



**FY2025 HUD COC PROGRAM COMPETITION
RENEWAL PROJECT APPLICATION – PSH/ TH ONLY**

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

Check one:

- ☐ Permanent Supportive Housing
- ☐ Transitional Housing

Renewal Application Option (check one):

- ☐ Standard Renewal (no change from FY2024)
- ☐ 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:
Signature: Considered signed upon submission
Date of Board/Local Planning Body Authorization:
Date of Anticipated Board/Local Planning Body Authorization:

ELIGIBILITY THRESHOLDS

Basic HUD Eligibility Thresholds for the applicant and any sub-applicants must be satisfied before the CoC may consider a new or bonus project application for funding.

1. Does your organization engage people with lived experience of homelessness in service provision and decision-making? (Yes/No)
2. Does your organization certify that it will not engage in racial preferences or other forms of illegal discrimination? (Yes/No)
3. Does your organization certify that it will not conduct activities under the pretext of “harm reduction”? (Yes/No)
4. Will your organization confirm that it will not operate drug injection sites or “safe consumption sites,” distribute drug paraphernalia, or permit illicit drug use on property under its control? (Yes/No)
5. Does your organization certify that it will not use a definition of sex other than binary in humans? (Yes/No)
6. Will your organization cooperate with law enforcement agencies to advance public safety for the community impacted by homelessness? (Yes/No)
7. Will your organization minimize the trauma of homelessness by providing trauma-informed care and ensuring participant safety, especially for youth and survivors of domestic violence, dating violence, sexual assault, and stalking? (Yes/No)
8. Will all participating clients served in this project be recorded in HMIS or an equivalent database for Domestic Violence, in accordance with the community’s Data Quality Standards? (Yes/No)
9. Is match documentation at least 25% of program expenses minus expenses of leased units included? (Yes/No)
10. Are budgeted costs allocable and allowable? (Yes/No)
11. Will the project accept 100% of referrals through the CoC’s Coordinated Entry process? (Yes/No)
12. Please indicate by checking Yes/No if the agency has any of the following:
 - a. Outstanding obligation to HUD that is in arrears for which a payment schedule has not been agreed upon; (Yes/No)

If yes, please explain:

- b. Debarments and/or Suspensions- In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the federal government; (Yes/No)

If yes, please explain:

13. Does the applicant have any outstanding, unresolved judgments against them for violations of civil rights laws referenced in the NOFO (pg. 52-53) that are anticipated to not be resolved to HUD’s satisfaction before January 14, 2026? (Yes/No)

If yes, please explain:

14. HUD Monitoring:

a. Does the recipient have any HUD monitoring findings in any of the agency's projects? (Yes/No)

If yes, explain 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.

15. Was the application submitted by the deadline? (Yes/no)

ATTACHMENTS

All projects must include as attachments (please submit each document as a separate attachment numbered as follows):

- #1: Project Application in e-Snaps (*will not be required if applications are not available in e-Snaps by 12/10/20205*)
- #2: 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 reports for non-HMIS participating agencies are allowed (i.e. domestic violence agencies).
- #3: HUD FY2025 Annual Performance Report. Other structured outcome reports for non-HMIS participating agencies are allowed (i.e. domestic violence agencies).
- #4: Line of Credit Control System (LOCCS) report showing drawdowns and final balance
- #5: Active registration in SAM
- #6: Most recent financial audit
- #7: Monitoring report by HUD or other federal or state funding entity, including any responses if there were findings noted in the report, if applicable
- #8: Demonstration of participation of an individual with lived experience of homelessness on the agency's board of directors or equivalent policymaking entity
- #9: Supportive Services Policy

GENERAL PROJECT INFORMATION

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

☐ Yes ☐ No

If “yes”, complete the chart below to indicate the change(s) and explain how the changes will benefit program participants. (500 word limit)

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

3. Were drawdowns made at least quarterly after project execution? (Yes/No)

4. If applicable, will your organization prioritize treatment and recovery services, including behavioral health, wraparound supportive services, and participation requirements? (Yes/No)

5. Will your project use SAVE to verify immigration status? (Yes/No)

SECTION I: Project Effectiveness

Efficient Use of Funding All data should be taken from the project's most recent completed contracted fiscal year. (If the renewing project has not yet completed a full year, list n/a for each of the metrics)

6. Expenditure of Funds: Use **last completed project FY** in eLOCCS.

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

7. What was the project's utilization rate in the **last completed project FY**? (Quarterly Point-in-Time Counts in APR 8b divided by total contracted units. RRH projects use actual number of households served divided by contracted number of households served) _____
- a. If agencies do not believe they will receive full points, they may submit comment for Funding Review Committee consideration:
8. For the **last completed project FY**, calculate the total project costs divided by the total units or households served: _____

Data Quality

For each data-related question below, domestic violence service providers may use data generated from a comparable database to HMIS.

9. In the **last completed project FY** indicate how many APR Data Quality Elements (DQE) have 5% or less null or missing values (APR Q06).

Data Quality Element APR 6a.-6c.		
Number of elements with 5% or less null or missing values		
DQE 6a.	DQE 6b.	DQE 6c.
Add the above boxes, divide by 14, and multiply by 100:		

Section II. Project Performance

Performance Data - All data should be taken from a HUD FY25 (October 1, 2024-September 30, 2025) Annual Performance Report (APR) unless otherwise specified. (If the renewing project has not yet completed a full year, list n/a for each of the metrics)

For each data-related question below, domestic violence service providers may use data generated from a comparable database to HMIS.

