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**PWC CoC FY 2023 New Project Preliminary Application**

***Preliminary*** ***Application Due by 12:00PM on June 22, 2023.***

**Agency’s Legal Name** Click or tap here to enter text.

**Name of Proposed Project** Click or tap here to enter text.

**Instructions:** Please answer all questions and affirmatively acknowledge all certifications in the final section to be considered for New Project funding. Some questions mention references to screens in e-snaps; this will be helpful if your application is selected to be submitted to HUD for funding approval since responses will need to be populated into e-snaps at that time.

**Application must be submitted at the following link:** [**PWA CoC New Project Application**](https://survey.alchemer.com/s3/7373464/PWC-CoC-FY-2023-New-Project-Preliminary-Application)

**Applicant Information**

**Type of Agency:** Click or tap here to enter text.

**Employer/Taxpayer Identification #:** Click or tap here to enter text.

**Unique Entity ID (UEI) #:** Click or tap here to enter text.

**Agency Address:** Click or tap here to enter text.

**Person to be contacted about application:**

First Name: Click or tap here to enter text. Last Name: Click or tap here to enter text.

Title: Click or tap here to enter text. Organizational Affiliation: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

**Does your organization have a current account in HUD’s e-snaps system?**

Yes No

**General Project Information**

**Is this an application for DV Bonus funds?** *Projects using DV Bonus funds are limited to serving project participants who are individuals, families and youth who meet category 4 of the* [*HUD Homeless Definition*](https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/)*. Category 4 includes persons fleeing domestic violence, dating violence, sexual assault, and stalking.*

Yes No

**Please indicate the project type you are applying for under this application** *(DV Bonus applicants may only apply for RRH, TH-RRH, and SSO-CE project types)***:**

Permanent Supportive Housing Projects (PSH)

Rapid Re-Housing Projects (RRH)

Transitional Housing-Rapid Rehousing Projects (TH-RRH)

Supportive Services Only for Coordinated Entry Projects (SSO-CE)

Homeless Management Information System Projects (HMIS) (HMIS Lead Only may apply)

**Is this an application for a new project to expand on an existing CoC-funded renewal project?**

Yes No

If yes, please state the project name of the renewal project your agency would like to expand and why:

Click or tap here to enter text.

**Is this an application for a new project to transition an existing CoC-funded renewal project to a different project use/type?**

Yes No

If yes, please state the project name of the renewal project your agency would like to transition and describe what you would like it to transition to and why you would like to pursue a transition grant:

Click or tap here to enter text.

**Please indicate the household composition to be served (Select all that apply):**

Adult-Only Households Households with Children Child-Only Households

**Please indicate any subpopulations you will be targeting with this proposed project** (Select all that apply)**:**

Chronic Homeless Domestic Violence Veterans Youth (<25) Families   
Substance Abuse Mental Illness HIV/AIDS   
N/A - Project Serves All Subpopulations   
Other: Click or tap here to enter text.

**Applicant Experience & Capacity**

**PSH/RRH/TH-RRH: Worth up to 27 points; HMIS/SSO-CE: Worth up to 19 points**

1. **Has the applicant previously administered this Project Type (i.e., RRH, PSH, etc.)?**

Yes No

If yes, please describe the agency’s experience doing so and prior successes:

Click or tap here to enter text.

1. **Has the applicant previously administered programming for any of the indicated targeted household composition types?**

#### Yes No N/A (HMIS)

**If yes,** describe the applicant’s experience in doing so and prior successes **OR**

**If no,** explain how services will be tailored to address specific needs and provide a letter of support from an agency/organization with experience serving such household compositions **OR**

If N/A, please briefly explain why.

Click or tap here to enter text.

