested, or select “N/A”:**
   1. **N/A:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Size of Unit** | **# of Units** | **2016 FMR HUD Paid Rent (per month)**  [Link to Lookup](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2016_code/select_Geography.odn) | **Total (FMR \* 12 Months)** |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Complete if project funds leased structures, or select “N/A”:**
   1. **NA:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Structure Name** | **Structure Address** | **HUD Paid Rent (per month)**  [Link to Lookup](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2016_code/select_Geography.odn) | **Total (FMR \* 12 Months)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Complete the budget detail below if funding for rental assistance is requested, or select “N/A”:**
   1. **N/A:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Size of Unit** | **# of Units** | **2016 FMR HUD Paid Rent (per month)**  [Link to Lookup](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2016_code/select_Geography.odn) | **Total (FMR \* 12 Months)** |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Complete the budget detail below if Rural funds are requested, or select “N/A”:**
   1. **N/A:**

|  |  |
| --- | --- |
| **Eligible Cost** | **Annual Assistance Requested** |
| **Short-term emergency lodging** to include housing in motels or shelters, either by providing direct funding or through vouchers. | $ Click or tap here to enter text. |
| **Repairs to housing units** in where individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation. | $ Click or tap here to enter text. |
| **Staff Training** to include professional development, skill development, and staff retention activities. | $ Click or tap here to enter text. |
| Total | $ Click or tap here to enter text. |

1. **Complete the budget detail below if supportive services funds are requested, or select “N/A”:**
   1. **N/A:**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity and Description** | **Annual Assistance Requested** |
| Assessment of Service Needs | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Assistance with Moving Costs | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Case Management | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Child Care | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Education Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Employment Assistance and Job Training | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Food | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Housing Search and Counseling Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Legal Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Life Skills Training | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Mental Health Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Outpatient Health Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Outreach Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Substance Abuse Treatment Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Transportation | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Utility Deposits | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Operating Costs | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Total | | $ Click or tap here to enter text. |

1. **Complete if operating costs are being requested, or select “N/A”:**
   1. **N/A:**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity and Description** | **Annual Assistance Requested** |
| Maintenance/Repair | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Property Taxes and Insurance | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Replacement Reserve | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Building Security | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Electric, Gas, and Water | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Furniture | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Equipment | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Total | | $ Click or tap here to enter text. |

1. **Complete the budget detail below if HMIS funds are requested, or select “N/A”:**
   1. **N/A:**

|  |  |  |
| --- | --- | --- |
| **Eligible Cost** | **Quantity and Description** | **Amount** |
| Equipment | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Software | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Personnel | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Space and Operations | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Total | | $ Click or tap here to enter text. |

1. **Complete the budget detail below if Rural funds are requested, or select “N/A”:**
   1. **N/A:**

|  |  |
| --- | --- |
| **Eligible Cost** | **Annual Assistance Requested** |
| **Short-term emergency lodging** to include housing in motels or shelters, either by providing direct funding or through vouchers. | $ Click or tap here to enter text. |
| **Repairs to housing units** in where individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation. | $ Click or tap here to enter text. |
| **Staff Training** to include professional development, skill development, and staff retention activities. | $ Click or tap here to enter text. |
| Total | $ Click or tap here to enter text. |

1. **Complete if Violence Against Women Act (VAWA) funds are requested, or select “N/A”:**
   1. **N/A:**

|  |  |
| --- | --- |
| **VAWA Emergency Transfer Facilitation**. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:  **Moving Costs**. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).  **Travel Costs**. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.  **Security Deposits**. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).  **Utilities**. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.  **Housing Fees**. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.  **Case Management**. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).  **Housing Navigation**. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).  **Technology to make an available unit safe**. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc. | Estimated budget amount for VAWA Emergency Transfer Facilitation:  Click or tap here to enter text. |
| **VAWA Confidentiality Requirements** Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:  Monitoring and evaluating compliance.  Developing and implementing strategies for corrective actions and remedies to ensure compliance.  Program evaluation of confidentiality policies, practices, and procedures.  Training on compliance with VAWA confidentiality requirements.   * Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements. * Costs for establishing methodology to protect survivor information. *  Staff time associated with maintaining adherence to VAWA confidentiality requirements. | Estimated budget amount for VAWA Confidentiality Requirements:  Click or tap here to enter text. |

1. **Complete Source of Match Detail (Minimum 25% of Total Project Amount Required)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Match Commitment** | **Source** | **Name of Source** | **Amount of Commitment** |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Total Budget**
2. Total CoC Project funds requested (excluding admin and match): Click or tap here to enter text.
3. Total Admin requested (up to 10% of question a.) total CoC Project funds): Click or tap here to enter text.
4. Number of housing units to be funded: Click or tap here to enter text.
5. Total budget for the project, including match and admin: Click or tap here to enter text.
6. Cost per unit: Click or tap here to enter text.

