

**FY 2024 Continuum of Care Competition Build  
NEW PROJECT APPLICATION**

**Organization Information**

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Agency/Organization Name (UEI)	Employer Identification Number (EIN)	Unique Entity ID
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Administrative Address	City, State, Zip
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Phone	Fax	Website
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Executive Director Name	Phone	Email
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**Contact Information**

Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director.

**Primary Contact**

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Name	Title	Phone	Email
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**Secondary Contact**

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Name	Title	Phone	Email
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**Authorization**

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Printed Name /Title	Signature	Date
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**Organization & Proposal Information**

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Project Name

Site Address (if different than administrative address)

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Proposal Request

Total Project Budget

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**Is your organization a faith-based organization?**

Yes       No

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**Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?**

Yes       No

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**Target Populations (select all that apply)**

- People experiencing chronic homelessness       Seniors       Veterans       Families with children  
 Youth (18-24)       Persons living with disabilities       Persons living with mental illness       Persons living with substance use disorder       Fleeing domestic violence       Persons living with HIV/AIDS  
 N/A – Project serves all subpopulations  
 Other \_\_\_\_\_

**Project Type:**  Permanent Supportive Housing

<b>Total Number of Units</b>	
<b>Total Number of Beds</b>	

**Housing Type:**

Clustered apartments  Scattered-site apartments (including efficiencies)  Single family homes/townhouses

Household Characteristics	Households with at Least 1 Adults & 1 Child	Adult Households without Children	Total
Persons Over 24	#	#	#
Persons ages 18-24	#	#	#
Accompanied Children under age of 18	#	#	#
Total	#	#	#

**Application Narrative**

Application narratives below should be completed according to the following format requirements:

- 25 Pages maximum length of narratives
- Double spaced 12-point (minimum) Times Roman font on letter sized paper (8 1/2 x 11 inches) with at least 1-inch margins on all sides.

**Experience of Applicant**

**Development Experience and Leveraging**

Demonstrate that the applicant, developer, and relevant subrecipients have experience with

1. at least four other projects that have a similar scope and scale as the proposed project. (up to 8 points)
2. leveraging resources substantially similar to the funds being proposed in the current project. HUD will evaluate up to 3 examples of prior leveraging experience for up to the five largest (by dollar value being contributed to the project) resources being leveraged for the proposed project. Examples of resources that will be considered include Low Income Housing Tax Credits, HOME, CDBG, Section 108, Section 202, and Section 811 (up to 8 points)

Provide information regarding the availability of low-income housing tax credit commitments, project-based rental assistance, and other resources dedicated to the proposed project. Describe the dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit. In cases where the project includes more than one type of housing (e.g. townhouses and apartments), or has multiple sites, provide cost per unit information on each site or housing type to the extent possible. (up to 8 points)

If there are current properties under construction or rehabilitation where CoCBuils funds could be used to obtain units, in addition to the bulleted items above, provide:

- the amount and type of funds being used to construct the property;
- evidence of site control;
- evidence of completed and approved environmental review;
- identify the owner of the property and their experience with constructing or rehabilitation; and
- the number of units that will be finished using CoCBuils funds.

**(5 pages maximum)**

### **Managing Homeless Projects**

Demonstrate that your organization and that your proposed subrecipients have experience administering programs for individuals and families experiencing homelessness where one member of the household has a disability. Your response must include:

- Experience managing at least 4 properties that at a minimum includes how you determine the amount of rent to charge based on unit size, addressing program participant complaints, working with other service organizations that may place program participants in the units, and maintaining the properties. (Up to 8 points)
- Type and frequency of supportive services that will be available (e.g., case management, life skills, health care). See 24 CFR part 578.53 for full list of CoC Program eligible supportive services. State whether your organization or another organization will provide supportive services. If other organizations will provide some or all of the supportive services, provide the

organization(s) name, address, email address, and phone number. If your organization will provide direct supportive services with CoCBuilds funds, you must complete the Supportive Services Budget. (Up to 3 points)

- Providing transportation for program participants. Describe the methods of transportation that will be available for program participants to travel to doctor appointments, recreation, public services (e.g., post office, library), shopping, other services, etc. If public transportation is available, indicate the hours of operation and the distance from the units. (1 point)

**(4 pages maximum)**

### **Implementation Schedule**

Complete an implementation schedule based on the proposed CoCBuilds project.

i. Based on type of capital cost requested, provide:

- New Construction – date construction will begin and end, and date property will be available for move-in.
- Acquisition – date property will be acquired.
- Rehabilitation – dates rehabilitation of the property will begin and end.

ii. Provide the proposed schedule for the following activities:

- site control, indicate if the property has already been identified;
- environmental review completion;
- execution of grant agreement;
- start and completion dates;
- anticipated date the jurisdiction will issue the occupancy certificate;
- date property will be available for individuals and families experiencing homelessness to begin occupying units.