1. **Has the applicant previously administered programming for any of the indicated targeted subpopulations?** *If your agency is applying for a DV Bonus project, you must describe your prior experiences in administering programming to households who meet category 4 of the HUD Homeless Definition.*

#### Yes No N/A (HMIS)

**If yes,** explain the applicant’s experience in doing so **OR**

**If no,** explain how services will be tailored to address specific needs and provide a letter of support from an agency/organization with experience serving such subpopulations **OR**

If N/A, please briefly explain why.

Click or tap here to enter text.

### (e-snaps screen 2B2) Provide the applicant’s experience with leveraging other federal, state, local and/or private sector funding. By leveraging we mean using non-CoC resources and funding to support the work of the program and to help the program achieve its goals.

Click or tap here to enter text.

### (e-snaps screen 2B3) Provide a description of the program management and financial account system that will be used to administer the grant.

Click or tap here to enter text.

1. (e-snaps screen 2B4) **Provide the applicant’s experience with compliance with public funding sources.**

Click or tap here to enter text.

1. **Does the applicant have any unresolved monitoring or audit findings from HUD or the Office of the Inspector General?**

Yes No

If yes, please explain: Click or tap here to enter text.

1. **Is the applicant delinquent on any federal debt?**

Yes No

If yes, please explain: Click or tap here to enter text.

1. (e-snaps screen 2B1) **In addition to anything previously mentioned, provide the applicant’s experience with using federal funds and performing the proposed activities**. This includes:

* Experience effectively utilizing federal funds and performing the described services within given funding and time limitations. According to HUD: the project will begin operations within 12 months of contract execution.
* If you are proposing a Permanent Supportive Housing project, you must describe your experience working with households that meet HUD’s definition of chronically homeless.

Click or tap here to enter text.

1. (e-snaps screens 2A and 2B) **Does the applicant plan to sub-contract with any other agency or agencies to serve as a subrecipient and assist in performing any duties of the project? (If you are unsure as to whether a sub-contracted agency should be identified as a subrecipient, please** [**click here**](https://www.hud.gov/sites/dfiles/CPD/documents/SNAPS-Shots-Using-Contractors-in-ESG-and-CoC-Programs.pdf) **to review HUD guidance.)**

Yes No

If yes, identify:

* The sub-recipient(s) by name

Click or tap here to enter text.

* The experience of the potential sub-contracted agency to effectively utilize federal funds to perform the duties related to this project as a subrecipient.

Click or tap here to enter text.

* The experience of the sub-recipient(s) in leveraging other federal, state, local, and private sector funds

Click or tap here to enter text.

* The basic organization and management structure of the sub-recipient(s), including evidence of internal and external coordination and an adequate financial accounting system.

Click or tap here to enter text.

**Past Performance (current CoC or ESG Grantees only)**

**PSH/RRH/TH-RRH: Worth up to 6 points; HMIS/SSO-CE: Worth up to 4 points**

*This section is to be completed by existing ESG- and CoC-funded agencies only. Although this section is scored, agencies that do not receive ESG or CoC funding will not be adversely affected.*

1. **Has your agency received ESG/ESG-CV or CoC funding in the last three years?**

Yes, ESG only Yes, CoC only Yes, ESG & CoC No

1. **What project types did you receive funding for in the last three years?**

**ESG/ESG-CV:** Street Outreach Emergency Shelter Homeless Prevention

Rapid Re-Housing

**CoC:** Permanent Supportive Housing Rapid Re-Housing HMIS

1. **Has a CoC or ESG funder ever implemented a corrective action or quality improvement plan/process with the applicant?**

#### Yes No N/A

If yes, identify the cited issues, root causes and relevant outcomes.

Click or tap here to enter text.

1. **Has the applicant ever underspent an ESG-, ESG-CV, or CoC-funded contract?**

#### Yes No N/A

If yes, indicate:

* For which projects

Click or tap here to enter text.

* When

Click or tap here to enter text.

* How much was returned and what percent that was of the total budget

Click or tap here to enter text.

* The reason(s) why funds went unspent

Click or tap here to enter text.

