FY2021 HUD COC PROGRAM COMPETITION
RENEWAL PROJECT APPLICATION

AGENCY PROFILE	
Legal Name of Agency	
Project Name	
Project Start Date	
Contact Person	
Title	
Address	
Email	
Phone	

Check one:

☐　　Permanent Supportive Housing

☐　　Rapid Re-Housing

☐　　Transitional Housing

☐　　Joint Transitional Housing / Rapid Re-Housing

Renewal Application Option (check one):

☐　　Standard Renewal (no change from FY2020)

☐　　Consolidation (must complete Renewal applications for each project)

☐　　Expansion (must complete New Project Application in addition)

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/Local Planning Body Authorization:	
Date of Anticipated Board/Local Planning Body Authorization:	

*All projects requesting renewal must demonstrate they have met minimum project eligibility, capacity, timeliness, and performance standards to be considered for funding. **For each data-related question below, domestic violence service providers may use data generated from a comparable database to HMIS.***

GENERAL PROJECT INFORMATION

1a. Provide a narrative describing how the project's performance met the plans and goals established in the current project's application, the project's performance in assisting program participants to achieve and maintain independent living, and record of success. (Include focus populations and preferences as specified and/or allowed by the Notice of Funding Opportunity (NOFO) under which the project was initially funded.) If the renewing project has not yet started, provide a narrative of anticipated performance in these same areas based on experience with other related projects. *(1000 word limit)*

1b. Use the last completed grant year APR for this and all other data/outcome measure questions. If the renewing project has not yet started, indicate the planned number of units.

Please provide project start and end date: _____

Planned Number of Households Served	Actual Number of Households Served	Number of Stayers	Number of Leavers

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 focus population		
☐	Change in component type		
☐	Change in grantee/applicant		
☐	Line item or cost category budget changes more than 10%		
☐	Other:		

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

If change was made, include as many of the following that apply as attachments to your application:

(Note: the header row "If change was made..." appears above the table above.)

SECTION I: Project Effectiveness

3. Does the project serve priority populations (Veterans, Chronically Homeless, Families, Youth, Domestic Violence Survivors)? Enter the number of units dedicated or prioritized for each population at turnover.

	Number of Units		
	Dedicated	Dedicated Plus	Prioritized
Veterans			
Chronically Homeless			
Families			
Youth			
Domestic Violence			

4. Housing First

a. Does the project ensure that participants are NOT screened out (or denied project entry) due to the following:	
Having too little or not enough income	☐ Yes ☐ No
Active substance use or history of substance use	☐ Yes ☐ No
Having a criminal record (other than for state-mandated restrictions)	☐ Yes ☐ No
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	☐ Yes ☐ No

b. Does the project ensure that participants are not terminated from the program for the following reasons?	
Failure to participate in supportive services	☐ Yes ☐ No
Failure to make progress on a service plan	☐ Yes ☐ No
Loss of income or failure to improve income	☐ Yes ☐ No
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	☐ Yes ☐ No

c. In addition to the answers above, does the project follow a "Housing First" Approach? Please describe. *(500 word limit)*

5. Supportive Services

Does the project include the following supportive service activities?	
Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	☐ Yes ☐ No
At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?	☐ Yes ☐ No
Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	☐ Yes ☐ No
Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	☐ Yes ☐ No

6. Describe how the project aligns with the objectives and goals outlined in the CoC Compass. *(500 word limit; not scored.)*

7. All recipients of HUD CoC Program funding are required to participate in Coordinated Entry. Did the project take 100% of all referrals from Coordinated Entry (or community process if Category 4 homeless) in the past grant year *or* will it once the grant year begins? (Verified by HMIS reports)

☐ Yes ☐ No

8. Describe the training applicant and sub-applicant staff have undergone or will undergo as well as agency policies or procedures related to diversity, equity, and inclusion as it pertains to service provision. *(500 word limit)*

