



CT-503 CoC FY 2023 New Project Preliminary Application

**PRELIMINARY APPLICATION DUE
BY 5:00 PM ON MONDAY, AUGUST 25, 2023**

Instructions: Applicants for new project funding available through the FY2023 CoC Program Competition, including CoC Bonus, reallocation, and DV Bonus funds should use this application form. 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 for reference.

I. GENERAL INFORMATION

A. Applicant Information

Applicant (Agency) Legal Name:

Type of Agency: Choose an item.

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

Agency Address:

Street: Click or tap here to enter text.

City: Click or tap here to enter text. **Zip Code:** 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.

B. General Project Information

Project Type applying for (DV Bonus applicants may only apply for RRH, TH-RRH, and SSO-CE project types):

Response: Choose an item.

Is this an application for DV Bonus funds? Yes No

Is this an expansion of an existing CoC-funded project operating in the CT-503 CoC? Choose an item.

If YES, please enter the six-digit PIN for the project (for ex., CT0000): Click or tap here to enter text.

If your agency is interested in participating in the project being proposed but is unsure of taking on the role of a CoC Program project recipient, the CoC may be able to help facilitate a project application where another agency is the recipient (State of CT Dept. of Housing for PH-RRH projects, State of CT Dept. of Mental Health and Addiction Services for PH-PSH projects) and your agency is a subrecipient. **Is your agency interested in applying for this project as a recipient only or would your agency prefer to be a subrecipient only?**

Response: Choose an item.

Geography you propose to serve (select all that apply):

- Greater Bridgeport Greater Norwalk Stamford-Greenwich Greater Danbury

Please indicate which subpopulation(s) this project will serve (select all that apply):

- Project serves all subpopulations Veterans Youth (under 25) Families
 Domestic Violence Substance Use Mental Illness HIV/AIDS Chronic Homelessness
 Other: [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

Resource Allocation Table:

Expansion Applicants: Complete All Fields. **Non-Expansion Applicants:** Complete “Requesting” and “Total” Columns Only

Project Resources	Current	Requesting	Total
# of people to be served/year	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
# of households to be served/year	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
# of permanent housing units needed/year (if SSO-CE, write N/A)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
# of Full-Time Equivalent (FTE) case manager(s) assigned	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Case Manager: Household Ratio	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Budget	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

PROJECT APPLICATION

A. Applicant Experience & Capacity

PSH/RRH/TH-RRH: Up to 23 points; DV SSO-CE: Up to 21 points; Non-DV SSO-CE: Up to 18 points

1. Has the applicant previously administered this Project Type?

- Yes No

a. If yes, please describe the agency’s experience doing so and prior successes. Please be sure to

address prior experience with rapidly rehousing households/quickly moving households into permanent housing. DV Bonus project applicants should specifically describe prior experience in rapidly rehousing or quickly housing survivors of domestic violence, dating violence, sexual assault, or stalking who qualify under the definition of homeless.

OR

If no, explain why your agency believes it can operate/administer this type of project. Please be sure to address prior experience with rapidly rehousing households/quickly moving households into permanent housing. For additional points, provide a letter of support from an agency/organization with experience administering this project type.

OR

If N/A, please briefly explain why this is not applicable

Click or tap here to enter text.

2. Has the applicant previously administered programming for the indicated targeted household composition types?

Yes No N/A

a. 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, for additional points, provide a letter of support from an agency/organization with experience serving such household compositions.

OR

If N/A, please briefly explain why this is not applicable.

Click or tap here to enter text.

3. Has the applicant previously administered programming for any of the indicated targeted subpopulations?

Yes No N/A

a. If yes, explain the applicant's experience in doing so. DV Bonus project applicants should specifically describe prior experience in administering programming for survivors of domestic violence, dating violence, sexual assault, or stalking who qualify under the definition of homeless.

OR

If no, explain how services will be tailored to address specific needs and, for additional points, 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.

4. (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.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

7. **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.

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

Yes No

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

9. (e-snaps screen 2B1) **In addition to anything previously mentioned, provide the applicant’s experience with using federal funds and performing the proposed activities and describe your plan for meeting all contractual obligations.** 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.
- Describe your experience in meeting contractual obligations (project startup, invoicing, filling vacancies, etc.) for other grants or projects.
- Describe your agency’s plan for meeting contractual obligations for this project, particularly as it relates to project start up and the hiring of qualified staff.
- 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. (See new project RFP for chronic homeless definition.)