**Scope & Need**

**PSH/RRH/TH-RRH: Worth up to 18 points; HMIS/SSO-CE: Worth up to 14 points**

### (e-snaps screen 3B1) Provide a general description of the proposed project.  This should include a clear and concise description of the scope of the project. The following information should be included:

* Identify and describe the unmet need or gap in services that this new project will fill. Please use data as supporting evidence. Applicants are encouraged to provide local and/or regional data beyond the data reported through the annual PIT count.
* The reason why CoC Program support is required.
* If PSH, RRH, or TH-RRH:
  + Estimated number of households to be served at a point in time.
    - For expansion projects, please state both how many households are served in the renewal project and the number of households that the expansion project alone will serve at a point in time.
  + Estimated number of households to be served annually.
    - For expansion projects, please state both how many households are served in the renewal project and the number of households that the expansion project alone will serve annually.
  + Total number of units/beds
    - For expansion projects, please state both how many units/beds are included in the renewal project and the number of units/beds that the expansion project alone will provide.
  + Project plan for addressing the identified housing and supportive service needs, including any agencies that you plan to partner/coordinate with to provide additional expertise.  Community partners should be referenced, by name, along with a description of their role in the success of the project and the households served (e.g., employment, transportation, childcare)
    - For expansion projects, if the expansion project will increase the supportive services provided, please describe how.
  + If proposing a scattered site Rental Assistance or Leasing Program, how the housing search and location services be provided.
  + Any identified target population(s)/household composition types and why those were chosen as well as what tailored support may be given to those households.
    - If applying for the DV Bonus, please describe how the project will meet the specific housing and supportive service needs of those fleeing DV.
* If HMIS:
  + Describe the design and implementation of the HMIS system.
  + If this project will expand HMIS support, describe how it will: increase HMIS functionality; increase the geographic coverage of the HMIS; and/or increase the number of HMIS participating agencies or programs.
* If SSO-CE:
  + Describe the project plan for addressing coordinated entry needs.
  + If this project will expand support for Coordinated Entry, describe how this project will increase the capacity of the CoC’s CE system.
* Projected project outcomes

\* If this is an **expansion grant**, justify the need for the expansion. (see RFP for expansion grant criteria)

\* If this is an application for a DV Bonus project, please provide information specific to serving clients who meet category 4 of the [HUD Homeless Definition](https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/).

Please limit responses to 3,000 characters (this is the limit in e-snaps) and reference other sections of the application, if needed, to save space. Please review your response against the bulleted items to ensure you have addressed each item.

Click or tap here to enter text.

1. The proposed project scope aligns with the CoC’s prioritized project type(s) of PSH, HMIS Infrastructure, or CE Infrastructure?

☐ Yes ☐ No

\*Projects that fall outside of the prioritized project types will still be considered.

**Budget**

**Worth up to 12 points**

1. (e-snaps screens 6A-J) **The total for each budget category should be provided in the table below.** Use the Excel workbook provided to calculate the project’s budget. The Excel workbook containing the itemized budget line items must also be uploaded with the application.

|  |  |
| --- | --- |
| Eligible Costs | Amount Requested |
| Acquisition | Click or tap here to enter text. |
| Rehabilitation | Click or tap here to enter text. |
| New Construction | Click or tap here to enter text. |
| Leased Units | Click or tap here to enter text. |
| Leased Structure | Click or tap here to enter text. |
| Rental Assistance | Click or tap here to enter text. |
| Supportive Services | Click or tap here to enter text. |
| Operating | Click or tap here to enter text. |
| HMIS | Click or tap here to enter text. |
| Admin (No more than 10%) | Click or tap here to enter text. |
| TOTAL GRANT BUDGET | **Click or tap here to enter text.** |

1. (e-snaps screens 6F and 6J) **Indicate how many Full-Time Equivalents (FTEs) are included for the supportive services funds requested:**

Click or tap here to enter text.