9. What was the project's utilization rate? (*Average of Quarterly Point- in-Time Counts in APR 8b divided by total contracted units.*) _____

10. Expenditure of Funds: Use last **completed** HUD FY year.

a. Total amount authorized within eLOCCS	
b. Remaining balance in eLOCCS	
c. Percentage recaptured *Divide answer b. by answer a. and multiply by 100*	

11. Were drawdowns made to eLOCCS at least quarterly? (*Demonstrated in eLOCCS attachment*)
   ☐ Yes ☐ No

12. Indicate how many APR Data Quality Elements (DQE) have 5% or less null or missing values *(APR Q06;* use data from alternative system if DV program):

Data Quality Element APR 6a.-6d.			
Number of elements with 5% or less null or missing values			
DQE 6a.	DQE 6b.	DQE 6c.	DQE 6d.
Total the numbers above, divide by 18, multiply by 100 for a percent:			

HUD Monitoring

13. a. Does the recipient have any HUD monitoring findings in any of the agency's projects?

☐ Yes ☐ No

If yes, 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.

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 entity that finding or concern has been satisfied, and any other relevant documentation.

Impact on Homelessness

14. Which population(s) does the project serve? *(not scored, taken into consideration in a tie score situation)*

Chronically homeless	☐	Families	☐
Veterans	☐	Youth (18-24)	☐
Domestic Violence	☐		

Scope of Project		Annual Households Served	
Total units		Households with at least one adult and one child	
Total beds		Adult households without children	

Serving High Need Populations *(If the renewing project has not completed a full year, share information from the last completed year of another HUD funded project or similarly designed project through this agency)*

15. What percentage of the households served met "hard to serve" criteria defined as having zero income at start/entry? *(APR 18. Add values for No Income and divide by total in third to last row)*:

_____

16. What percentage of the households served met "hard to serve" criteria defined as having two (2) or more physical or mental health conditions known at start/entry *(APR 13.a.2. add totals for two and three or more conditions, then divide by total)*:

_____

17. What percentage of the households served were chronically homeless? *(APR Q26a. divide total chronically homeless households by total households)*:

_____

18. What percentage of the households served were families experiencing homelessness? *(APR Q8a. divide total households with adults and children by total households)*:

_____

Section II. Project Performance
Performance Data *(If the renewing project has not completed a full year, share information from the last completed year of another HUD funded project or similarly designed project through this agency)*

19. Length of Stay **(Joint TH/RRH projects – complete either option B or C below)**

    a. Permanent Supportive Housing: Calculate the percentage of leavers that remained in project more than 180 days *(APR 22a.1 add the number of leavers staying 181 days or more and divide by total number of leavers)*

    _____

    b. Rapid Re-Housing: Calculate the percentage of participants that took 60 days or less from project entry to lease up *(APR 22c add the number of persons who moved in in 60 days or less and divide by total persons moved into housing)*

    _____

    c. Transitional Housing: Calculate the average length of project stay in days *(APR 22b)*

    _____

20. Exits to Permanent Housing **(Joint TH/RRH projects – complete either option B or C below)**

    a. Permanent Supportive Housing: Calculate the percentage of participants who remained in project, or exited to positive housing destinations. *([Total persons exiting to a positive housing destination [APR 23c.] + total number of stayers [5a.9.]] divided by [total persons served [APR 5a.1] - Total persons whose destinations excluded them from the calculation [APR 23.c.]])*

    _____

    b. Rapid Re-Housing: Calculate the percentage of participants who exited to positive housing destinations *(APR 23c)*

    _____

    c. Transitional Housing: Calculate the percentage of participants who exited to positive housing destinations *(APR 23c)*

    _____

21. New or Increased Income and Earned Income

a. PSH Only Project Stayers: What percent of project stayers had new or increased earned income within the project contract year? *APR 19a1 row 1, last column*

_____

b. PSH Only Project Stayers: What percent of project stayers had new or increased other (non-employment) income? *APR 19a1 row 3, last column*

_____

c. Project Leavers: What percent of project leavers had new or increased earned income? *APR 19a2 row 1, last column*

_____

d. Project Leavers: What percent of project leavers had new or increased other (non-employment) income? *APR 19a2 row 3, last column*

_____

Financial Information

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.