Click or tap here to enter text.

B. Past Performance

PSH/RRH/TH-RRH: Up to 12 points; SSO-CE: Up to 7 points

This section is to be completed by all applicants. If your agency does not currently receive CoC funding, you are asked to provide information related to any programs your agency is

currently operating or has operated in the recent past that are similar to the project for which your agency is requesting funds.

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

Yes, CoC only Yes, ESG only Yes, ESG & CoC No, neither N/A

a. If YES, what project types did you receive funding for in the last three years?

CoC: Permanent Supportive Housing Rapid Re-Housing
 Transitional Housing SSO-CE HMIS

ESG/ESG-CV: Street Outreach Emergency Shelter Homeless Prevention
 Rapid Re-Housing

b. If NO, has your agency received funds from another program to operate/administer a program/project similar (in program model, housing model, (sub)population served, services provided, etc.) to the one which your agency is proposing in this application?

Yes No

i. If YES, please briefly describe. Include information related to the funder, program model, housing model, (sub)population served, services provided, etc.:

Click or tap here to enter text.

11. Has a CoC or ESG funder or the funder of a program similar to the one you are proposing ever implemented a Quality Improvement Plan or corrective action with the applicant?

Yes No

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

Click or tap here to enter text.

12. Has your agency ever underspent an CoC-, ESG-, or ESG-CV-funded contract or underspent funds provided to your agency for a program similar to the one you are proposing?

Yes No N/A

If YES, please answer the following:

a. For which projects:

Click or tap here to enter text.

b. When:

Click or tap here to enter text.

c. How much was returned and what percent that was of the total budget:

Click or tap here to enter text.

d. The reason(s) why funds went unspent:

Click or tap here to enter text.

13. To be completed only by agencies who are recipients or subrecipients of CoC-Funded Projects: New project pre-application reviewers will be provided with performance outcomes using data from FY2022 and FY2023 renewal evaluation/scoring, or recent quarterly monitoring reports if 2023 renewal evaluation and scoring has not yet been completed, for each of the applicant's current CoC-funded programs. Such data will be considered in their review/scoring for this section.

a. Please list the CoC-funded projects in which your agency participates as either a recipient or subrecipient:

- i. **Recipient:** Click or tap here to enter text.
- ii. **Subrecipient:** Click or tap here to enter text.

b. (N/A for SSO-CE) If there are any extenuating circumstances contributing toward one or more of your agency's projects scoring in the bottom 20% of renewal projects in either/both 2022 or 2023, explain below and describe any strategies implemented by your agency to address underperformance. (Agency should review 2022 and 2023 Quarterly Monitoring outcomes if FY23 CoC Renewal Scoring is not yet available. If 2023 Quarterly Monitoring report(s) for existing CoC project(s) shows a project failed to meet outcome benchmarks for 3+ criteria, please provide a response.)

Click or tap here to enter text.

c. Please describe steps your agency has taken to consistently monitor and improve project outcomes for your CoC-funded projects over the last 3 years.

Click or tap here to enter text.

14. To be completed only by agencies who are NOT recipients or subrecipients of CoC-Funded Projects (includes those receiving ESG and/or ESG-CV and not CoC funds): Reviewers will consider performance outcomes from other similar programs that your agency is operating. Please review the questions below and provide the information requested as part of your application. We understand that your agency may not be able to provide data on all of the requested measures – please work to provide as much of the requested information or something comparable as possible.

a. (N/A for SSO-CE) If YES to 10b above, please attach a data report or other information showing aggregated data on program performance and participant outcomes. Preferably the data provided will cover a one-year period going back no later than 01/01/2022 – if this is not possible, please provide what you have. Do NOT provide data or information on specific clients. Ideally, your agency should provide outcomes related to:

- i. Number of unique households and people served over a one-year period
- ii. If you are proposing to serve specific subpopulations, please indicate the number of unique households and people in those subpopulations served over a one-year period
- iii. Data quality, accuracy, and timeliness related to the program data
- iv. Percent of households who obtain, exit to, and/or retain permanent housing
- v. If RRR or TH programs: Average days in program (by household or participant) and/or percent of participants/households who exit in 365 days or less