# Attachment C: Project Description Questionnaire – SSO- Coordinated Entry

1. **Project Description**
2. **Provide a description that addresses the entire scope of the proposed project.** Provide a detailed description of the scope of the project including the project plan for addressing coordinated entry needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

If this new SSO-CE project application is applying for DV Bonus funds, the description must be tailored to include how eligible program participants (paragraph 4 of the homeless definition in 24 CFR 578.3) will be assisted to obtain and remain in permanent housing that addresses their particular needs and includes trauma-informed, victim-centered approaches.

Click or tap here to enter text.

1. **For the primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award, or input “N/A.”**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Begin hiring staff or expending funds | Click or tap here to enter text. | | Begin program participant enrollment | Click or tap here to enter text. | | Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | Click or tap here to enter text. | | Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | Click or tap here to enter text. | | Closing on purchase of land, structure(s), or execution of structure lease | Click or tap here to enter text. | | Start rehabilitation | Click or tap here to enter text. | | Complete rehabilitation | Click or tap here to enter text. | | Start new construction | Click or tap here to enter text. | | Complete new construction | Click or tap here to enter text. | |  |
|  |
|  |
|  |

1. **A. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

**(Select ALL that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NA/ Project Serves All Subpopulations** |  | **Domestic Violence** |  |
| **Veterans** |  | **Substance Abuse** |  |
| **Youth (under 25)** |  | **Mental Illness** |  |
| **Families** |  | **HIV/Aids** |  |
| **Chronic Homeless** |  | **Other \_\_\_\_\_\_\_\_\_\_\_\_** |  |

**B. Describe your organizations experience working and/or providing housing and services to the proposed subpopulations.**

Click or tap here to enter text.

1. **As an SSO-Coordinated Entry project answer the following questions:**
2. **Will the coordinated entry process cover the CoC’s entire geographic area?** Choose an item.
3. **Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance?**  Choose an item.
4. **Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.**

Click or tap here to enter text.

1. **Will the coordinated entry process use a comprehensive, standardized assessment process?** Choose an item.
2. **Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.**
3. **If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following groups:**

(1) adults without children;  
(2) adults accompanied by children;  
(3) unaccompanied youth;  
(4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and  
(5) persons at risk of homelessness?

Choose an item.

1. **Budget**

*The supportive services listed are based on the eligible supportive services in 24 CFR 578.53; however, SSO-CE projects should only request funds in eligible cost categories that are directly related to carrying out the CoC’s coordinated entry process (e.g., staff costs for conducting assessments). Costs that are not directly related to carrying out the CoC’s coordinated entry are ineligible.*

1. **Eligible activities (select all that apply, and enter amount under applicable component):**

|  |  |
| --- | --- |
| Eligible Use | Total Assistance Requested |
| Supportive Services | $ Click or tap here to enter text. |
| HMIS | $ Click or tap here to enter text. |
| VAWA | $ Click or tap here to enter text. |
| Rural | $ Click or tap here to enter text. |
| Admin (up to 10% of total CoC project funds) | $ Click or tap here to enter text. |
| Total | $ Click or tap here to enter text. |

1. **Complete the budget detail below if supportive services funds are requested, or select “N/A”:**
   1. **N/A:**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity and Description** | **Annual Assistance Requested** |
| Assessment of Service Needs | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Assistance with Moving Costs | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Case Management | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Child Care | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Education Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Employment Assistance and Job Training | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Food | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Housing Search and Counseling Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Legal Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Life Skills Training | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Mental Health Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Outpatient Health Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Outreach Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Substance Abuse Treatment Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Transportation | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Utility Deposits | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Operating Costs | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Total | | $ Click or tap here to enter text. |

1. **Complete the budget detail below if HMIS funds are requested, or select “N/A”:**
   1. **N/A:**

|  |  |  |
| --- | --- | --- |
| **Eligible Cost** | **Quantity and Description** | **Amount** |
| Equipment | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Software | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Services | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Personnel | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Space and Operations | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Total | | $ Click or tap here to enter text. |