Match must be at least 25% of total funding requested. Documentation of match must be provided with the 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 ☐ In Kind	☐ C ☐ PP		$	%	☐ Yes ☐ No
	☐ Cash ☐ In Kind	☐ C ☐ PP		$	%	☐ Yes ☐ No
	☐ Cash ☐ In Kind	☐ C ☐ PP		$	%	☐ Yes ☐ No
	☐ Cash ☐ In Kind	☐ C ☐ PP		$	%	☐ Yes ☐ No
	☐ Cash ☐ In Kind	☐ C ☐ PP		$	%	☐ Yes ☐ No
	☐ Cash ☐ In Kind	☐ C ☐ PP		$	%	☐ Yes ☐ No
	☐ Cash ☐ In Kind	☐ C ☐ PP		$	%	☐ Yes ☐ No
	☐ Cash ☐ In Kind	☐ C ☐ PP		$	%	☐ 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 disqualification of the application. *Please submit each document as a separate attachment numbered in accordance with the list below.*

All projects must include:

☐ #1: Annual Progress Report (APR) for the project's most recent completed contract year, *or* the most recently completed contract year for another HUD-funded project or similar project if the renewing project has not yet completed a full year. Other structured outcome report for non-HMIS participating agencies are allowed (i.e. domestic violence agencies).

☐ #2: Line of Credit Control System (LOCCS) report showing drawdowns and final balance

☐ #3: Project Application submitted in *e-snaps*

☐ #4: Documentation of all match

Each applicant must include one of the following two (#5):

☐ 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 (#6):

☐ A: Organization's response to any findings

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

☐ C: Any other relevant documentation

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

☐ E: HUD's written approval of the change requested in question 2.

Attachment C

General Administration Requirements and Terms for HUD Financial Assistance Awards

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.

☐ *Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity.* See the Federal Register dated February 1, 2012, Docket No. FR 5359-F-02 and Section 2 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *Affirmatively Furthering Fair Housing*. See Section 1.b of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *Compliance with Fair Housing and Civil Rights*. See Section 1.a. of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP).* See Section 1.d. of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *Economic Opportunities for Low- and Very Low-income Persons (Section 3).* See Section 1.c. of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *Accessible Technology*. See Section 1.e. of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct*. See Section 14 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards *Ensuring the Participation of Small Disadvantaged Businesses, and Women Owned Business.* See Section 3 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *Equal Participation of Faith-based Organizations in HUD Programs and Activities.* See Section 4 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *Real Property Acquisition and Relocation.* See Section 5 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *OMB Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. See Section 7 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *Eminent Domain*. See Section 11 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *Accessibility for Persons with Disabilities*. See Section 12 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *Participation in HUD-Sponsored Program Evaluation*. See Section 6 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *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. Yes

☐ *Drug-Free Workplace.* See Section 8 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ Safeguarding Resident/Client Files. See Section 9 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards *Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended*. See Section 10 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ *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. No

☐ *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. No

☐ *Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs (24 CFR Parts 5, 91, 92, 93, 200, 247, 547, 576, 880, 882, 883, 884, 886, 891, 905, 960, 966, 982, and 983).* See Section 6 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

☐ Attestation that all attachments as required by HUD are uploaded in *e-snaps.* See Notice of Funding Opportunity for the 2021 Continuum of Care Program Competition FR-6500-N-25.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the General Administrative Requirements and Terms for HUD Financial Assistance Awards, found at: https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps to ensure eligibility.

Agency: _____

Acknowledged By: _____

Title: _____

Date: _____