- 10. Leavers with Any Cash Income:** Calculate the percentage of adult leavers who leave the project with one or more sources of cash income. "Cash income" includes both earned and non-earned income. (HUD FY2025 APR #18 - # of adults at exit with 1 or more sources of income/# of adults at exit).
- 11. Leavers with Earned Income (Employment):** Calculate the percentage of adult leavers who leave the project with earned income (i.e.: employment). (HUD FY2025 APR #18 - (# of adults at exit with "only earned income" [row 1] + # of adults at exit with "both earned and other income" [row 3])/# of adults at exit)
- 12. Increases in Total Cash Income for leavers or stayers:** The percentage of persons (leavers or stayers depending on project type) who have an increase in any income (earned or other). Measure will be based on both those who exited the project or those who were still in the project as of 9/30/2025.
- a. PSH projects: use HUD FY2025 APR #19a1 performance measure for adult stayers with any income who Gained or Increased Income from Start to Annual Assessment [column 8, row 5]
- 13. Stayers and Leavers with Health Insurance:** Calculate the percentage of project stayers as of 9/30/2025 plus project leavers who have health insurance. Measure will exclude persons that were not yet due for an annual update. (HUD FY2025 APR #21 - (# of leavers with 1 Source of Health Insurance + # of leavers with More than 1 Source of Health Insurance + # of stayers with 1 Source of Health Insurance + # of stayers with More than 1 Source of Health Insurance / [APR #5a] Total Number of Leavers + Total Number of Stayers - # of stayers not yet required to have an annual assessment)
- 14. Retention in Permanent Housing (PSH only):** Calculate the percentage of participants who either remain in the PSH project as of ~~12/31/2023~~ 9/30/2025, or who have exited that project to another permanent housing destination. (HUD FY2025 APR (Total persons exiting to a positive housing destination [APR 23c.] + total number of stayers [5a.8.]) / (total persons served [APR 5a.1] - total persons whose destinations excluded them from the calculation [APR 23.c.]))
- 15. Length of Time from Project Start Date to Housing Move-In:** Report the average length of time it took to move clients into housing in the last FY. Measure will look at length of time from project start date to housing move-in date. (HUD FY2025 APR #22c)
- 16. Returns to homelessness within 6 months of exit from project to permanent housing (PSH):** Calculate the percentage of clients who exited the project to permanent housing in the **FY24 HUD fiscal year (10/1/2023-9/30/2024)** and returned to the homeless response system within 6 months of that exit. (0701 SysPM report (In Business Objects, Public Folders > Michigan_live_folder > Provider Specific > Kent-Grand Rapids > 2024 CoC Program

Commented [BR1]: Date corrected

Competition Local App > “0701 - Perm Exits from Specified Providers with Systemwide Return to Homelessness, Metric 2 – v9_506LocalApp” report, “Two Year Prior Start Date” = 10/1/2023, “One Year Prior Start Date” = 10/1/2024), “Current Year End Date PLUS 1 Day” = 4/1/2025. Go to Tab B. Filter for current project. Filter ‘Days to Reappear’ column for less than or equal to 180 days and count total clients with 0-180 days. Divide total clients with 0-180 days by the total clients who exited to a permanent destination **[HUD FY2 (10/1/2023-9/30/2024) project APR 23c]** and report final value as a percent.

17. Returns to homelessness within 12 months of exit from project to permanent housing (PSH): Calculate the percentage of clients who exited the project to permanent housing in the **FY24 HUD fiscal year (10/1/2023-9/30/2024)** and returned to the homeless response system within 12 months of that exit. (0701 SysPM report (In Business Objects, Public Folders > Michigan_live_folder > Provider Specific > Kent-Grand Rapids > 2024 CoC Program Competition Local App > “0701 - Perm Exits from Specified Providers with Systemwide Return to Homelessness, Metric 2 – v9_506LocalApp” report, “Two Year Prior Start Date” = 10/1/2023, “One Year Prior Start Date” = 10/1/2024), “Current Year End Date PLUS 1 Day” = 10/1/2025. Go to Tab B. Filter for current project. Filter ‘Days to Reappear’ column for less than or equal to 365 days and count total clients with 0-365 days. Divide total clients with 0-365 days by the total clients who exited to a permanent destination **[HUD FY24 (10/1/2023-9/30/2024) project APR 23c]** and report final value as a percent.
18. Percentage of participants who exited the project to a permanent housing destination exit to unsubsidized housing? (max points for 20% or higher)

Section III. Coordination and Engagement

19. Describe your plan to coordinate and integrate with resources both internal and external to your agency, including physical and behavioral health, public benefits, and employment programs. (500 word limit)
20. Describe how these service connections will help participants to both increase their income and maximize their ability to live independently. (500 word limit)
21. What strategies does this project use to prevent participant returns to homelessness? (500 word limit)
22. What steps will your agency take to ensure that all program participants increase their income? (500 word limit)
23. How do you refer veterans identified by your programs to the VA or other Veteran Serving Organizations for assistance? How do you identify and address service gaps for veterans? (Specific to projects serving veterans) (500 word limit)
24. Describe your strategy for helping participants who are able to live independently move from homelessness assistance to permanent housing (“Moving On” Strategy). (500 word limit)
25. How will this project support participants with a substance use or mental health disorder?
26. Do you have a formal partnership with a Certified Community Behavioral Health Clinic or Community Mental Health Center or a similar facility? Please describe. (500 word limit)

27. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP? *(500 word limit)*
28. Demonstrate that the proposed project will require program participants to take part in supportive services (e.g. case management, life skills, substance use treatment) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent). *(500 word limit)*