1. **Will there be case managers assigned to the clients in this project that are funded in ways other than through the requested amount above?**

Yes No

If yes, how many FTEs will be funded through other sources?

Click or tap here to enter text.

1. **Will there be additional housing units included in this project that are funded in ways other than through the requested amount above?**

Yes No

If yes, how many housing units will be funded through other sources?

1. (e-snaps screen 6J) **The admin included in the budget is less than 10% of the request:**

Yes No

1. **Provide a budget narrative, justifying any costs not already explained above.**

Click or tap here to enter text.

1. **Indicate the minimum amount of match required for the proposal** (HUD requires CoC projects to have 25% of the total grant amount in matching funds (except for leasing funds):

Click or tap here to enter text.

1. (e-snaps screen 6I) **Indicate the amount of documentable matching funds that are dedicated to this project, and the source.**

|  |  |  |
| --- | --- | --- |
| Cash or In-Kind | Amount of Matching Funds | Source of Matching Funds |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

\* Match commitment letters must be signed on an agency letterhead and attached to the application.

1. **Total of all matching sources:**

Click or tap here to enter text.

1. **Modified Budget** If the request cannot be fully funded, indicate the least amount of funds required to make this project viable. Please explain the differences that would occur with the modified budget amount, including how many households would be able to be served, how many housing units would be created, how many FTE staff would be hired under the modified budget, etc.

Click or tap here to enter text.

**Housing First & Low Barrier Access**

**PSH/RRH/TH-RRH/SSO-CE: Worth up to 20 points; HMIS: N/A**

(e-snaps Screens 3B5a, 3B5b, 3B5c, 3B5d)

*Operating projects using a housing first approach with low****-****barrier access is an expectation of the PWC CoC for all funded projects.*

|  |
| --- |
| **If yes for the questions below, the applicant is certifying that the proposed project will meet the expectations below and agrees to do so if funded through the FY23 CoC Competition:**   * Quickly moves participants into permanent housing and prioritizes housing stabilization * Ensures that participants are not screened out based on the following items:   + Having too little or little income   + Active or history of substance use   + Having a criminal record with exceptions for state-mandated restrictions   + History of victimization (e.g., domestic violence, sexual assault, childhood abuse   + Willingness to participate in services or treatment * Ensures that participants are not terminated from the program for the following reasons:   + Failure to participate in supportive services   + Failure to make progress on a service plan   + Loss of income or failure to improve income   + Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area |

1. **Does the applicant currently operate with a Housing First approach with low-barrier access**?

#### Yes No N/A, HMIS

If yes:

* Provide specific examples of how the applicant currently integrates a Housing First philosophy into its programming
* Explain what being “Housing First” means to your organization **OR**

If no, explain why not.

Click or tap here to enter text.

1. **Does the proposed project intend to operate with a Housing First approach with low-barrier access and commit to doing so if/when the project is funded for FY23?**

#### Yes No N/A, HMIS

If yes:

* Explain how the project will move households quickly into permanent housing.
* Provide specific examples of how the applicant will integrate a Housing First philosophy into the proposed project if funded. **OR**

If no, provide a detailed explanation for why the project does not intend to operate with a Housing First approach with low-barrier access.

Click or tap here to enter text.

**Housing Case Management**

**PSH/RRH/TH-RRH: Worth up to 8 points; HMIS/SSO-CE: N/A**

*The below questions are not applicable to the HMIS or SSO-CE project types.*

1. (e-snaps screen 4A1) **Provide a description of how participants will be assisted in obtaining and remaining in permanent housing so that they do not return to homelessness.  (N/A for HMIS or SSO-CE)**

***FOR DV PROJECT APPLICANTS:****The description must be tailored to include how eligible program participants (paragraph 4 of the homeless definition in 24 CFR 578.3) will be assisted to obtain and remain in permanent housing that addresses their particular needs and includes trauma-informed, victim-centered approaches.*

* *Trauma-informed: Approaches delivered with an understanding of the vulnerabilities and experiences in trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on reassuring the survivor's feelings of safety, choice, and control.*
* *Victim-centered: Placing priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims' feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; ensuring that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.*

Click or tap here to enter text.