1. **Complete the budget detail below if Violence Against Women Act (VAWA) funds are requested, or select “N/A”:**
   1. **N/A:**

|  |  |
| --- | --- |
| **VAWA Emergency Transfer Facilitation**. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:  **Moving Costs**. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).  **Travel Costs**. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.  **Security Deposits**. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).  **Utilities**. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.  **Housing Fees**. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.  **Case Management**. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).  **Housing Navigation**. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).  **Technology to make an available unit safe**. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc. | Estimated budget amount for VAWA Emergency Transfer Facilitation:  Click or tap here to enter text. |
| **VAWA Confidentiality Requirements** Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:  Monitoring and evaluating compliance.  Developing and implementing strategies for corrective actions and remedies to ensure compliance.  Program evaluation of confidentiality policies, practices, and procedures.  Training on compliance with VAWA confidentiality requirements.   * Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements. * Costs for establishing methodology to protect survivor information. *  Staff time associated with maintaining adherence to VAWA confidentiality requirements. | Estimated budget amount for VAWA Confidentiality Requirements:  Click or tap here to enter text. |

1. **Complete the budget detail below if Rural funds are requested, or select “N/A”:**
   1. **N/A:**

|  |  |
| --- | --- |
| **Eligible Cost** | **Annual Assistance Requested** |
| **Short-term emergency lodging** to include housing in motels or shelters, either by providing direct funding or through vouchers. | $ Click or tap here to enter text. |
| **Repairs to housing units** in where individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation. | $ Click or tap here to enter text. |
| **Staff Training** to include professional development, skill development, and staff retention activities. | $ Click or tap here to enter text. |
| Total | $ Click or tap here to enter text. |

1. **Complete Source of Match Detail (Minimum 25% of Total Project Amount Required)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Match Commitment** | **Source** | **Name of Source** | **Amount of Commitment** |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Total Budget**
2. Total CoC Project funds requested (excluding admin and match): Click or tap here to enter text.
3. Total Admin requested (up to 10% of question a.) total CoC Project funds): Click or tap here to enter text. Number of housing units to be funded: Click or tap here to enter text.
4. Total budget for the project, including match and admin: Click or tap here to enter text.
5. Cost per unit: Click or tap here to enter text.

# Attachment D: Project Description Questionnaire – HMIS

1. **Project Description**
2. **Provide a description that addresses the entire scope of the proposed project.** Provide a detailed description of the scope of the project including the community needs, the design and implementation of the HMIS system, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information you provide in this narrative must align with the information entered in other screens of the application.

Click or tap here to enter text.

1. **For the primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award, or input “N/A.”**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Begin hiring staff or expending funds | Click or tap here to enter text. | | Begin program participant enrollment | Click or tap here to enter text. | | Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | Click or tap here to enter text. | | Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | Click or tap here to enter text. | | Closing on purchase of land, structure(s), or execution of structure lease | Click or tap here to enter text. | | Start rehabilitation | Click or tap here to enter text. | | Complete rehabilitation | Click or tap here to enter text. | | Start new construction | Click or tap here to enter text. | | Complete new construction | Click or tap here to enter text. | |  |
|  |
|  |
|  |

1. **HMIS Standards**
2. **Please answer the following questions with a Yes or No:**

Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual Choose an item.

Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.). Choose an item.

Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS? Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Choose an item.

1. **Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.**

Click or tap here to enter text.

1. **What is the CoC’s policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?**

Click or tap here to enter text.

1. I**ndicate the last training date or proposed training date for each HMIS training, as applicable.**

|  |  |
| --- | --- |
| Basic Computer Training | Click or tap to enter a date. |
| HMIS Software Training for Sys Admin | Click or tap to enter a date. |
| HMIS Software Training | Click or tap to enter a date. |
| Data Quality Training | Click or tap to enter a date. |
| Security Training | Click or tap to enter a date. |
| Privacy/Ethics Training | Click or tap to enter a date. |
| HMIS PIT Count Training | Click or tap to enter a date. |
| Other | Click or tap to enter a date. |

1. **Budget**
2. **Eligible activities (select all that apply, and enter amount under applicable component):**

|  |  |
| --- | --- |
| Eligible Use | Total Assistance Requested |
| HMIS | $ Click or tap here to enter text. |
| Rural | $ Click or tap here to enter text. |
| VAWA | $ Click or tap here to enter text. |
| Admin (up to 10% of CoC Project funds) | $ Click or tap here to enter text. |
| Total | $ Click or tap here to enter text. |

1. **Complete the budget detail below for HMIS activities:**

|  |  |  |
| --- | --- | --- |
| **Eligible Cost** | **Quantity and Description** | **Amount** |
| Equipment | Click or tap here to enter text. | Click or tap here to enter text. |
| Software | Click or tap here to enter text. | Click or tap here to enter text. |
| Services | Click or tap here to enter text. | Click or tap here to enter text. |
| Personnel | Click or tap here to enter text. | Click or tap here to enter text. |
| Space & Operations | Click or tap here to enter text. | Click or tap here to enter text. |
| Total | | Click or tap here to enter text. |

