|  |  |
| --- | --- |
| **AGENCY PROFILE** | |
| Legal Name of Agency |  |
| Project Name |  |
| Contact Person |  |
| Title |  |
| Address |  |
| Email |  |
| Phone |  |

Check one:

Coordinated Assessment System Supportive Services Only (SSO)

Homeless Management Information System

Authorized Representative: *I hereby certify that the information contained in this proposal is true and accurate. Any falsification of information will render the application void, and the application will not be accepted. This application has been reviewed and authorized for submission by the agency’s board of directors as of the date indicated.*

|  |  |
| --- | --- |
| Name: | Title: |
| Date of Board Authorization: |  |
| Date of Anticipated Board Authorization: |  |

*All projects requesting renewal must demonstrate they have met minimum project eligibility, capacity, timeliness, and performance standards to be considered for funding.*

**GENERAL PROJECT INFORMATION**

1. Provide a narrative describing how the project’s performance met the plans and goals established in the current project’s application (including target populations and preferences as specified and/or allowed by the Notice of Funding Availability (NOFA) under which the project was initially funded), the project’s performance in assisting program participants to achieve and maintain independent living, and record of success.

2. Has the project had any significant changes since the last funding approval (HUD FY 2015),

Yes/No if “yes” complete the chart below to indicate the change.

|  |  |  |  |
| --- | --- | --- | --- |
| Check change type |  | Previous | New |
|  | Change in the number of persons served |  |  |
|  | Change in number of units |  |  |
|  | Change in project site location |  |  |
|  | Change in target population |  |  |
|  | Change in component type |  |  |
|  | Change in grantee/applicant |  |  |
|  | Line item or cost category budget changes more than 10% |  |  |
|  | Other: Click here to enter text. |  |  |
| If change was made include as many of the following that apply as attachments to your application: | | | |
| Attached  (check) |  | | |
|  | Attachment: Written communication to HUD requesting the significant change | | |
|  | Attachment: HUD’s written approval of the change requested | | |
|  | N/A: HUD has not yet provided written approval of the requested change | | |

**Performance and Improvement**

3. List the outcomes reported to HUD for this project and describe the project’s progress in reaching those outcomes?

Click here to enter text.

4. Does the project have a continual quality improvement plan or process? If yes, describe.

Click here to enter text.

5. How does the project ensure alignment in practices with both HUD and CoC priorities?

Click here to enter text.

6. How does the project’s progress toward outcomes support the efforts of permanent housing projects throughout the CoC?

Click here to enter text.

**Efficient Use of Funding**

25. Expenditure of Funds: Use last completed HUD FY year. Projects that have not completed a grant year should not answer.

|  |  |
| --- | --- |
| a. Total amount awarded | Click here to enter text. |
| b. Total amount spent | Click here to enter text. |
| c. Percentage spent  Divide answer b. by answer a. | Click here to enter text. |

**HUD Monitoring**

26. a. Is the recipient free of HUD monitoring findings for all the agency’s projects? Yes/No

If no, explain below findings in detail for the Funding Review Panel. Include details on the nature of the finding, resolution and corrective actions taken, if any.

Click here to enter text.

b. Has your organization been monitored by HUD in the past three (3) years? Yes/No

***If yes,*** include as attachments: Monitoring report from HUD, your organization’s response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

***If no,*** provide most recent monitoring by an entity other than HUD for federal or state funding (ESG, CDBG, etc) and include as attachments: Monitoring report, your organization’s response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

**Financial Information**

27. What is the percent of leveraging funds of the total requested funds? %

Complete Leveraging worksheet, Attachment A.

**PROJECT BUDGET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Requested Funds** | **% of Requested Funds** | **Other Funding** | **Total Project Cost** |
| Acquisition |  | % |  |  |
| New Construction |  | % |  |  |
| Rehabilitation |  | % |  |  |
| Leasing |  | % |  |  |
| Rental Assistance |  | % |  |  |
| Supportive Services |  | % |  |  |
| Operating Costs |  | % |  |  |
| HMIS |  | % |  |  |
| Project Administration (limited to 7%) |  | % |  |  |
| Total Project Cost |  |  |  |  |

**Attachment A**

Identify all match and leveraging funds. Only those dollars or non-cash contributions (in-kind) that directly support the project should be listed. This may include federal, state, or local government funds, private funds, grants, and/or other sources, including donations. Worksheet should reflect information in eSnaps application.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Resource** | **Cash or In Kind** | **Committed or Planned/ Pending** | **Available (MM/YY)** | **Amount/ Value** | **% of HUD Project Award** | **Serves as CoC Program Match? (Y/N)** |
|  | Cash/Kind | C/PP | MM/YY |  | % | Yes/No |
|  | Cash/Kind | C/PP | MM/YY |  | % | Yes/No |
|  | Cash/Kind | C/PP | MM/YY |  | % | Yes/No |
|  | Cash/Kind | C/PP | MM/YY |  | % | Yes/No |
|  | Cash/Kind | C/PP | MM/YY |  | % | Yes/No |
|  | Cash/Kind | C/PP | MM/YY |  | % | Yes/No |
|  | Cash/Kind | C/PP | MM/YY |  | % | Yes/No |
|  | Cash/Kind | C/PP | MM/YY |  | %. | Yes/No |
| **Total leveraged from other sources** | | | |  | % |  |

**Attach additional forms as necessary**

**Attachment B**

Attachments listed below are required but unscored. Failure to include any documentation that is required may result in application being out of the competition.

**All projects must include:**

Annual Progress Report (APR) for the project’s most recent completed contract year. (If a full year has not yet been completed for the project, attach an APR with an end date of 6/25/2015) Other structured outcome report for non-HMIS participating agencies are allowed (i.e. domestic violence agencies).

Line of Credit Control System (LOCCS) report showing drawdowns and final balance

Project Application submitted in e-snaps

**Each applicant must include one of the following two:**

Monitoring report from US Department of Housing and Urban Development (HUD)

Monitoring report from an entity other than HUD for federal or state funding (ESG, CDBG, etc)

**If relevant include:**

Organization’s response to any findings

Documentation from HUD (or other entity) that finding or concern has been satisfied

Any other relevant documentation

Written communication to HUD requesting the significant change indicated in question 2.

HUD’s written approval of the change requested in question 2.