|  |  |
| --- | --- |
| **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

Check one:

New Project Application from Reallocated Funds

Renewal Application

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 must include as attachments:**

Proof of 501(c)3 status from the IRS

Financial statements, including cash flow statement

Non-profit Corporation Update (2013) or equivalent

DUNS number and Standard Form 424 (SF-424)

Active registration in SAM

Most recent audit by an independent certified public accountant

Monitoring report by HUD or other federal or state funding entity, including any responses if there were findings noted in the report

Project Application in e-Snaps (If available)

Preliminary Rendering and Site Plan (if applicable)

**INFRASTRUCTURE FUNDING PROJECT APPLICATION**

*See scorecard for scoring criteria in each question.*

**PROJECT OVERVIEW**

1.a. Renewal Projects: Provide a narrative describing how the project’s performance met the 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 originally funded), the project’s performance in assisting program participants to achieve and maintain independent living, and record of success.

Click here to enter text.

1.b. New Projects: Provide a narrative describing the project generally and what plans and goals will be set for the project (including target populations that fit within the Coalition’s current strategic plan)

Click here to enter text.

2. Has the project had any significant changes since the last funding approval?

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

|  |  |  |  |
| --- | --- | --- | --- |
| Check change type |  | Previous | New |
|  | Decrease 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 outcome 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 (How will for new project applications) 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

7. Expenditure of Funds: Use last completed HUD FY. 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 (answer b. divided by a. multiplied by 100) | Click here to enter text. |

HUD Monitoring

8. a. Does the recipient have any HUD monitoring findings for any the agency’s projects? Yes/No

If yes, explain below in detail for the Funding Review Panel. Include details on the nature of the finding, along with the resolutions 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,*** reference 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

**PROJECT BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **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 |  |  |  |

Complete Match and Leveraging worksheet, Attachment A.

**Attachment A**

Identify all HUD and non-HUD funding that comprises the project budget. 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.

**Match must be at least 25% of total funding requested.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Resource** | **Cash or In Kind** | **Committed or Planned/ Pending** | **Available (MM/YY)** | **Amount/ Value** | **% of Total Budget** | **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**

**HUD General Section Certificates**

The agency certifies to the Grand Rapids Area Coalition to End Homelessness that it and its principals are in compliance with the following requirements as indicated by checking the box.

*Fair Housing and Equal Opportunity*. See CFR 578.93 for specific requirements related to Fair Housing and Equal Opportunity.

*Equal Access to Housing in HUD Programs Regardless of Sexual Orienation or Gender Identity.* See the Federal Register dated February 1, 2012, Docket No. FR 5359-F-02 and Section VI.B.2. of the General Section.

Debarment and Suspension. See Section III.C.4.c. of the FY 2015 General Section. Additionally, it is the responsibility of the recipient to ensure that all subrecipients are not debarred or suspended. (24 CFR 578.23((3)(c)(4)(v).d. Delinquent Federal Debts. See Section III.C.4.a. of the FY 2013 General Section.

Compliance with Fair Housing and Civil Rights. See Section III.C.3.a. of the FY 2015 General Section.

Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency (LEP). See Section III.C.3.d. of the FY 2015 General Section.

Economic Opportunities for Low- and Very Low-income Persons (Section 3). See Section III.C.3.c. of the FY 2015 General Section.

Real Property Acquisition and Relocation. See Section VI.B.4. of the FY 2015 General Section.

Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct. See Section III.C.3.f. of the FY 2015 General Section.

Prohibition Against Lobbying Activities. See Section III.C.3.h. of the FY 2015 General Section.

Participation in HUD-Sponsored Program Evaluation. See Section VI.B.6. of the FY 2015 General Section.

Environmental Requirements. Notwithstanding provisions at 24 CFR 578.31 and 24 CFR 578.99(a) of the CoC Program interim rule, and in accordance with Section 100261(3) of MAP-21 (Pub. L. 112-141, 126 Stat. 405), activities under this NOFA are subject to environmental review by a responsible entity under HUD regulations at 24 CFR part 58.

Drug-Free Workplace. See Section VI.B.9. of the FY 2015 General Section. n. Safeguarding Resident/Client Files. See Section VI.B.10 of the FY 2015 General Section.

Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended. See Section VI.B.11. of the FY 2015 General Section.

Lead-Based Paint Requirements. For housing constructed before 1978 (with certain statutory and regulatory exceptions), CoC Program recipients must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801, et seq.), as amended by the Residential Lead-Based

Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851, et seq.); and implementing regulations of HUD, at 24 CFR part 35; the Environmental Protection Agency (EPA) at 40 CFR part 745, or State/Tribal lead rules implemented under EPA authorization; and the Occupational Safety and Health Administration at 29 CFR 1926.62 and 29 CFR 1910.1025.

Attestation that all attachments as required by HUD are uploaded in e-snaps. See Notice of Funding Availability for the 2015 Continuum of Care Program Competition FR-5900-N-25; Section VI. C. 2.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the 2015 General Section, found at: <http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/fundsavail/2015gensec> to ensure eligibility.

Agency:

Acknowledged By:

Title:

Date: