

REGIONAL APPLICATION MANUAL/INSTRUCTIONS

Central Florida Continuum of Care (CoC FL-507)

2025 Application for HUD CoC Program Funding

Application Instructions

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Complete and submit all relevant sections of this Application, including all required attachments and certifications, by 5:00 PM EST, December 15, 2025.

1. Please carefully read this Application together with the Request for Applications and its attachments. You may email questions to application@hsncfl.org through December 13, 2025. After December 13, 2025 - efforts will be made to answer questions, but agencies should not count on receiving answers before the due date.
2. Throughout the remainder of this Application:
 - a. The words “you” and “your” are interchangeable with “the Applicant.”
 - b. “HUD CoC Program-funded” or “HUD CoC-funded” means projects funded through the HUD Continuum of Care Program under the CoC Interim Rule.
 - c. “Services” means eligible supportive services as defined in §578.53 of the CoC Interim Rule unless otherwise specifically stated.
 - d. “Housing” means eligible housing-related assistance in the form of leasing, rental assistance or operations under §578.49, §578.51 or §578.55, respectively, of the CoC Interim Rule.
 - e. Your proposed activities (whether new or renewal) will be referred to as either Housing, Services, or Housing and Services, whichever is applicable.
 - f. “Client” refers to a program participant as defined at §578.3 of the CoC Interim Rule.
 - g. “Project” refers to the total set of Housing and/or Services activities that are collectively dedicated to housing placement and stability for the target population, consistent with §578.3 of the CoC Interim Rule.
3. If your proposed Housing and/or Services will be linked with Housing and/or Services to be provided by one or more applicants other than you, the entire set of all of these activities together are considered to be the Project. A “bundled” project is one example of this grouping of activities.
4. All Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH) and Transitional Housing / Permanent Housing-Rapid Re-Housing (TH-PH/RRH) Projects must include both Housing and Services. In many cases, however, HUD CoC Program funds are not used to fund both the Housing and Services components, particularly because the extent to which the HUD CoC Program provides funding for Services is limited. In addition, you are not required or, in most cases even expected to directly provide both Housing and Services.
5. If you are proposing or collaborating on multiple Projects, you must submit a separate application for each Project.
6. Throughout this Application, we may use administrative or externally generated data as a comparison with/confirmation of your responses.

Section 1 - Application Information

Complete all answers and check Yes or No for each question on the eligibility table. Any “No” answer will automatically disqualify your project application, unless the question does not apply to your application. This is the only section in which the name of your agency should appear. Throughout the rest of the application, you should refer to your agency as “agency” or “applicant” or “we”.

Project Funded as Part of 2025 CoC Application

Whether or not this project is funded as part of the 2025 HUD CoC Application, are you willing to have it considered for other opportunities that become available through Other CoC 507 Administered Grants (OCAG) sources, including new or reallocated funds?

By checking “Yes” the applicant is affirming the desire to implement the described project and would be willing to be considered for participation if resources are made available either through reallocation between funding cycles or because of a new funding source participating in a bundled project or a new funding source for stand-alone projects.

Section 2 - General Information about Project and Activities

It is imperative that you work with HSN to ensure that you establish your project profile correctly in Section 2. All applicants may request a consult at application@hsncfl.org prior to 9/27/2025 to ensure that questions in Section 2 have been answered correctly.

2.1 Project Type

Which category best describes your Project Type?

- Permanent Supportive Housing (PSH)
- Transitional Housing (TH)
- Support Services Only – Street Outreach
- Support Services Only – Other
- Other

***Tip:** Although the Interim Rule allows for funds to be spent on Rapid Rehousing and Permanent Supportive Housing, the 2025 HUD NOFO has capped the amount of funds that can be used for Rapid Rehousing, Permanent Supportive Housing and Joint Transitional/Rapid Rehousing. Therefore, for the 2025 application, CoC FL-507 will not likely fund any new Permanent Supportive Housing or Rapid Rehousing project applications. HUD will not allow a new Joint Transitional/Rapid Rehousing project in the 2025 submission.*

2.3 Years Experience

Years of experience implementing the type of project for which you are applying, or a similar homeless project. For example, if you are applying for Transitional Housing but have only had experience with Rapid Rehousing, you would select the number of years doing a “similar homeless services type of project”.

2.3 Provider Activities

Select the activities your project will include, whether or not you are requesting HUD funds for the activity. The provider activities should include activities for which you are using matching or leveraged funds.

2.4 HUD Application Type: Renewal

- Renewal: No changes
- Renewal: Reduced request (voluntary partial reallocation)
- New Project (will be funded via funds made available through reallocation or from bonus funds)If y

2.5 HUD Application Type: Renewal, additional info

Did you submit a signed “Renewal 12 Month Budget” form if you selected “Renewal: No Changes”? Yes No

Tip: If you have signed and returned the form, or will have done so by 12/15/2025, check the box.

2.6 HUD Application Type: New Project: Reallocation/New

(Only answer if “New” is selected in 2.4)

What month of 2025 would you like for your new project to begin? _____

Tip: It is very unlikely that HUD will start a new project before of the final quarter of 2025, but there may be some that start in the summer of 2025. You should identify your preferred start date, but actual start dates will depend on when HUD makes the project contract available, which may be different from the preferred start date you select. Make sure you answer this question if you check the New Project box.

Section 3 - Key Project Characteristics – Housing

If you are providing Services only skip to Section 4.

3.1 Coordinated Entry System (CES) Referrals

Answer Yes or No.

Tip: *if you answer No your application will be ineligible.*

3.2 Number of Homeless Housing Units

What is the total number of Housing Units (including Vouchers or Slots) that will be dedicated to homeless individuals and/or families throughout the grant period?

Tip: *This number should include Units for which you are requesting HUD CoC funding **as well as** Units that are part of this Project that will be funded by another source **as well as** any Units that are to be dedicated for use by homeless individuals/families but are not considered by you to be part of this project and are not part of other CoC funded projects. These non-Project units would be considered leveraged resources rather than matching resources. Thus, in some cases the number of homeless housing units will be larger than the number of HUD CoC funded units (next question). However, it should never be smaller than the number of HUD CoC funded units.*

3.3 Type of Housing Units Provided

Select the type of Housing Units included in your Project. In some cases a project may include more than one type of housing. Select all that apply.

3.4 Housing Project Address

The question refers to the location where the majority of units will be located. For scattered site/tenant based, use the address of the Housing Provider's administration offices.

Section 4 - Key Project Characteristics – Supportive Services

4.1 Coordinated Entry System (CES) Referrals

Tip: *By checking "Yes" you commit to provide the identified service to the Project exclusively as assigned through the Coordinated Entry System (CES). CoC FL-507 recognizes that requirements associated with Support Services Only – Street Outreach projects may be addressed in future guidance from HUD.*

4.2.a1 and 2 Coordinated Entry System (CES) Access Point

Access points improve the “no wrong door” approach for persons experiencing homelessness by conducting basic intake into the system, facilitating a household’s entry onto the by-name-list, even if the household is not going to enroll for services at the agency acting as the Access Point.

4.3 40 Hours/Customized Supportive Services

The question references services provided by the applicant or a services partner. If/as HUD provides additional guidance on this new requirement for CoC funded projects, the CoC will share the revised guidance will all agencies registered as Interested Parties.

The HUD requirements for 40 hours of customized supportive services does not apply go PSH projects that serve persons over the age of 62, persons with physical disabilities/impairments and/or intellectual disabilities/impairments. However, these projects should still provide intensive, individualized services.

4.4 On-site Substance Use Services

If/as HUD provides additional guidance on this new requirement for CoC funded projects, the CoC will share the revised guidance will all agencies registered as Interested Parties.

4.4.a – Provide details about what types of on-site substance use services will be provided by your project. Include frequency, staff qualifications for the services, and how the services will adjust in intensity based on participant needs.

4.5 Required Services

If/as HUD provides additional guidance on this new requirement for CoC funded projects, the CoC will share the revised guidance will all agencies registered as Interested Parties.

4.6 Target Population

Check all that apply.

4.7 Current and Proposed Staffing (FTE)

The chart is intended to help the reviewer understand how many positions the project will have in total, and of those, how many are to be funded by HUD and how many from other sources. “FTE” means Full-Time Equivalent and refers to a position that is 40 hours/week or at least 2,000 hours per year.

Tip: Projects that have direct service positions at less than .25 FTE will likely not score as well

4.8 Education and Training Requirements

What types of educational and training requirements will your project have for staff hired to the various positions, especially those to be funded by HUD.

4.9 Partial Funding – All Proposed New Staff Positions

If, for example, you request 2 FTE case managers, but the project is only awarded 1.25 FTE case managers, how will the agency respond?

4.10 Area Served

Select all that apply. If you selected “Region-wide” you do not need to select any other boxes.

4.11 CoC FL-507 Adopted Standards and Policies

HUD requires that the CoC develop standards and policies for how certain aspects of CoC funded projects are operationalized across the region. *(The CoC will be adjusting CoC Standards to comply with new HUD priorities and expectations. Funded and non-funded partners are encouraged to participate in the planning for any changes being made to the current CoC Standards.)*

4.12 SOAR

If your project has access to SOAR workers, please answer whether or not those staff have received training within the past 24 months.

4.13 CoC Training

Check either “Yes” or “No” for the trainings that your agency will you require for all Services staff, including supervisory and executive staff, if made available by CoC FL-507?

- | | | |
|---|------------------------------|-----------------------------|
| Housing Focused Strategies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Motivational Interviewing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trauma-Informed Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Victim Services/DV Safety | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Training identified in Sub-Recipient contract and/or CoC Training Standards | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4.14 Other Support Services Chart

Although many Supportive Services are eligible to be funded through the HUD CoC Program, HUD is first and foremost a Housing agency. As a result, the amount of HUD CoC funding made available for Services is very

limited. In addition, much of this small amount available will necessarily be allocated to Street Outreach and Engagement, Housing Navigation and Housing Stability Case Management efforts to ensure that clients can choose, get and keep permanent housing.

As a result, applicants need to be aware that the HUD CoC funding available for other Supportive Services requests through this RFA process is expected to be minimal. Applicants are strongly encouraged to find and use other sources of funding/access other systems for the services listed below to the greatest extent possible.

You should complete this chart for all services provided for the project, whether or not the application includes requests for funding from HUD to provide the service.

Available: (column A)

Will you or a Project partner make this Service available to all clients who need it?

How provided? (column B)

If you answered “Yes” in column A, clarify how the Service will be provided.

Tip: If you answered “No” or “don’t know/not sure” in column A, you do not need to complete Column B.

Applicant: Select this box if your agency is going to provide the service.

Project Partner: This is an agency with whom you have an MOU/MOA or contract.

Other Partner: Select this box if an agency regularly provides the service but with whom you do not have a formal agreement.

None of the Above: Select this box if the service will be provided but none of the above 3 options describes how it will be provided.

HUD Funding: (column C)

If you checked “Yes” in column A, check “Yes” if you are requesting HUD funding to provide the service for this Project.

Frequency: (column D)

If you checked “Yes” in column A, check the box that best represents how often the service will be provided for this Project.

Section 5 - Identification of Target Population(s) and Service to Sub-Populations

HUD has strongly encouraged the dedication of resources to chronically homeless individuals/families (or dedicated plus) in PSH Projects and the dedication of Housing resources for families with children, unaccompanied youth, and victims of domestic violence in RRH Projects.

Although it is possible that you may not be asked to assist all potential sub-populations, members of all of these sub-populations could be assigned to the Project through the Coordinated Entry System. By completing and submitting this Application, you are expected to assist them unless a particular rejection or restriction would not violate Housing First principles, as defined in Attachment E to this RFA.

5.1 Bed Inventory Target Population Chart

The purpose of this chart is to clarify the target population of your Project and also to clarify if there are any sub-populations within your target population that you are not able to serve/house.

Dedicated % (column A)

What % of your housing units or program (services) slots will be dedicated exclusively for this population?

Tip: The percentages in version column A do not need to add up to 100%.

Tip: For chronically homeless units/services, the head or co-head of household must meet the HUD definition of chronically homeless.

Tip: Youth families with children refers specifically to an unaccompanied youth, under the age of 25, with his/her/their children. Youth families with children may include two parenting youth if both are under the age of 25. If one parenting youth is over the age of 25, this family would count as a homeless family rather than a youth family.

Any Not Included? (column B)

You should complete Column B for any population you have identified in column A.

If you serve all persons in that category, your answer should be NA.

If there are sub-categories of the population you've identified, use column B to specify who those persons are and provide any additional explanation.

Examples: If you selected 100% chronically homeless adults you may need to name caveats in column B – such as We do not allow sex offenders due to the proximity of our housing to a local school. Or your project might serve only single head of household families but no families with two adults.

Section 6 – Target Population Barriers

6.1 Eligibility Chart

This chart is designed to assess which program requirements your project will have for participants at entry.

Tip: The chart assumes you are complying with HUD's eligibility requirements, so you do not need to note compliance with HUD's eligibility requirements in your response.

Tip: Eligibility refers specifically to eligibility to access Housing and Services through your portion of the Project only. For example, unless you or a Project partner is also the landlord, reasonable methods used by landlords to screen prospective tenants that do not violate Fair Housing are not considered denials of eligibility.

Factor (column A)

This column lists potential factors which your Project may or may not intend to use in the future.

Future Expectations: (column B)

You will check "Yes" if you anticipate that in the future you will deny eligibility, refuse to serve, or take steps to avoid assist a referred client for this reason/factor.

Tip: If the factor will be present, but not the reason, you do not have to note. For example, if an individual had no income, and you will deny because of a criminal history rather than because of their lack of income, you do not have to note that you will deny someone with little or no income.

Tip: For client's current or past history of domestic violence your answer should include, but not be limited to lack of protective orders, period of separation from abuser, still with abuser, law enforcement involvement, etc.)

Tip: For Client's criminal record you do not have to note compliance with any federal or state mandated restrictions, such as restrictions on where a sex offender may live.

Explanation: (column D)

If you checked "Yes" in column B please provide an explanation to help reviewers, and system planners, better understand your project's expectations for new participants. Reasons could be related to available funds, program philosophy, or etc.

6.2 Services Continuity – PSH Only

You should check "Yes" if you will actively continue to offer Services to a client even if the client is evicted from, relocated from, or otherwise no longer in Housing. Non PSH projects may check N/A

Tip: If you are a Project/Site Based Housing or a Housing Project that also includes Services, applicant answering "Yes" commits you to providing the services at least until the client is linked to another provider of comparable services.

6.3 Service Intensity

You will select “Yes” if you and the Project partner(s) allow for changes in service intensity and duration based on changes in clients’ needs or circumstances. (Example: frequency of home visits increases for clients experiencing a crisis that threatens housing stability).

If you answer Yes, describe the factors involved and the specific process by which adjustments are made (*max 100 words*).

6.4 Location Limitation:

This question seeks confirmation of whether clients will have choice of multiple locations for Housing and/or receive Services from this Project.

You will select “Yes” if clients will be required to live in a particular structure or area at some point during their period of participation in the Project.

Tip: You would select “No” for scattered site projects.

Tip: You would select “No” if you are providing services to clients assigned from CES regardless of where those clients live.

If Yes, and your project includes Services or is not a Site Based Housing Project, explain the requirement (*max 100 words*) and, if applicable, provide a copy of the applicable policy or procedure in a separate file attached as “Location Limitations”.

6.5 Additional Requirements

Will the Project have Services participation requirements or other prerequisites (in addition to ones addressed above) for acceptance into the proposed Project?

If Yes, explain (*max 100 words*)

6.6 Client Satisfaction Surveys

If you are a renewal project you should select “Yes” if you have implemented Client Satisfaction Surveys for program participants of this Project.

Section 7 - Prioritization Based on Need

Prioritization in Provision of Project Housing and Services

7.1 Place Resided Immediately Prior to Program Entry

Approximately what percentage of the clients you will serve at any given time - once the Project is at full capacity - will have entered housing directly from the locations listed in chart? (**Only new projects need to complete this table. All existing projects will have this data pulled from APR or CES).**

Please note that while Persons at Imminent Risk of Homelessness may be eligible for services, they may not be prioritized through the Coordinated Entry process. Funded and non-funded partners are encouraged to participate in the process of revising Coordinated Entry procedures to align with new HUD priorities.

Section 8 - CoC Involvement and Engagement

Throughout this section, if information about your activity/performance pertaining to the Project are not available (e.g., with a new Project), information from any current or homelessness assistance activity in the region may be the basis for your response instead. See Attachment A-1 for information related to CoC participation as a part of the application scoring process. In addition to the answers to the questions below, Program data and related information available, such as, but not limited to, sign in sheets, from your participation in the CoC will be used to assess data quality and completeness, evaluate Project performance, your agency's CoC participation, and to review baseline system and project performance data. See Attachment A-1.

Domestic Violence and other Victim Service providers will be held harmless in relationship to entry of client-level data into HMIS and from other requirements of the CoC Interim Rule and VAWA protecting victims/survivors in the CoC application scoring process. However, they are expected to document that they have entered data into their comparable data system by providing an APR from their comparable data system.

8.1 Past HMIS

Select "Yes" if you are already capturing data in HMIS in compliance with published HMIS standards. Certified DV or Human Trafficking projects select Yes if using a comparable database.

8.2 Commitment to Future HMIS Continuity

Select "Yes" if you commit to active and continuous participation in the CoC's HMIS (or a comparable data system for Certified DV or Human Trafficking Projects) from as early as January 1, 2025, through the end of the grant award period.

8.3 Current Inclusion in HMIS Bed/Services Inventory

Select "Yes" if ALL beds and/or supportive services associated with all units/vouchers/slots that you currently operate or administer that ever assist homeless individuals/households are included in HMIS with all relevant data entered (comparable data system for certified DV or Human Trafficking Projects).

Tip: If you have units/vouchers/slots, including services slots that are not in HMIS (or comparable system) because they are only sometimes used for homeless individuals/households you will select "No."

8.3a Beds/Vouchers/Slots NOT in HMIS

Enter the number of beds/vouchers/slots you control that are **NOT** entered into HMIS and then enter the percentage of your inventory those beds represent.

Tip: The second question requires a percentage.

8.4 Commitment to Future HMIS Bed/Services Inventory Continuity

Select “Yes” if you commit to ensuring that ALL Beds associated with all Units/Vouchers/Slots or Services Slots funded in any manner through the Project are continuously included in HMIS (comparable data system for DV or Human Trafficking Projects) throughout the award period.

8.5 Commitment to Comply with HMIS Policies and Procedures

Select “Yes” if you commit to ensuring that staff is familiar with and follows the CoC FL-507’s HMIS Policies and Procedures as found at <https://www.hmiscfl.org/hmis-governance>.

Tip: Select “Yes” if you are a DV or Victim Service provider who will comply with the policies and procedures of your comparable system.

8.6 Commitment to Ensure Participation in HMIS Annual Refresher Training

Select “Yes” if you commit that all HMIS end users in your agency will receive at least an annual HMIS refresher training.

Tip: Select “N/A” if you are a victim services provider who is federally prohibited from entering data into HMIS.

8.7 Commitment to Enter Universal Data Elements & Personal Identifying Information Into HMIS

Select “Yes” if you commit to entering the core Universal Data Elements (UDEs) and Personal Identifying information into HMIS as necessary for ongoing evaluation and improvement of the Project’s performance and the progress of the CoC FL-507 system as a whole.

Tip: Select “Yes” if you are a DV or Victim Service provider who will enter the referenced information into your comparable system.

8.8 Commitment to Work in Support of CoC’s HMIS Data Quality Plan

Select “Yes” if you commit to supporting the CoC FL-507 Data Quality Plan, including ensuring the complete, accurate and timely entry of data into HMIS (or into a comparable system if a DV and Victim Service Provider).

8.9 Commitment to Work in Support of Ongoing Availability HUD APR Data

Select “Yes” if you commit to running the HUD Annual Progress Report (APR) and running other reports on a regular basis in an effort to support the goal of complete, accurate, and timely HMIS data in the system.

Tip: If you are a victim services provider who is federally prohibited from entering data into HMIS your answer should reference your comparable system.

8.10 2025 Point-In-Time (PIT)

Identify which activities related to the January 2025 Point in Time (PIT) Count in which a representative of your agency participated.

Tips:

- *Select “PIT planning sessions” if your representative participated in any of the PIT planning meetings prior to the day of the count.*
- *Select “PIT street surveys” if your representative participated in street counts the night of the count.*
- *Select “Service Provider Surveys” if your representative participated in PIT Service Provider Surveys in the week following the PIT count.*
- *Select “N/A” if no representative participated in any of the PIT activities.*

8.11 2025 Point-In-Time (PIT)

Select “Yes” if you commit one or more representative(s) to participate in activities related to the 2025 PIT which is scheduled to occur during the last 10 days of January 2025.

8.12 2025 Housing Inventory Count (HIC)

Select “Yes” if you are an existing CoC provider and you submitted your 2025 Housing Inventory Count (HIC) on time, or if you are a new applicant, if you commit to ensuring that all beds associated with all Units/Vouchers/Slots that provide Housing to homeless individuals/households will be appropriately included as part of the next HIC, which will also represent the housing inventory during the last week of January 2025.

***Tip:** This question also applies to DV and Victim Service providers since the HIC doesn't include any client-specific data and the bed inventory information of DV and Victim Service providers is required to be maintained by the HMIS Lead Agency.*

Section 9 - Increasing Access to Mainstream Benefits

If you are not proposing to provide Case Management, skip to Section 10.

For purposes of this application process, mainstream benefits include:

- CareerSource/Employment Programs/Workforce Development
- Healthcare/Medicaid/Medicare/Health Insurance/Substance Abuse Programs
- SSI/SSDI/TANF/Food Stamps/Early Childhood Education

9.1 Commitment to Incorporating Strategies for Increasing Access to Mainstream Benefit into the Project

Select “Yes” if you commit to incorporating, as an ongoing component of your Project for all clients in this Project, follow-up activities to ensure that mainstream benefits are received and renewed, including efforts to ensure that:

1. Mainstream benefits for which clients may be eligible are identified;
2. Applications for mainstream benefits are submitted as appropriate;
3. The eligibility determination process is completed and benefits are being received; and
4. Applications to ensure eligibility renewal applications are submitted whenever needed.

9.2 Current Efforts to Increase Access to Mainstream Benefits

Select “Yes” if you currently perform the activities in the previous question as part of your ongoing Case Management, Navigation or Outreach activities.

9.2a Explain “Yes” for Current Efforts to Increase Access to Mainstream Benefits

If you selected “Yes”, explain your approach to increasing access to mainstream benefits for all clients in the Project (*max 200 words*).

9.3 Facilitating Access to Mainstream Benefits as an ACCESS Community Partner

Select “Yes” if you commit to serving as an ACCESS Community Partner (“Assisted-Service Site” level) with the Florida Department of Children and Families for the purpose of facilitating enrollment in mainstream benefits accessed through the ACCESS Florida system throughout any period you receive CoC funding.

(See <http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/community-partner-network>)

9.3a If “No” selected above for ACCESS Community Partner

If you selected “No” to serving as a formal ACCESS Community Partner (question 10.3), select “Yes” to this question if you instead commit to providing all clients with the same services as those provided by as an ACCESS Community Partner (“Assisted-Service Site” level).

9.4 Facilitating Access to Transportation

Select the appropriate box based on the extent to which you will provide (or facilitate the provision of) to clients of the Project regular or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, or jobs. Transportation may include bus passes, Lyft/Uber or use of a vehicle owned by the agency.

9.5 Description of Access to Transportation

Describe your approach to facilitating access to transportation for the level of transportation access indicated above (max 100 words).

9.6 Facilitating Access to SSI and SSDI

Select “Yes” if you have an on-staff SOAR Specialist or commit to entering into a Memorandum of Understanding or agreement with a designated and available SOAR program provider to ensure that clients with disabilities can access SSI, SSDI and other publicly administered income supports.

9.7 School Liaison

Select “Yes” if your Project serves children or unaccompanied youth, and you commit to have a designated staff person whose responsibilities specifically include ensuring that children are enrolled in school and receive appropriate services as required by federal law.

Tip: Select “N/A” if your project will not serve children or unaccompanied youth.

9.8 Mainstream MOUs

Select “Yes” if you have formalized any other agreements or partnerships with entities administering mainstream benefit resources and services that will streamline and/or expedite access for Program Participants.

9.8a If "Yes" selected above for Mainstream MOUs

If you selected “Yes” to Mainstream MOUs, please list all the entities with which you have an MOUS and briefly describe the nature of those agreements or partnership (*max 100 words*). Please also attach copies clearly labeled as “Mainstream MOU – Question 10.8.

Section 10 - Program and Financial Management

ALL explanations to all questions (if required) are limited to a maximum of 75 words.

10.1 Timely Filing of APR

Select “Yes” if you have received HUD CoC Program funding for any activities at any time since January 2019 and successfully submitted your Annual Program Report (APR) timely or ensured that a timely submission could be made on your behalf.

If you selected “No” please provide a detailed explanation, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

10.2 IRS Form 990

Select “Yes” if you or your parent organization are required to file Form IRS 990 and the 990 was filed in a timely manner (including any approved extensions) for the agency fiscal year that was most recently completed prior to January 1, 2022. **Please attach and** clearly label as “Form 990 – question 11.2.”

If you selected “No” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

10.3 Repay/Return Grant Funds

Select “Yes” if you ever required to repay or return grant funds awarded from HUD (recipient or sub-recipient) at any time since January 2019.

Tip: Select “N/A” if you have not received any HUD funding since January 2019.

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

10.4 Unspent HUD Funds

Select “Yes” if you have left more than 1% of the funds from a HUD grant unspent (recipient or sub-recipient), from any expired award that was not a 1st year award, since January 2019.

Tip: Select “N/A” if you have not received any HUD funding since January 2019.

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

10.5 Outstanding HUD Obligation

Select “Yes” if you have an outstanding obligation or debt to HUD (recipient or sub-recipient) that is in arrears or for which a payment schedule has not been agreed upon.

Tip: Select “N/A” if you have not received any HUD funding.

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

10.6 Unresolved Findings

Select “Yes” if you have any unresolved HUD Monitoring and/or Office of Inspector General (OIG) Audit findings related to this or any other currently operational projects (recipient or sub-recipient) providing homelessness assistance.

Tip: Select “N/A” if you have not received any HUD funding.

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made or corrective actions taken as a result.

10.7 Most Recent Audit

Select the time period that was covered by your entity or parent entity’s most recently completed independent financial audit and management letter.

Attach a copy of the most recent audit/financial statements.

10.7a Corrective Action

Select “Yes” if the most recent audit or management letter included findings and/or call for correction action(s).

Tip: Select N/A if your entity or parent entity has not had an independent financial audit and management letter.

If you selected “Yes” please attach any action or response prepared in responses to the findings or call for corrective action(s).

10.7b Significant Non Compliance

Select “Yes” if you have been found to be in significant or continuous non-compliance with any grant agreement or had any grant agreement terminated by a funder for cause since January 2016.

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

10.8 Fair Housing Complaint

Select “Yes” if a Fair Housing complaint been made against the Applicant since January 2016.

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

Section 11 - Applicant’s Portion of the Project Budget

If you are submitting for a Renewal Project and have signed and returned the “Renewal 12 Month Budget” Form you can skip to Section 14.

Total Budget

Complete the Attached Excel Spreadsheet including all income and expenses as they pertain to your portion of the Project only.

Please note that the terms used in the instructions below have specific definitions assigned under the HUD FY 2022 NOFA and CoC Interim Rule. See also Attachment D of the Request for Applications.

Expense Categories Detail Costs

Tip: For each Expense Category you should project expenses for 12 months of the Project when it is fully operational/at capacity.

Tip: If you are not sure how to categorize your expenses, please contact HSN at application [@hsncfl.org](mailto:hsncfl.org) for assistance prior to **8/17/2025**.

11.1 Leasing Expense Category - Other Structures - Detail Costs

The information provided should only pertain to the facilities that are dedicated to the Project. More information about HUD-eligible leasing costs can be found in Attachment C of the Request for Applications and at: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/leasing/>. Costs are subject to future adjustment based on 2025 Fair Market Rent (FMR) amounts.

Tip: Leasing: Other Structures usually refers to congregate living sites. These costs have been placed at a low priority by the CoC FL-507 and are extremely unlikely to be funded through the HUD CoC Program.

Tip: The information provided should only pertain to facilities that are dedicated to the Project.

Tip: You cannot use Leasing funds to Lease a facility that your agency owns.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Leasing.

Please attach the methodology used to determine fair market rate for the structure(s) to be leased.

11.2 Leasing Expense Category - Housing Units - Detail Costs Table

Tip: Leasing: Housing Units usually refer to individual apartments or homes.

Tip: A "0 bedroom" unit is often referred to as an efficiency unit.

Tip: You cannot use Leasing funds to Lease a unit that your agency owns.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Leasing.

The information provided should only pertain to those units, vouchers, or housing slots that are dedicated to the Project. More information about HUD-eligible leasing costs can be found in Attachment D of the Request for Applications and the 2025 HUD NOFA.

Enter cost of the leasing activity associated with the Project based on the units or anticipated to be leased by the Project. Costs are subject to future adjustment based on 2025 Fair Market Rent (FMR) amounts.

Tip: The Actual Leasing Amount is a monthly figure and is usually equal to the Fair Market Rent (FMR) amount found in the column to the left of paper version Column A. Use “Projects Using FMR” if you intend to lease for FMR amount. In some cases, an agency intends to lease units at a rate less than FMR amount, and those agencies should use the table titled “Project Using Value Other Than FMR”.

Tip: The monthly Actual Leasing Amount should never be greater than the FMR.

Tip: Remember that FMR includes the cost of both rent AND utilities.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Leasing.

The Total Project Budget Amount column should equal the Number of Units column (paper version Column A) multiplied by the Actual Leasing Amount (paper version Column B).

The final, Total HUD Budget Amount column should specify only the amount of funding that is being requested in this application from HUD. It should not include match or any other cash from other sources.

11.3 Rental Assistance Costs

Tip: A “0 bedroom” unit is often referred to as an efficiency unit.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Operating.

Tip: Remember that FMR includes the cost of both rent AND utilities.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Leasing.

The information provided should only pertain to those units, vouchers, or housing slots that are dedicated to the Project. Cost out the Rental Assistance associated with the Project based on the units anticipated to be leased by the Project. More information about eligible rental assistance costs can be found in Attachment D of the RFA, the CoC Interim Rule and here: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/coc-rental-assistance/>.

Costs are subject to future adjustment based on 2025 Fair Market Rent (FMR) amounts.

Tip: The Actual Leasing Amount is a monthly figure and is usually equal to the Fair Market Rent (FMR) amount found in the column to the left of paper version Column A. Use “Projects Using FMR” if you intend to lease for FMR amount. In some cases, an agency intends to rent units at a rate less than FMR amount, and those agencies should use the table titled “Project Using Value Other Than FMR”.

Tip: The monthly Actual Leasing Amount should never be greater than the FMR.

Tip: Remember that FMR includes the cost of both rent AND utilities.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Leasing.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Operating Costs.

The Total Project Budget Amount column should equal the Number of Units column (paper version Column A) multiplied by the Actual Leasing Amount (paper version Column B)

The final, Total HUD Budget Amount column should specify only the amount of funding that is being requested in this application from HUD. It should not include match or any other cash from other sources.

11.4 Supportive Services Detail Costs Table

Tip: Select “N/A” if your Project does not include any Supportive Services costs.

List and cost of the Supportive Services you propose to provide to the Project, as described in Section 4.

Tip: The funding request should be tied to the number of staff or quantity of services you identified in Section 4. You are not asked to provide budget detail language in the Supportive Services Detail Costs Table because that language will be taken from the “Project Services Staffing Chart” and the “Additional Supportive Services Funding Request Chart” in Section 4.

Tip: Eligible types of Expenses are listed in paper version Column A.

For each line item in paper version Column B, list the total amount of Project funding you are requesting in this application. List “0” if no funds are being requested. For each line item in paper version Column C, list the total amount of funds that will be included in the Project from other sources, including match. For each line item, paper version Column D should equal the combined amounts of paper version Column B and paper version Column C.

11.5 Other Supportive Services Funding Request

Although many Supportive Services are eligible to be funded through the HUD CoC Program, HUD is first and foremost a Housing agency. As a result, the amount of HUD CoC funding made available for Services is very limited. In addition, much of this small amount available will necessarily be allocated to Street Outreach and Engagement, Housing Navigation and Housing Stability Case Management efforts to ensure that clients can choose, get and keep permanent housing.

If you are requesting HUD CoC funding for any Supportive Services in the Other Services Chart (question 4.11), please complete the Other Supportive Services Funding Request table explaining the specific types and costs of activities to be performed, amounts of funding requested, and the amounts of service to be provided. The explanations should only pertain to the Supportive Services that you will provide and that are dedicated entirely to the Project. **The amount of HUD CoC funding available for Supportive Services is expected to be minimal.**

For a complete list of Supportive Services that are eligible to be funded through the HUD CoC Program, please see Attachment D of the RFA.

Tip: \$10,000 in matching funds used to support program participants with services highlighted in yellow will increase the project’s score.

Instructions for the Other Support Services Funding Request Chart

Supportive Service Type - Activity or Item

Identify the specific service, from the eligible list in Attachment D, for which you are requesting funding. For example: Bus Passes for Local Transportation

Description

Provide details including, but not limited to, quantity, cost, and, if any staff, identify the amount of FTE. For example: .75 FTE at \$25,000 or 100 round-trip Lynx bus passes at \$2.00 each.

Tip: Your score will improve if it is clear how the services/resources will be used. For example: Bus passes for housing search and appointments.

Assisted

Provide the number of clients who will receive assistance from the funds for this support service, including all sources of funding (HUD and non-HUD).

HUD Funding Request

How much funding for this service are you requesting from HUD?

Match

Match includes all non-HUD CoC funds being used for the specific activities listed in columns (B) and (C)

Leverage

Leverage funds pay for services that support the program participants but are not eligible activities for HUD funding.

11.6 Housing Operating Costs

Tip: Operating Costs apply only to expenses related to the operations of housing units in which clients will reside. Operating Costs does not apply to general operating expenses of your agency for the Project.

The information provided should only pertain to those operating costs that are dedicated to the Project. More information about eligible operating costs can be found in Attachment D of the Request for Applications, the CoC Interim Rule, and here: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/operating-costs/>.

The Description Column (paper version Column B) should describe the costs for each line item, specifying Quantities and Details. The details must fully explain the costs listed in paper version Column C.

Example: .75 FTE maintenance services at \$X/Hour

Example: \$X monthly fee for alarm services

The Total Project Budget Amount Column (paper version Column C) should include the total Project cost for this line item, including the funds requested from HUD, match, and other cash sources.

The Total HUD Budget Amount (paper version Column D) should include only the Project costs being charged being requested from HUD for each line item.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Operating.

Tip: Over time, most agencies implementing a project with operating costs requests shifts to rental assistance.

11.7 HMIS Costs

The information provided should only pertain to those operating costs that are dedicated to the Project.

Tip: For most projects this table would only include the costs your agency incurs as part of the licensing and support charged to you by the HMIS Lead and other costs associated with your HMIS participation.

The Software Line Item should reflect your Agency's costs associated with licensing and support charged to you by the HMIS Lead.

Tip: Equipment, Service (such as internet access), Personnel, Space & Operations expenses can only reflect the cost associated with the percentage of time/expenses directly related to participation in HMIS, including data entry.

11.8 VAWA PSH Costs

This is a new expense category and HSN will provide additional information to agencies that request information for potential inclusion in their project budget.

11.9 Expenses Summary Table –

PLEASE COMPLETE Line 11.9 - Total Number of Persons Served at Full Capacity The rest of the table will auto-populate

Tip: The Income Table should reflect your 12 month budget assuming the project is at full capacity for the 12 months.

For each Expense Category (paper version Column A) of your Project, the HUD CoC Funds column (paper version Column B) should list the funds for which you are applying in this application. These amounts should all reflect the amount included in your Expense Detail Costs Tables.

Tip: The entries in paper version Column B must match the totals from the corresponding Expense Category Detail Costs table(s).

All Other Funds (cash sources only - not in-kind) (paper version column C) should list all matching funds PLUS any other funds you are committing to the Project.

Tip: The entries in paper version Column C must match the totals from the corresponding Expense Category Detail Costs table(s).

Tip: The Total column (paper version column D) should equal the combined total of the previous two columns.

Tip: Unless your application is for an exclusive HMIS project, the HMIS line item should represent only the cost for your agency to participate in HMIS, which could include payment for the licenses and support provided through the HMIS Lead for which you are billed.

Tip: The entries in paper version Column D must match the totals from the corresponding Expense Category Detail Costs table(s).

The Subtotal line should equal the combined total of Leasing, Rental Assistance, Supportive Services, Operating and HMIS costs.

For Administration costs, you may request a maximum of 3.5% of your Subtotal amount of the HUD CoC Funded column (paper version Column B).

The Total should equal the combined total of the Subtotal and Administration costs lines.

About Project Match:

Under the CoC Interim Rule, the Applicant must commit to the Project an amount equal to at least 25% of total of lines 8, 9, 10, 11 and 12 of the Expenses Summary Table to the Project (except for leasing funds – these require no match). However, the amount of match listed below may be less than that amount, if some or all of the required match amount is to be provided from in-kind sources. Your match can in any eligible line item of the project. It does not have to be for the same line for which you are requesting HUD funding.

Because HUD CoC Program funds for Services are so limited, CoC FL-507 is strongly encouraging use of match to boost the availability of Services directly to the Project (Direct Services Match.) In order to be considered Direct Services Match, the funding must be used to directly provide specific Services (Housing Navigation and/or Housing Stability Case Management services, rental application fees, utility deposits, or assistance with moving costs, unit cleaning and repairs), and must provide them only to clients you serve through the Project during the grant period.

Example: If you propose to have 1 full-time Housing Stability Case Manager serving the Project, if you ask HUD for 80% of the funding for the position but commit 20% of the funding from another non-HUD-source, that counts as Direct Services Match. (Assistance provided to other clients outside of the Project is not considered match.)

11.9 Income Table

Tip: The Income Table should reflect your 12 month budget assuming the project is at full capacity for the 12 months. You may not want to think about your first, ramp up year. Instead, think about year two when it is all at full capacity.

Line 11.9a: The amount of funding you are requesting from HUD through this application should auto-populate.

Line 11.9b: The amount of any matching funds that will be used specifically for Housing Navigator, Housing Stability Case Management, Rental Application Fees, Utility Deposits, or Moving Cost Services or Unit Cleaning &

Repairs associated with the Project should auto-populate. This amount should include only cash sources, not in-kind.

Line 11.9c: Fill in the amount of any matching funds that you had not listed in expense tables. This amount should include only cash sources, not in-kind. You are not required to list funds committed beyond the 25% match.

Line 11.9d: Identify any Program Income you will bring to the Project. Program should include program income paid to the Applicant that will be reinvested into the Project. Examples of program income include returned deposits or rent (for leasing projects) or revenue from an entrepreneurial venture. Program income is not required, and HUD regulations prohibit your agency from charging program fees for this Project. The line should only include cash, not in-kind.

Line 5: The TOTAL should equal the combined amount of lines 1 -4 and should auto-populate

11.11 Your Commitment of Matching Funds to Project

Complete the table below describing the source, date of written commitment, and value of the written commitment for each matching source for your portion of the Project.

Tip: Not all matching sources will be applicable for every Project.

Tip: Private sources includes any non-governmental match, including corporate, individual, faith based or foundation contributions.

11.12 Attach Match Documentation

Attach written documentation of the source and amount of each match commitment. The documentation should be written on letterhead stationary from the source of the match and should include the amount, the source of the funds/ contribution, the use of funds/ contribution, and the dates that the funds will be available (which should match the tentative dates of the Project grant year). The letters should be dated no later than the date of application submission. Please label as "Match Source– question 12.12", with "Source" being the name of the matching source.

11.13 Operational Project-Based Housing

You will select "Yes" if your Project includes Project Based/Site Based Housing and the proposed Housing Units are already in existence and operational (in particular, a Certificate of Occupancy been issued for all structures that contain the Units).

Select "N/A" if your Project does not include Project Based (Site Based) Housing and skip to "Indirect Cost Rates."

11.14 Restrictive Covenant

You will select "Yes" if any of the properties in this Project are subject to an active restricted covenant.

11.15 Indirect Cost Rates

You will select "Yes" if you plan to allocate funds according to an indirect cost rate.

If yes, you will be asked to submit additional supportive documentation prior to project selection.

Section 12 - Project Performance, Cost-Effectiveness, CoC Participation and Alignment with System Performance Measurement Initiatives

You will check “yes” to verify that you have read this page of instructions and are aware that administrative data, program and performance data will be used in the scoring of this Project application. If you are currently a HUD COC funded project or have a non-CoC funded project similar to the project you are applying for (example: you are applying for a RRH project and the Non-CoC project is a RRH project) that is entering all project data into HMIS then you do not complete this section.

If you are a New Project (Reallocation, DV Bonus or COC Bonus) and you DO NOT meet the criteria in the previous sentence, then complete this section (Narratives a, b and c).

NOTE: Throughout this section, if data and information are not available about the Housing and/or Services you propose to provide to the Project (for example, if this is a new Project), data and information from the most closely related Housing and/or Services activity that your agency provides may be substituted. Program data and related information available as a result of your administrative/financial/program reporting and participation in HMIS will be used to evaluate past performance as well as to generate baseline system performance data. See Attachment A-1.

If you are a New Project (Reallocation, DV Bonus or COC Bonus) and you DO NOT meet the criteria for a project with performance data in HMIS then complete this section.

- a. Discuss your Past Performance from projects you participate in regarding the HUD Performance Measures of housing stability and exits to homelessness. If you are a DV or Human Trafficking project, please include explanation of how unique factors associated with crime victims may have impacted your performance measures (*max 200 words*).
- b. Discuss your Past Performance from projects you participate in regarding the HUD Performance Measures of increased income, both earned income and unearned income. If you are a DV or Human Trafficking project, please include explanation of how unique factors associated with crime victims may have impacted your performance measures (*max 200 words*).
- c. What percent of the housing units in current projects that you participate in are currently occupied? __%
- d. Your Participation in CoC Activities, Priorities and Initiatives will in part be evaluated by meeting and training sign in sheets.). See Attachment A-1.
- e. The Cost-Effectiveness of Your Housing and Services

NOTE: Project- and Applicant-specific measures of cost-effectiveness will be calculated based on information provided in Sections 3, 4 and 13. See Attachment A-1.

Section 13 - Inclusive Structure and Participation.

You will check “Yes” or “No” to each question in this section.

Tip: If you answer “No” for any question you will be ineligible for points allocated to that question.

Section 14: Narrative, All Projects

14.1. Describe your organization’s (and sub-recipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application. Required. Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:

- (a) working with and addressing the target population(s) identified housing and supportive service needs;
- (b) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation;
- (c) identifying and securing matching funds from a variety of sources; and
- (d) managing basic organization operations including financial accounting systems.

TIP - You would want to include how many programs you have serving homeless people, how many people you serve through those programs – how much funding you’ve received from HUD, and if not HUD, from other federal sources, over X number of years. Briefly discuss partnerships with other agencies in providing services. State that you complete projects in timely manner. Name your accounting system.

14.2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds. Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase “No experience leveraging other federal, state, local, or private sector funds.”

TIP - How much money have you received from these public sources – and how much from each one (estimates/rough figures are ok) from which sources. If you’ve complied with all contracts, say that. If you’ve leveraged funds for persons experiencing homelessness, say that.

14.3 Describe your organization’s financial management structure. Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles.

TIP – how many people are on your board, how many of them have lived experience. How much experience do key leaders on the organization have. Do you have financial policies and procedures that comply with GAAP? What’s your accounting system? Have you requested reimbursements in a timely manner? Have you submitted financial reports in a timely manner? Do you compare budget to actuals?

Section 15 - New Projects: Key Information

15.1 Scalable

Select the box that best describes if, based on funding available, your portion of the Project is scalable (i.e., can your proposed activities under the Project be expanded or reduced to meet CoC priority and capacity needs)?

15.2 Project Timeline

Please use the chart to provide a Project timeline that indicates when the following key events will occur during the course of the Project’s first year (please use the words, or words with codes, instead of just the code):

- a. Hiring of staff
- b. Serving of first client
- c. Placement of first household into permanent housing
- d. Project is operating at full capacity
- e. Management plan
- f. Supervision
- g. Internal monitoring
- h. HMIS
- i. Outcomes/Performance Measures
- j. Client files
- k. Financial review

15.3 Scope of Project

Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the housing/support service needs, anticipated project outcome(s), coordination with other organization (e.g. federal, state, nonprofit), and how the CoC funds will be used. This information must align with other responses in this application. Include the number of persons and households to be served when the project is at full capacity.

Section 16 - New Projects: Narrative for Applicants Providing Supportive Services

This section is to be completed only by Applicants proposing to provide Services as part of a NEW Project.

Responses provided in this Section are in addition to and should be consistent with responses provided elsewhere in this Application.

All Projects with Services should complete questions 16.1 – 16.10

PSH projects should answer questions 16.11

SSO – Street Outreach should answer questions 16.12 – 16.14

SSO- not Street Outreach should answer 16.15

Youth Projects should answer 16.16

Domestic Violence/Human Trafficking Projects should answer 16.17-16.24

Health Care Leverage Projects should answer 16.25 and attach per 16.26

16.1 Housing Stability Case Management

Note: Housing Stability Case Management has much in common with other forms of case management, but it is a specialization with an emphasis on the stages of change and a recognition that all participants should be moved into stable housing, with the maximum level of self-sufficiency, as soon as possible.. Please review the Housing Navigation and Housing Stability Case Management Scope of Work, Attachment F to the RFA. Reference the Scope of Work in responding to the following:

Describe your perception of how individuals or households assisted through this Project may be similar or different from those with which you currently work/historically have worked, and the steps you are taking to ensure that members with the target population for this Project are served using a Housing Focus philosophy that will result in at least 50% of participants exiting to permanent housing within 24 months. Responses should include any of your previous experience working with individuals or families, how you would provide access to healthcare, public benefits (such as TANF or SNAPs) employment, and other services to assist participants to remain stably housed with maximum self-sufficiency. If the housing provided will be scattered site, you should also discuss experience and plans for identifying housing units and advocacy on behalf of clients with landlords and property managers (*max 500 words*). *Please remember to not use the name of the agency.*

Tip: Answers may emphasize how clients served through this Project may have a different previous housing status from your current projects (ex. this Project serves persons who are literally homeless but previous Projects served anyone in need) or whether clients served through this Project may have

higher/lower/same level of barriers to housing, more complex/less complex/same level service needs or other differences/similarities.

Tip: *Be sure to include information on how people are assisted to access other mainstream services, employment and education.*

16.2 Trauma Informed Care (max 200 words)

Describe how your Project delivers trauma informed services with an understanding of the vulnerability and experiences of trauma survivors, including the prevalence of physical, social and emotional impacts of trauma. How is trauma integrated into policies procedures, practices and settings? How does the Project place priority on restoring survivor's feelings of safety, choice and control if relevant?

16.3 Additional Supportive Services: Description

Housing Focused Projects will not succeed without case management. Additional Supportive Services are often needed to ensure Project performance.

Describe the non-case management, non-outreach services the Applicant proposes to provide/ensure provision. (max 2000 characters) Please remember to not use the name of the agency.

Tip: *Projects that will include flexible funding, provided by the applicant, to pay for things that are not eligible with HUD funding, or are not adequately represented in the project budget, will receive more points. (ex. Deposits, furniture, utility payments, transportation assistance)*

Tip: *A Support Services Only application could include SOAR Specialists, LCSW/RN, and Peer Support Specialists. However, current regulations suggest those SSO projects can only serve persons who have moved into TH or PSH for up to 6 months.*

16.4 Additional Supportive Services: Housing Stability and Retention

Describe how the additional services described in 16.3 will help promote housing stability and retention on the part of Program Participants. (max 500 words) Please remember to not use the name of the agency.

16.5 Engagement

How will your project engage participants into services? What techniques will staff use to encourage participants to engage in a variety of services aimed at supporting future permanent housing and self sufficiency? How will staff encourage participants who are initially resistant to one or more services?

16.6 Partner Agencies

If your project will partner/coordinate with other agencies/organization to provide additional expertise, please explain how. Include your experience working with this partner, a description of their role in the success of the project and the households served?

16.7 CoC Funds

For what services will CoC funds used?

16.8 Non-funded Services

Are there services provided for which CoC funds will not be used? Please describe

16.9 Challenges to Permanent Housing

Describe how your project will assist participants to overcome challenges to permanent housing. Include barriers such as eviction and criminal histories, location of housing options and other locations important to the participant (job, education, church, family, services, etc.), .

16.10 Employment Income

How will your project assist program participants to obtain and maintain increasing employment income for at least 50% of your project graduates and that will lead to successful exits from homelessness (e.g. local employment programs, job training opportunities, educational opportunities)? PSH projects should address efforts to assist with part-time employment or supported-employment.

16.11 Services for PSH Target Population

How will your services assist PSH participants who will exclusively be persons who are 62 years or older and/or have a physical disability/impairment and/or intellectual disability/impairment? How is the project designed to specifically meet the needs of this target population? How will you engage participants into services that result in the maximum amount of self-sufficiency and/or independence?

Street Outreach Projects

16.12 Outreach Strategy

How will your outreach be conducted, including how often street outreach will be conducted, where street outreach will be conducted and proposed staffing pattern?

16.13 Outreach Coordination

How will you participate in all CoC Street Outreach coordination efforts, including mapping?

16.14 First Responder Coordination

What is your experience in partnering with law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. Include description of how the Outreach team does not interfere or impede law enforcement to enforce local laws including public camping and public drug use laws.?

Answer for this question may be skipped if agency submits signed attestation from first responders.

Supportive Services – Not Street Outreach Projects

16.15 Project Necessity and Annual Assessments

Why is this project necessary to assist people, especially those experiencing unsheltered homelessness, in exiting homelessness and increasing self-sufficiency and how will your agency conduct an annual assessment of the services needs of all program participants?

16.16 Eligible and Unsheltered Plan

How will the project engage eligible participants including unsheltered persons who do not traditionally engage with supportive services (max 500 words)

Youth Projects

16.17 Youth Project Narratives

How will your project specialized services targeting and /or incorporate any of the following: human trafficking, LGBTQ Youth, Family Reunification, Positive Youth Development, Trauma Informed Care; Use of Risk and Protective Factors (*max 500 words*).

Please remember to not use the name of the agency.

Domestic Violence/Victim Services Narratives

16.19 Target Population Previous Experience

Describe your Agency's experience serving survivors of domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes (*max 500 words*).

16.20 Prioritization

Describe your Agency's experience in prioritizing survivors (Coordinated Entry, prioritization list, emergency transfers, etc) (max 300 words)

16.21 Support Services

Describe how your Agency determines what supportive services are needed

16.22 Services Provision

How does your agency connect survivors to supportive services, including mainstream benefits, health resources and employment (include specific examples)

16.23 –Long Term Housing Stability

How has your agency moved program participants from assisted housing to housing they could sustain – address housing stability after the housing subsidies end.

16.24 Trauma Informed, Victim-Centered Approach

Describe your Agency's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV/HT survivors.

16.25 Comparable Data Base

Describe your Agency's Comparable Data Base including the name of the vendor and how long your agency has used this vendor (max 300 words)

Health Care Leverage

16.26 Medically Needy Participants

Describe how health care services will be provided to medically needy persons selected for this project using private and public healthcare agencies.

16.27 Written Commitment

Attach a written commitment from a health care organization with the value of the commitment and the date(s) healthcare resources will be provided. Please label is "health care commitment – question 16.26"

Section 17 - New Projects: Narrative for Applicants Providing Housing

This section is to be completed only by Applicants proposing to provide Housing as part of a NEW Project. Applicants submitting as part of a renewal Project should SKIP this section, as should Applicants proposing to provide Supportive Services only as part of a new Project.

Project Scope

Provide an overview of the entire scope of the Housing Project, including but not necessarily limited to, descriptions of:

17.1 The number, type (i.e., Permanent Supportive Housing, Rapid ReHousing, and configuration (i.e., scattered site, site based, facility based) of the units in which Program Participants are to be Housed;

17.2 The type and amount of the HUD subsidy to be made available to the Project (tenant-based, project-based or sponsor-based rental assistance, leasing funds, operating subsidies);

17.3 The nature of the relationships among and responsibilities of the Applicant, landlords, intermediaries and tenants (i.e., how are the partners connected to each other, who is responsible for what);

17.4 The sources of and process for assuring the coordination of Supportive Services and other resources prior before, during and after housing placement; (i.e., case management is assigned by CES or is linked to the Project; who is providing non-case management services; If the Project is site based, how will clients continue to receive case management services if they are evicted from the site-based units); and

17.5 The identifiable and applicable steps in the housing placement process, from identification or assignment of individuals/households to identification and selection of housing units to lease execution and move-in to the implementation of housing retention and stabilization strategies (*max 750 words*).

Please remember to not use the name of the agency.

17.6 Project Based Housing – In Development

If the housing (all of the units or any part of the total units) for the new project you are submitting for is project-based (single site) and still in development (has not received a Certificate of Occupancy), the project must be completed by November 2025 In addition, you will need to submit the following additional documentation (as an attachment).

Documentation from all investors stating when the development is expected to complete construction (e.g., fully-executed and recorded - if applicable - Construction Loan Agreement and/or Amended and Restated Operating Agreement with tax credit investor/syndicator), fully-executed and recorded Notice of Commencement, and a copy of the completion schedule/date included with the general contractor's agreement.

17.7 Regional Needs

The Central Florida region currently faces gaps in housing capacity in several key areas. Select the box(es) associated with any specific Housing capacity your Project will provide.

Tip: Select N/A if your Project is a housing project but does not meet any of the specific needs/categories on the Regional Needs list.

17.8 Projects Seeking Funding for the Permanent Housing and Healthcare Project

To get full points for the application the Applicant must attach documentation that the project utilizes housing subsidies or subsidized units not funded by COC or ESG funds. In the case of a permanent supportive housing project, provide at least 25 percent of the units included in the project; or (ii) in the case of a rapid re-housing project, serve at least 25 percent of the program participants anticipated to be served by the project.

Describe how you will partner closely with Public Housing Agencies and state and local housing organizations to utilize coordinated entry, develop housing units, and provide housing subsidies to people experiencing homelessness. (max 300 words)

17.9 - Attach documentation that the project utilizes housing subsidies or subsidized units not funded by COC or ESG funds. Please label the attachment “housing subsidy commitment – question 17.8”

Section 18 – Faith-Based Applications

FL-507 currently has multiple faith-based CoC funded partners and welcomes the opportunity to partner with more faith-based agencies. At this time, the CoC believes that certain Federal legislation still applies to the use of HUD CoC funds and agencies provided faith-based services. To that end, the CoC wants to ensure transparency in what is known about prohibitions for use of public funds in faith-based services. Should HUD publish additional guidance on the CoC’s work with CoC funded faith-based partners, the CoC will notify partners and make adjustments as appropriate.

18.1 Is your agency a faith-based organization.

If no, the applicant does not need to continue with this section.

18.2 Will your agency require participation in faith-based activities for program participants served using CoC Funds?

At this time, requiring participation in faith-based activities are not likely to be allowable for participants funded with CoC funds.

19.3 Will your agency use CoC funds to pay for any faith-based activities?

At this time, CoC funds likely cannot be used to pay for faith-based activities.