HUD will evaluate the implementation schedule and provide up to 4 points based on whether the development schedule is complete and has all necessary elements, up to 4 points depending on likelihood that development milestones will be met, and up to 4 points based on the likelihood that the project will be ready for occupancy within 36 months of award.

**(2 Pages Maximum)**

<p><b>Property Maintenance</b></p> <p>Demonstrate how you will ensure the property is maintained annually to prevent unnecessary costly repairs. Your description must include:</p> <ul style="list-style-type: none"><li>• the property will be maintained annually and needed repairs are conducted (e.g., checking for roof leaks, routine maintenance for heating and cooling). Identify the source of funds that will be used and whether there will be a reserve fund established specifically for maintenance and repair of proposed units.</li><li>• Demonstrate how the project will be able to cover replacement costs (e.g., replacing broken or damaged appliances, major equipment). Indicate if there will be funds provided from other sources and what those sources will be.</li></ul> <p><b>(2 pages maximum)</b></p>

<b>Project Description</b>
<p><b>Unmet Housing Need</b></p> <p>Describe the population that will be served by the project and the level of unmet need for new units of permanent supportive housing in your area for that population. Using the PIT Count and HIC information, estimate the gap between the number of units of permanent supportive housing available and the number of homeless individuals and families experiencing homelessness where at least one household member has a disability. Maximum points will be awarded for applicants that</p>

demonstrate that there are fewer than 50 PSH beds available in a given year for each 100 people in the population that is proposed to be served. (Up to 7 points)

**(1 page maximum)**

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**Management of Rental Housing**

- Describe the rental housing projects you or your subrecipient have managed. If you have or will partner with other organization(s) within the CoC to manage a property(s), provide the organization’s information, type of program participants assisted, and experience.
- Include the number of grants for affordable housing awarded over the last three years, total amount of awards, and the type of subsidy funding or financing provided for housing.
- Specify the number of assisted and non-assisted units in each property you list.

Maximum points will be available for adequately describing management of at least 4 times the number of properties and units proposed in this application.

**(2 pages maximum)**

**Coordinated Entry**

Demonstrate how the project will use the CoC’s coordinated entry process, or in the case of victim service providers, another coordinated entry process that meets HUD’s minimum requirements, to refer individuals and families experiencing homelessness in the new PH-PSH units. The response must include the coordinated entry process implemented and how program participants will be placed in the project.

**(2 pages maximum)**



**Coordination with Housing Providers, Healthcare Organizations, and Social Service Providers**

Demonstrate either that:

- the project is leveraging non-CoC funded housing resources through coordination with housing providers, healthcare organizations, and social service providers for new construction, acquisition, and rehabilitation to provide at least 50 percent of the amount being requested in the application, or
- the project is leveraging non-CoC funded housing resources to provide subsidies for at least 25 percent of the units that are proposed in the application.

You must attach letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided to support the project. (5 points)

ii. Demonstrate through written commitment from a healthcare organization, housing provider, and/or social service provider:

- Access to housing resources (e.g., supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services); or
- The value of assistance being provided is at least an amount that is equivalent to at least \$7,500 per unit included in the proposed project.

Acceptable forms of commitment are formal written agreements and must include:

- value of the commitment, and
- dates the housing and resources will be provided.

In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds. (5 points)

**(2 pages maximum)**

**Experience Promoting Racial Equity**

Describe:

- Experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects.
- Experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services.
- Experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.

**(4 pages maximum)**

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**Community Integration for Persons with Disabilities**

Demonstrate how permanent supportive housing will enable program participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community. The response should include how the PSH units will ensure non-segregation of individuals and families experiencing homelessness where at least one household member has a disability. Additionally, the response should include state whether the PSH units will be part of mixed-use development, meaning individuals and families that will reside in the units are not all disabled.

**(2 pages maximum)**

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**Section 3 Requirement**

Describe the actions that will be taken by project applicants to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons.

This does not affect applicant's existing responsibilities to provide training, employment, and other economic opportunities pursuant to Section 3 that result from their receipt of other HUD funding. Grants to Indian Tribes are subject to Indian Preference under Section 7(b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5307(b) and are not subject to Section 3 requirements.

