



2018 CoC Renewal Project Application

1. Applicant:

Agency Name:

Project Name:

Contact for Application Information:

Email Address:

Phone Number:

Proposed Start & End Date:

Identify any Sub-recipient agency(s):

Amount of award for Sub-recipient:

2A. Project Sub-recipient(s), if applicable

Organization	Type of Organization	Sub-Award Amount

2.B. Recipient Performance

1a. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes or No

1b. If not, explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? Yes or No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes or No

4. Will any funds be recaptured by HUD for the most recently expired grant term related to this renewal project request?

3. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

2. Does your project participate in the CoC Coordinated Assessment System?

Yes or No

3. Will your project have a specific population focus? Yes or No

4. Identify the specific population focus. If there is more than one, identify all.

5. Does the project follow a "Housing First" model? Yes or No
(Attach Program Handbook or Guidelines for PSH and/or RRH)

a. Does the project quickly move participants into permanent housing? Yes or No
Attach Program Handbook or Guidelines for PSH and/or RRH)

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier.

Having too little or no income	
Active or history of substance abuse	
Have a criminal record with exceptions for state-mandated restrictions	
History of domestic violence (lack of protective order, period of separation from abuser, or law enforcement involvement)	
None of the above	

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

Failure to participate in supportive services	
Failure to make progress on a service plan	
Loss of income or failure to improve income	
Being a victim of domestic violence	
Any other activity not covered in a lease agreement typically found in the project's geographic area.	
None of the above	

6. Does the PH project provide PSH or RRH?

6a. Will the project request costs under the rental assistance budget line item?

Yes or No

4. Supportive Services for Participants

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes / No/ NA

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes, No or Not Applicable

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

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes or No

2b. Use of a single application form for four or more mainstream programs? Yes or No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes or No

2d. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency? Yes or No

2e. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes or No

3. Housing Type and Location

Total Units:

Total Beds:

Total Dedicated CH Beds:

Total Prioritized CH Beds:

4. Project Participants – Households

Total Number of Households to be served	Number of Adult Households without Children	Number of Households with at Least One Adult and One Child	Number of Households with Only Children	Households with Only Children	Total
Total Number of Disabled Adults ages 18 and over					
Total Number Non-disabled Adults ages 18 and over					
Total Number of Children under age 18					
Total Persons To be served					

5. Outreach for Participants

5a. Enter the percentage of project participants that will be coming from each of the following locations:

Directly from the street or other locations not meant for human habitation _____

Directly from emergency shelters _____

Directly from safe havens _____

From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens _____

Persons fleeing domestic violence _____

5b. Describe the outreach plan to bring these homeless participants into the project

6A. Primary Performance Measures

Attach Question 36 from HMIS APR to address this section.

7. Funding Request

Check the type of Funding Line Items Requested

Leased Units _____

Rental Assistance _____

Supportive Services _____

Operating _____

a. Rental Assistance or Leasing Budget

FMR Area		Total Units Requested		Rental Assistance Requested
Size of Units	# of Units	FMR Rate	12 Months	Total Request
0 Bedroom				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4 Bedroom				
Total Units				
# of Grant Yrs				
Total Grant Request				

7b. Supportive Services Budget

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Cost	Quantity & Description	Annual Request
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

7c. Operating

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

7d. Sources of Match/Leverage

Summary for Match

Total Value of Cash Commitments:		
Total Value of In-Kind Commitments:		
Total Value of All Commitments:		

Total Value of Cash Commitments: _____
 Total Value of In-Kind Commitments: _____
 Total Value of All Commitments: _____

7e. Summary Budget

Eligible Costs	Annual Assistance Requested	Grant Term	Total Assistance Requested for Grant Term
Leased Units			
Rental Assistance			
Supportive Services			
Operating			
Administration			
Total Assistance Request			
Cash Match			
In-Kind Match			
Total Budget			