- vi. Percent of adult participants who maintain or increase income, including income from employment and non-employment sources
 - vii. Percent of adult participants who are connected to 1+ source(s) of mainstream benefits
 - viii. Percent of participants who are connected to 1+ source(s) of health insurance
 - ix. Any other notable outcomes you would like to include
- b. (N/A for SSO-CE) If there are any extenuating circumstances contributing toward your agency's projects/programs underperforming or not meeting funder or agency expectations, explain below and describe any strategies implemented by your agency to address underperformance:**
Click or tap here to enter text.
- c. Please describe steps your agency has taken over the last 3 years to consistently monitor and improve project outcomes for the non-CoC-funded programs/projects that are similar to the one for which your agency is applying:**
Click or tap here to enter text.

C. Scope & Need
PSH/RRH/TH-RRH: Up to 16 points; SSO-CE: Up to 14 points

- 15. (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:**
- a. Identify and describe the unmet need or gap in housing and/or services that this new project will fill.** Where appropriate, 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.
 - b. The reason why CoC Program support is required and how the CoC Program funding will be used.**
 - c. If PSH, RRH, or TH-RRH:**
 - i. 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.
 - ii. 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.
 - iii. 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.
 - iv. 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.

- v. **If proposing a scattered site Rental Assistance or Leasing Program, how the housing search and location services be provided.**
 - vi. **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 identify and meet the specific housing and supportive service needs of those fleeing DV.
- d. **If DV Bonus SSO-CE:**
- i. **Describe the project plan** for addressing coordinated entry needs.
 - ii. **If this project will expand** an existing DV Bonus SSO-CE project, describe how this project will increase the capacity of the existing project to the benefit of DV survivors being served by the CoC.
- e. **Projected project outcomes.** Please describe the specific outcomes your agency will track to assess the effectiveness of the project and your agency’s expected performance goals related to those outcomes.

*If this is an expansion or transition grant, justify the need for the expansion or transition, respectively. (see RFP for expansion and transition 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.

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 ensure all of the elements requested are addressed.

Click or tap here to enter text.

D. Budget Details
Up to 6 points

16. (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
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.
VAWA Costs	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.

17. If your agency requested funds in the VAWA Costs Budget Line Item (BLI), please explain why these funds are needed and the basis for the amount of funds requested:

Click or tap here to enter text.

18. (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.

19. Please provide and explain your agency’s expected case management pay rate for this position, based on 1 FTE. Please also describe the other direct costs related to the case management position. Be specific– for example, provide a breakdown of any costs that your agency considers “overhead”, provide costs related to supervision/management, fringe benefits, etc.

Click or tap here to enter text.

20. 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.

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

Yes No

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

Click or tap here to enter text.

23. (e-snaps screen 6I) Match: HUD requires a 25% Match of the requested funds less any Leasing costs. Please provide the information requested below regarding Match. (See RFP for more details on Match requirements.)

a. In the table below, 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 agency letterhead, and attached to the application.

b. Using your completed Excel Budget workbook provided, enter 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.

- c. **What is the total of all matching sources your agency has committed to providing?:** Click or tap here to enter text.
- d. **If the amount entered in your response to 22c is less the amount entered for 22b, please explain:** Click or tap here to enter text.

24. 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.

E. Housing First & Low Barrier Access

Up to 6 points

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

Operating projects using a housing first approach with low-barrier access is an expectation of the ODFC/CT-503 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 for FY23:

- 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

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

Yes No

a. **If YES, provide specific examples of how the applicant currently integrates a Housing First philosophy into its programming AND explain what being "Housing First" means to your organization.**

OR

If NO, explain why not.

Click or tap here to enter text.

26. 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

a. If YES, explain how the project will move households quickly into permanent housing AND 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.

F. Housing Case Management PSH/RRH/TH-RRH: Up to 16 points; SSO-CE: N/A

This section should only be completed for applications for PSH, RRH, and TH-RRH projects.

27. Providers are expected to implement and deliver services under a **Progressive Engagement strategy** to help households end their homelessness as rapidly as possible despite barriers, with minimal financial and support resources. **Does your agency agree to implement services under a Progressive Engagement strategy for this project?**

Yes No

28. Case management services for this project will be delivered under a **Critical Time Intervention (CTI) approach**. **Does your agency agree to deliver services under a CTI approach for this project?**

Yes No

29. (e-snaps screen 4A1) **Provide a description of how participants will be assisted to quickly obtain and remain in permanent housing so that they do not return to homelessness.**

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.