1. **Complete the budget detail below if Rural funds are requested, or select “N/A”:**
   1. **N/A:**

|  |  |
| --- | --- |
| **Eligible Cost** | **Annual Assistance Requested** |
| **Short-term emergency lodging** to include housing in motels or shelters, either by providing direct funding or through vouchers. | $ Click or tap here to enter text. |
| **Repairs to housing units** in where individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation. | $ Click or tap here to enter text. |
| **Staff Training** to include professional development, skill development, and staff retention activities. | $ Click or tap here to enter text. |
| Total | $ Click or tap here to enter text. |

1. **Complete the budget detail below if Violence Against Women Act (VAWA) funds are requested, or select “N/A”:**

|  |  |
| --- | --- |
| **VAWA Emergency Transfer Facilitation**. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:  **Moving Costs**. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).  **Travel Costs**. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.  **Security Deposits**. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).  **Utilities**. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.  **Housing Fees**. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.  **Case Management**. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).  **Housing Navigation**. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).  **Technology to make an available unit safe**. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc. | Estimated budget amount for VAWA Emergency Transfer Facilitation:  $Click or tap here to enter text. |
| **VAWA Confidentiality Requirements** Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:  Monitoring and evaluating compliance.  Developing and implementing strategies for corrective actions and remedies to ensure compliance.  Program evaluation of confidentiality policies, practices, and procedures.  Training on compliance with VAWA confidentiality requirements.   * Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements. * Costs for establishing methodology to protect survivor information. * Staff time associated with maintaining adherence to VAWA confidentiality requirements. | Estimated budget amount for VAWA Confidentiality Requirements:  $Click or tap here to enter text. |

1. **Complete Source of Match Detail (Minimum 25% of Total Project Amount Required)**
   1. **N/A:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Match Commitment** | **Source** | **Name of Source** | **Amount of Commitment** |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Total Budget**
2. Total CoC Project funds requested (excluding admin and match): Click or tap here to enter text.
3. Total Admin requested (up to 10% of question a.) total CoC Project funds): Click or tap here to enter text.
4. Total budget for the project, including match, and admin: Click or tap here to enter text.

# Attachment E: Project Description Questionnaire – CoC Planning

1. **Project Description**
2. **Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with 24 CFR 578.7:**

Click or tap here to enter text.

1. **Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work:**

Click or tap here to enter text.

1. **How will the requested funds improve or maintain the CoC’s ability to evaluate the outcome of CoC and ESG projects?**

Click or tap here to enter text.

1. **CoC Governance**
2. **How often does the CoC conduct meetings of the full CoC membership?** Choose an item.
3. **Does the CoC include membership of a homeless or formerly homeless person?** Choose an item.
4. **For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)**

|  |  |
| --- | --- |
| **Participates in CoC meetings:** |  |
| **Votes, including electing Coc Board:** |  |
| **Sits on CoC Board:** |  |
| **None:** |  |

1. **Does the CoC's governance charter incorporate written policies and procedures for each of the following:**
   1. **Written agendas of CoC meetings?** Choose an item.
   2. **Coordinated Entry? (Also known as centralized or coordinated assessment)** Choose an item.
   3. **Process for monitoring outcomes of ESG recipients?** Choose an item.
   4. **CoC policies and procedures?** Choose an item.
   5. **Written process for board selection?** Choose an item.
   6. **Code of Conduct for board members that includes a recusal process?** Choose an item.
   7. **Written standards for administering assistance?** Choose an item.
   8. **Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months?** Choose an item.
2. **Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC’s geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.**

|  |  |  |
| --- | --- | --- |
| **Name of Group** | **Role of Group** | **Meeting Frequency** |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |

1. **Budget**
2. **Complete the budget detail below:**

|  |  |  |
| --- | --- | --- |
| **Eligible Cost** | **Quantity and Description** | **Amount** |
| Coordination Activities | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Project Evaluation | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Project Monitoring Activities | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Participation in the Consolidated Plan | Click or tap here to enter text. | $ Click or tap here to enter text. |
| CoC Application Activities | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Determining Geographical Area to Be Served by the CoC | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Developing a CoC System HUD Compliance Activities | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Total | | $ Click or tap here to enter text. |

1. **Complete Source of Match Detail (Minimum 25% of Total Project Amount Required)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Match Commitment** | **Source** | **Name of Source** | **Amount of Commitment** |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Total Budget**
2. Total budget for the project, including match: Click or tap here to enter text.