1. (e-snaps screens 4A3 and 6F) **Describe how services are funded and how services will be carried out to ensure that all households served are provided with flexible and appropriate support services that meet their needs.** This should include the frequency of appointments within the program participant’s home or other mutually agreed-upon community location. **(N/A for HMIS or SSO-CE)**

Click or tap here to enter text.

1. **What is the applicant’s anticipated housing case manager: household ratio at a single point in time? (N/A for HMIS or SSO-CE)**

Click or tap here to enter text.

1. **How will the applicant ensure that this project provides client-centered services?**  Please reference any policies, training, relevant experience, etc. **(N/A for HMIS or SSO-CE)**

Click or tap here to enter text.

1. **By cultural awareness we mean being conscious and disregarding potential biases that may be formed based on prior experiences. It is being aware that individuals possess unique ways of perceiving the world around them based on their cultural background and acknowledging those beliefs to benefit all individuals inclusively. Will the applicant commit to providing culturally aware services? (N/A for HMIS or SSO-CE)**

Yes No

If yes, explainhow the applicant will provide culturally aware services.  Please reference any policies, training, relevant experience, etc.  Click or tap here to enter text.

**Landlord Relationships**

**PSH/RRH/TH-RRH: Worth up to 3 points; HMIS/SSO-CE: N/A**

*This section is to be completed by those applicants who will not be providing housing in a single structure. Although this section is scored, other projects will not be adversely affected.*

*The below questions are not applicable to the HMIS or SSO-CE project types*

#### (e-snaps screens 4B1) **If proposing scattered-site housing, does the applicant have relationships with landlords who would participate in the program? (N/A for HMIS or SSO-CE)**

#### Yes No N/A

### If yes, describe the applicant’s experience in identifying housing opportunities, including landlord engagement practices OR

### If no, describe how the applicant will conduct outreach and engage landlords.

Click or tap here to enter text.

**Resource Linkages**

**PSH/RRH/TH-RRH: Worth up to 6 points; HMIS/SSO-CE: N/A**

*The below questions are not applicable to the HMIS or SSO-CE project types.*

#### (e-snaps screens 4A4-4A6a) **Indicate if the project will assist participants with Mainstream Benefits in the following ways** (check all that apply) **(N/A for HMIS** **or SSO-CE**)**:**  ☐ Provide transportation assistance to attend mainstream benefit appointments, employment training or jobs

#### ☐ Conduct annual follow-up appointments with participants to ensure mainstream benefits are received and renewed

#### ☐ Provide access to SSI/SSDI technical assistance provided by the applicant, a subrecipient or partner agency

#### ☐ Utilize a SOAR trained individual to provide technical assistance related to accessing SSI/SSDI

☐ N/A

1. **Describe how participants will be assisted to increase their earned and/or unearned incomes. (N/A for HMIS or SSO-CE)**

Click or tap here to enter text.

1. (e-snaps Screen 4A2) **In addition to what was indicated above, what specific plan does this project have to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?** **(N/A for HMIS or SSO-CE)**

Click or tap here to enter text.

**HMIS PROJECT APPLICANTS ONLY**

**HMIS LEAD ONLY CAN APPLY FOR AN HMIS PROJECT**

**Worth up to 17 points**

*ONLY HMIS project applicants (HMIS Lead Agency Only) should respond to the below questions.*

*PSH, RRH, and TH-RRH project applicants can apply for HMIS funds but do not need to complete this section.*

1. (e-snaps Screen 4A1) **Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2022 HMIS Data Standard Manual?**

Yes No

**If no,** explain why and the planned steps for correction:

Click or tap here to enter text.