- 30. (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.

Click or tap here to enter text.

- 31. What is the applicant's anticipated housing case manager: household ratio at a single point in time?**

Click or tap here to enter text.

- 32. How will the applicant ensure that this project provides client-centered services?** Please reference any policies, training, relevant experience, etc.

Click or tap here to enter text.

- 33. Will the applicant commit to providing culturally aware services?** 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.

Yes No

- a. If YES, explain how the applicant will provide culturally aware services.** Please reference any policies, training, relevant experience, etc.

G. Landlord Relationships

PSH/RRH/TH-RRH: Up to 6 points; SSO-CE: N/A

This section should ONLY be completed by applicants proposing PSH, RRH, or TH-RRH project applicants who will not be providing housing in a single structure. Although this section is scored, other projects will not be adversely affected.

- 34. (e-snaps screens 4B1) If your proposal includes the use of scattered-site housing, does your agency have relationships with landlords who would participate in the program?**

Yes No N/A

- 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.

OR

If N/A, explain why this does not apply to this proposal.

Click or tap here to enter text.

H. Resource Linkages

PSH/RRH/TH-RRH: Up to 6 points; SSO-CE: N/A

This section should ONLY be completed by applicants proposing PSH, RRH, or TH-RRH projects.

35. (e-snaps screens 4A4-4A6a) Indicate if the project will assist participants with Mainstream Benefits in the following ways (check all that apply):

- 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

36. Describe how participants will be assisted to increase their earned and/or non-employment incomes.

Click or tap here to enter text.

37. (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, educational and employment programs for which program participants may be eligible?

Click or tap here to enter text.

I. SSO for COORDINATED ENTRY ONLY

PSH/RRH/TH-RRH: N/A; SSO-CE: Up to 20 points

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

38. (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 N/A

a. If YES, explain how the funding will be used to address this requirement.

OR

If NO, explain how this requirement is/will be met.

OR

If N/A, explain why this does not apply to this proposal.

Click or tap here to enter text.

39. (e-snaps Screen 3B4) Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance and being served by the proposed project?

Yes No N/A

a. If YES, explain how the funding will be used to address this requirement.

OR

If NO, explain how this requirement is/will be met.

OR

If N/A, explain why this does not apply to this proposal.

[Click or tap here to enter text.](#)

40. (e-snaps Screen 3B4) Describe the advertisement/marketing strategy for the coordinated entry process to be funded by this proposal and how it is designed to reach those with the highest barriers to accessing assistance.

[Click or tap here to enter text.](#)

41. (e-snaps Screen 3B4) Does the coordinated entry process to be funded by this proposal use a comprehensive, standardized assessment process?

Yes No N/A

a. If YES, explain how the funding will be used to address this requirement.

OR

If NO, explain how this requirement is/will be met.

OR

If N/A, explain why this does not apply to this proposal.

[Click or tap here to enter text.](#)

42. (e-snaps Screen 3B4) Describe whether any part of the referral process will be funded through this proposal, and, if so, how the coordinated entry processes funded through this proposal will ensure program participants are directed to appropriate housing and services.

[Click or tap here to enter text.](#)

43. (e-snaps Screen 3B4) Will this coordinated entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to program participants for which they may be eligible?

Yes No N/A

a. If YES, explain how the funding will be used to address this requirement.

OR

If NO, explain how this requirement is/will be met.

OR

If N/A, explain why this does not apply to this proposal.

[Click or tap here to enter text.](#)

J. Collaboration with People with Lived Experience

Up to 4 Points

44. Does your agency currently have anyone with lived experience of homelessness (or, for DV Bonus applicants, survivors with lived experience) on the agency's Board or an equivalent policy making entity?

Yes No

- a. **If YES, please describe and attach related documentation.**

OR

If NO, explain how this HUD CoC Program requirement is/will be met.

Click or tap here to enter text.

45. **Please describe your agency's plan for involving people with lived experience of homelessness (or, for DV Bonus applicants, survivors with lived experience) in policy and program development throughout the proposed project's operation.**

Click or tap here to enter text.