**(1 page maximum)**

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**Forms**

- i. Application for Federal Assistance (SF-424) (required)
- ii. Applicant and Recipient Assurances and Certifications (HUD 424-B) (required)
- iii. Applicant/Recipient Disclosure/Update Report (HUD 2880) (required)
- iv. Disclosure of Lobbying Activities (SF-LLL) (conditionally required)
- v. Certification Regarding Lobbying Activities (required)
- vi. Grant Application Detailed Budget Worksheet (HUD-424-CBW) (contained within the Instruction Package)
- vii. Assurances for Non-Construction Programs (SF-424B) (required)
- viii. Assurances for Construction Programs (SF-424D) (required)

**Funding Request**

Are you proposing to allocate funds according to an indirect cost rate?  Yes  No

If you are allocating funds according to an indirect cost please complete the indirect cost table:

Cognizant Agency	Indirect Cost Rate (%)	Direct Cost Base	Date approved or enter NA if using 10% de minimis rate
		\$	

(NOTE: If you select yes please submit a copy of the approved indirect cost rate with this application as supporting documentation or if you are choosing the 10% de minimis rate please submit a cost allocation plan).

**Acquisition/Rehabilitation/New Construction Budget**

Eligible Costs	Quantity AND Itemized Description (max 400 characters)	Budget Requested
<b>Total Requested</b>		

Supportive Services Budget		
Eligible Costs	Quantity AND Itemized Description (max 400 characters)	Budget Requested
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		

<b>Project Based Rental Assistance Budget</b>			
	<b>Monthly Fair Market Rent (FY 21 FMR)</b>	<b>Number of Units Requested</b>	<b>Total Cost (Number Units x FMR)</b>
Single Room Occupancy Units	\$811.50		
Efficiencies	\$1,082.00		
One Bedroom Units	\$1,254.00		
Two Bedroom Units	\$1,548.00		
Three Bedroom Units	\$2,009.00		
Four Bedroom Units	\$2,298.00		
Five Bedroom Units	\$2,642.70		
Six Bedroom Units	\$2,987.40		
<b>Total Rental Assistance Units &amp; Cost</b>			
Legal Services			
Life Skills			
Mental Health Services			
Outpatient Health Services			
Outreach Services			
Substance Use Treatment Services			
Transportation			
Utility Deposits			
Operating Costs			
VAWA Services *this is a new budget line item: please review HUD NOFO section page 42 for specifics. III.B.4.a(3)			
<b>Total Supportive Services Requested</b>			

<b>Operations Costs</b>		
<b>Eligible Costs</b>	<b>Quantity AND Description (max 400 characters)</b>	<b>Total</b>
Maintenance/ Repair		
Property Tax and Insurance		
Replacement Reserve		
Building Security		
Electricity, Gas, Water		
Furniture		
Equipment (lease, buy)		
<b>Total Operations Costs</b>		

<b>Project Administration Budget</b>		
<b>Eligible Costs</b>	<b>Quantity AND Description (max 400 characters)</b>	<b>Total Cost</b>
<b>Total Project Administration Costs</b>		

<b>Summary Budget</b>	
<b>Budget Category</b>	<b>Total Annual Cost</b>
Leasing	
Rental Assistance	
Supportive Services	
Operating Costs	
HMIS	
Administrative Costs (Calculate by adding all budget line items and multiplying by 10%)	
<b>Total Grant Request (Calculate by adding all budget line items plus Administrative costs)</b>	

## Match Funds

**List all sources of matching funds for this project below and make sure to include appropriate documentation for all match with your application submission according to the specifications in the project application guide.**

Note: The CoC Program requires a 25 percent match of the awarded grant amount minus funds for leasing. Cash or in-kind resources will satisfy the match requirement. In-kind match for support services requires a formal memorandum of understanding (MOU) with the agency providing the in-kind service(s) and must establish a system to document the actual value of services provided during the term of the grant. A

Complete the following tables below, however you are also required to submit a match commitment letter to this application. In the case where there are in-kind services, the subrecipient may use a letter from the partner agency to document the commitment to provide the in-kind service in advance of executing a formal MOU, for instance, if the subrecipient opts to wait to execute an MOU upon receipt of notification of award from HUD. The MOU may be between a subrecipient and another agency, but the terms must be described in the MOU.

I.e. A \$100,000 project requires a minimum of \$25,000 in matching funds.

<b>Type of Commitment (Cash or In-Kind)</b>	
<b>Type of Source (Private, Government)</b>	
<b>Name the Source of the Commitment (Be as specific as possible and include the office or grant program as applicable)</b>	
<b>Date of Written Commitment</b>	
<b>Value of Written Commitment</b>	

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<b>Value of Written Commitment</b>	
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