1. (e-snaps Screen 4A2) **Does HMIS produce all HUD-required reports and provide data needed for HUD reporting on time? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.)?**

Yes No

**If no,** explain why and the planned steps for correction:

Click or tap here to enter text.

1. (e-snaps Screen 4A3) **Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS?**

Yes No

**If no,** explain why and the planned steps for correction:

Click or tap here to enter text.

1. (e-snaps Screen 4A4) **Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?**

Yes No

1. (e-snaps Screen 4A5) **Describe your organization’s process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures:**

Click or tap here to enter text.

1. (e-snaps Screen 4A6) **Who is responsible for ensuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?**

Click or tap here to enter text.

1. (e-snaps Screen 4A7) **Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards?**

Yes No

1. (e-snaps Screen 4A8) **What is the CoC’s policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?**

Click or tap here to enter text.

1. (e-snaps Screen 4B) **Indicate the last training date or proposed training date for each HMIS training, as applicable.**

a. Basic Computer Training: Click or tap here to date.

b. HMIS Software Training for Sys Admin: Click or tap here to date.

c. HMIS Software Training: Click or tap here to date.

d. Data Quality Training: Click or tap here to date.

e. Security Training: Click or tap here to date.

f. Privacy/Ethics Training: Click or tap here to date.

g. HMIS PIT Count Training: Click or tap here to date.

h. Other (must specify): Click or tap here to enter text.

**SSO for COORDINATED ENTRY PROJECT APPLICANTS ONLY**

**CE LEAD ONLY CAN APPLY FOR SSO-CE**

**Worth up to 17 points**

*ONLY SSO-CE project applicants should respond to the below questions.*

1. (e-snaps Screen 3B4) **Will the funding requested for this project be used to meet the requirement that the CoC’s coordinated entry process cover the CoC’s entire geographic area?**

Yes No

**If no,** explain how this requirement is/will be met:

Click or tap here to enter text.

1. (e-snaps Screen 3B4) **Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance?**

Yes No

**If no,** explain how this requirement is/will be met:

Click or tap here to enter text.

1. (e-snaps Screen 3B4) **Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance:**

Click or tap here to enter text.

1. (e-snaps Screen 3B4) **Does the coordinated entry process use a comprehensive, standardized assessment process?**

Yes No

**If no,** explain how this requirement is/will be met:

Click or tap here to enter text.

1. (e-snaps Screen 3B4) **Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services:**

Click or tap here to enter text.

1. (e-snaps Screen 3B4) **If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: (1) adults without children; (2) adults accompanied by children; (3) unaccompanied youth; (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and (5) persons at risk of homelessness?**

Yes, the CoC only limits differences identified to the five groups permitted in Section II.B.2 of the of the Coordinated Entry Notice.

No, the CoC does not meet this criteria and limits differences in access, entry, assessment, or referral for more than the five groups permitted.

**If no,** explain how this issue will be addressed:

Click or tap here to enter text.

1. (e-snaps Screen 3B4) **This coordinated entry project will refer persons experiencing homelessness to projects that specifically coordinate and integrate mainstream health, social services, and employment programs to program participants for which they may be eligible?**

Yes No

**If no,** explain how this requirement is/will be met:

Click or tap here to enter text.

**Bonus Criteria/Questions**

**Worth up to 10 points**

*The below Bonus Criteria applies ONLY to PSH, RRH, and TH-RRH project applicants.*

#### **There are bonus points available for new PSH and RRH projects that utilize housing subsidies or subsidized housing units not funded through the CoC or ESG programs.** Housing subsidies or subsidized housing units may be funded through any of the following sources:

#### Private organizations

#### State or local government, including through the use of HOME funding provided through the American Rescue Plan

#### Public Housing Agencies, including through the use of a set aside or limited preference

#### Faith-based organizations

#### Federal programs other than the CoC or ESG programs.

#### In the case of a permanent supportive housing project, at least 25% of the units included in the project must be subsidized in this way, or in the case of a rapid rehousing project, serve at least 25% of the program participants anticipated to be served by the project must be subsidized in this way to be eligible for bonus points. Applicants should attach letters of commitment, contracts, or other formal written documents that demonstrate the number of subsidies or units being provided to support the project.