K. Advancing Race Equity

Up to 5 Points

46. **For your agency's client-serving programs/project(s), please describe:**

- a. **Steps your agency has taken to identify barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population.**
- b. **Whether any barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, were identified by your agency and for which programs/projects.**
- c. **When (approximate month and year) any barriers were identified.**
- d. **How often your agency takes steps to identify barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population.**

Click or tap here to enter text.

47. **For your agency's client-serving programs/project(s), please describe:**

- a. **If your agency identified barriers:**
 - i. **Steps your agency has taken or will take to eliminate/address the identified barriers faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population.**
 - ii. **How your agency identified the steps it has taken or will take.**
 - iii. **For which programs/projects the steps were or will be taken.**
 - iv. **When (approximate month and year) these steps were or will be taken.**

OR

- b. **If your agency did NOT identify any barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the agency's client-serving programs/project(s), please describe the processes in place to review for barriers regularly and to ensure that any barriers that arise are identified and appropriately addressed.**

Click or tap here to enter text.

48. Please share any work your agency is doing to advance racial equity in alignment with the CoC's Advancing Race Equity statement (<https://www.openingdoorsfc.org/odfc-advancing-race-equity>):
Click or tap here to enter text.

L. Leveraging Housing &/or Healthcare Resources Worth up to 10 Bonus Points

49. As described in the RFP, there are bonus points available under this opportunity for new PSH 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.
 - Required commitments to be eligible for bonus points:
 - In the case of a **PSH project**, at least 25% of the units included in the project must be subsidized in this way
 - In the case of a **RRH project or the RRH portion of a Joint TH-RRH project**, at least 25% of the program participants anticipated to be served by the project must be subsidized in this way.
 - Applicants must provide CoCs with letters of commitment, contracts, or other formal written documents that demonstrate the number of subsidies or units being provided to support the project. These commitments will be attached to the CoC application.

Do you anticipate being able to provide a commitment to leverage housing subsidies or subsidized housing units?

Yes No N/A

- a. If yes, explain/describe:
- i. the type of housing subsidy to be provided,
 - ii. how many individuals or units will be leveraged,
 - iii. the existing relationships which would promote such leveraging, and
 - iv. any applicable documentation attached.

Click or tap here to enter text.

50. There are bonus points available under this opportunity for new PSH 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 qualify 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.
- Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the health care service provider.
- 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 provide a commitment to leverage healthcare resources? Note that applicants for the subcontracted service provider positions are not asked to provide the full 25%.

Yes No N/A

b. If yes, explain/describe:

- i. your agency’s general plan for implementation,
- ii. the existing relationships which would promote such coordination, and
- iii. any applicable documentation attached.

Click or tap here to enter text.

**M. DV BONUS PROJECT APPLICANTS ONLY:
ACKNOWLEDGEMENT OF COC APPLICATION REQUIREMENTS IF SELECTED
Threshold for DV Bonus Applicants**

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.

N. CERTIFICATIONS

Threshold

The 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.

- 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.
- FC Coordinated Access Network (FC CAN):** By checking the box to the left, the signatory named below certifies that the project will participate in the FC CAN, meaning that the funded agency must notify the CAN of all openings and fill those openings with participants referred from FC CAN.
- 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.
- 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](#), Section 504 of the [Rehabilitation Act](#), Title VI of the [Civil Rights Act](#), Titles II & III of the [Americans with Disabilities Act](#), HUD's [Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity](#) (2012 Equal Access Rule), and HUD's [Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs](#). Additionally, many local municipalities have relevant anti-discrimination ordinances by which to abide.
- 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.

Written Standards: By checking the box to the left, the signatory named below certifies that the project will operate within the allowable confines of [ODFC's Operating Guidelines](#) and [Fairfield County CAN / Opening Doors of Fairfield County Housing System Operations Manual Principles, Policies and Procedures](#).

Mainstream Resources: By checking the box to the left, the signatory named below certifies that the applicant 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 Supportive Housing Works, Nutmeg, and FC CAN.

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.

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.

CoC Participation: By checking the box to the left, the signatory named below certifies that the applicant will participate in ODFC and FC CAN meetings and required trainings sponsored by the CoC.

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 CT-503 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