#### **Do you anticipate being able to meet these criteria?** Yes No N/A

**If yes,** explain which type of subsidy, how many individuals or units, general plan for implementation, existing relationships which would promote such leveraging and any applicable documentation attached.

Click or tap here to enter text.

#### **There are bonus points available for new PSH and RRH projects that utilize healthcare resources to help individuals and families experiencing homelessness.** Sources of health care resources include:

#### Direct contributions from a public or private health insurance provider to the project AND

#### Provision of health care services by a private or public organization tailored to the program participants of the project.

CoCs must demonstrate through a written commitment from a health care organization that the value of assistance being provided is at least:

* in the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who quality and choose those services; OR
* an amount that is equivalent to 25 percent of the funding being requested for the project will be covered by the healthcare organization.

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

* value of the commitment, AND
* dates the healthcare 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.

**Do you anticipate being able to meet these criteria?** Yes No N/A

**If yes,** explain your general plan for implementation, existing relationships which would promote such coordination and any applicable documentation attached.

Click or tap here to enter text.

**DV PROJECT APPLICANTS ONLY:   
Acknowledgement of CoC Application Requirements if Selected**

*ONLY DV BONUS project applicants should complete the below certification.*

In addition to the CoC New Project Application that must be completed by applicants selected for submission as DV Bonus New Projects, the CoC must provide responses to a series of questions in the CoC Application specific to the experience and capacity of DV Bonus project applicants. **Any applicant selected to submit one or more projects under the CoC DV Bonus MUST work collaboratively with the CoC to provide responses/content to answer the CoC Application questions.**

Please certify your agency’s willingness and ability to assist the CoC in responding to these questions prior to submission of the CoC Application:

Staff from our organization understand that the CoC Application will include additional DV Bonus questions to which selected DV Bonus applicants will need to respond.

We understand that the information provided by our organization in response to the DV Bonus questions will be part of the selection formula used by HUD to determine whether our DV Bonus new project application is funded.

Staff from our organization will provide timely and complete responses to the DV Bonus questions as requested by the CoC staff.

**Certifications**

***T****he following certifications indicate a required component of CoC Programming.   
All must be checked to be eligible to apply; specific exceptions for Domestic Violence providers are indicated where applicable.*

**Coordinated Entry (CE):** By checking the box to the left, the signatory named below certifies that the project will participate in the CoC’s CE System, meaning that the funded agency must notify CE of all openings and fill those openings with participants referred from CE. *DV providers shall participate with CE while protecting client data and safety.*

**Equity**: By checking the box to the left, the signatory named below certifies that the applicant will commit to working collaboratively with the CoC on addressing disparities and inequities across the CoC as well as within service delivery. As more related guidance/efforts are made available by the CoC to address racial inequities, it is expected that all new projects support such endeavors.

**Inclusivity**: By checking the box to the left, the signatory named below certifies that the applicant will commit to ensuring that service delivery is client-centered and culturally aware. By cultural awareness we mean being conscious and disregarding potential biases that may be formed based on prior experiences. It is being aware that individuals possess unique ways of perceiving the world around them based on their **cultural** background and acknowledging those beliefs to benefit all individuals inclusively.

**HMIS Participation/Use of Comparable Database by Domestic Violence or Legal Services Agencies:** By checking the box to the left, the signatory named below certifies that the project does or will participate in HMIS. Projects that do not participate, or have not agreed to participate, are not eligible for funding, unless it is a victim-service agency serving survivors of domestic violence or a legal services agency, either of which must utilize a comparable database.

**HUD Timeliness Standards:** By checking the box to the left, the signatory named below certifies that the project will begin operation less than 12 months from the execution of the contract. New housing projects have secured or will secure proof of site control, match, environmental review, and the documentation of financial feasibility within 12 months of the award.

**Housing First:** By checking the box to the left, the signatory named below certifies that the project will operate according to the principles of Housing First.

**Equal Access and Non-Discrimination:** By checking the box to the left, the signatory named below certifies that the project will ensure equal access for program participants regardless of their race, color, national origin, religion, sex, age, familial status, disability, gender or LGBTQ status. All projects are in accordance with federal and local nondiscrimination and equal opportunity provisions, as codified in the [Fair Housing Act,](https://legcounsel.house.gov/Comps/civil68.pdf) Section 504 of the [Rehabilitation Act,](https://www.gpo.gov/fdsys/pkg/STATUTE-87/pdf/STATUTE-87-Pg355.pdf) Title VI of the [Civil Rights Act,](https://www.govinfo.gov/content/pkg/STATUTE-78/pdf/STATUTE-78-Pg241.pdf) Titles II & III of the [Americans with Disabilities Act, H](https://www.ada.gov/pubs/adastatute08.htm)UD’s [Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity](https://www.hudexchange.info/resources/documents/EqualAccess_FinalRule_2.3.12.pdf) (2012 Equal Access Rule), HUD’s [Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development Programs](https://files.hudexchange.info/resources/documents/Equal-Access-Final-Rule-2016.pdf) and the [Prince William County Code Human Rights Ordinance](https://www.pwcva.gov/assets/2022-02/Human%20Rights%20Ordinance.pdf#:~:text=Prince%20William%20County%20is%20a%20community%20richly%20diverse,charges%20of%20unlawful%20discrimination.%20%28Ord.%20No.%2092-79%2C%209.1-92%29).

**Case Management:** By checking the box to the left, the signatory named below certifies that the project will adhere to case management requirements as relevant, honor client choice, provide client-centered services, and adopt a progressive engagement approach whereby the level of engagement is commensurate with the level of need. *CoC regulations require a minimum of monthly case management sessions in the program participant’s home or in a mutually agreed-upon community setting for RRH projects.*

**CoC’s CE Policies and Procedures:** By checking the box to the left, the signatory named below certifies that the project will operate within the allowable confines of the [CoC CE Policies and Procedures](https://www.pwcva.gov/assets/2023-01/HSD%20CES%20Policies%20%20Procedures%20Manual%20Version%203.2%20FY23%20FINAL.pdf) and any future CoC policies and procedures/written standards that may be adopted by the CoC.

**Mainstream Resources:** By checking the box to the left, the signatory named below certifies that the project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible.

**Monitoring, Training and Technical Assistance:** By checking the box to the left, the signatory named below certifies that the applicant will be responsive to project monitoring, training and technical assistance from the CoC Lead Agency, HMIS Lead Agency, and CI Lead Agency.

**Point-In-Time (PIT) Count:** By checking the box to the left, the signatory named below certifies that the applicant agrees to participate in the CoC’s annual PIT Count.

**CoC Participation:** By checking the box to the left, the signatory named below certifies that the applicant will participate in CoC Meetings and required trainings sponsored by the CoC as per [CoC Bylaws](https://www.pwcva.gov/assets/2023-03/BYLAWS%20for%20CoC%20Review%20Feb%209%202023%20Final.2.pdf).

**HUD Application:** By checking the box to the left, the signatory named below certifies that if this project is selected by the CoC’s Funding committee for inclusion in the FY2023 VA-604 Prince William County Continuum of Care funding application to HUD, the Applicant has the ability to complete the online HUD application process in e-snaps by the due date established by the CoC.

**Preliminary Application Accuracy:** By checking the box to the left, the signatory named below certifies that that the information included in this preliminary application is true and accurate to the best of their knowledge.

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEO/Authorized Agency Official Signature

Click or tap to enter a date.

Date