Eastern PA CoC FY26 New PSH Project Application

Survey Instructions & Guidance
NOTE: This Word version is provided for reference. **Please download this version in order to make edits/ build your application locally before submitting to the Alchemer survey.**

The application must be submitted online at https://survey.alchemer.com/s3/8923706/Eastern-PA-CoC-FY26-New-PSH-Project-Application

Eastern PA CoC FY2026 New Permanent Supportive Housing Project Application Instructions:

- Please complete all required questions within this survey to be considered for New project funding through the FY2026 CoC funding process of the Eastern PA CoC (PA-509).
- ***NOTE: This application is only for New Permanent Supportive Housing (PSH). If you are pursuing a PSH expansion or another project type, please return to the CoC website to find the appropriate application.***
- All applications must be submitted via Alchemer no later than 5:00pm EST on Friday, July 31, 2026.
- Please carefully read the CoC's FY26 New PSH Project RFP before completing this survey. The RFP can be found on the CoC website.
- You may click "Save and Continue" in the upper right-hand corner at any time to save your responses and return to complete at a later time- a link will be emailed to you to return to your responses. If you do not receive an email with link, email westerncoc@pennsylvaniacoc.org. HOWEVER, we highly recommend that you work on a hard copy of your responses first prior to entering your responses in Alchemer -- in case of a technical issue we do not want you to lose your work. A link to a hard copy of the application can be found below and in the RFP.
- Upon submission, a copy of your responses will be emailed to you for your records.
- **If I have questions about this application, who should I contact?** Send an e-mail to easterncoc@pennsylvaniacoc.org with the Subject Line "Question about New PSH Project RFP" and the CoC will get back to you as quickly as possible.

GENERAL INFO:

- **ONLY ONE NEW PROJECT APPLICATION CAN BE SUBMITTED IN EACH SURVEY.** If you plan to submit multiple new project applications, you will need to complete a survey for each separate New Project Application.

- All New PSH Project Applicants are encouraged to carefully review the FY26 New Project Scoring Tool, which will be used to evaluate and score all New Project Applications.

Resources that you may wish to access as you are completing project applications:

- Continuum of Care regulations at 24 CFR Part 578, Subpart D – Program Components & Eligible Costs
- HUD Exchange CoC and ESG Virtual Binders
- HUD CoC Program webpage - Click on FY202 Continuum of Care Competition to review all resources for this competition. This is where the Detailed Instructions and Navigational Guides should be posted once HUD makes them available.
- HUD Exchange e-snaps webpage
    - If you are new to e-snaps, we suggest reviewing the e-snaps 101 Toolkit and e-snaps 201 Toolkit
    - Please be advised that Detailed Instructions and Navigational Guides posted on HUD Exchange may be dated. Be sure to check the HUD CoC Program webpage for the most up-to-date materials.
- New Project Budget Tool, this tool can be used to help develop a project budget outside of the e-snaps application, and is also a required attachment.
- Word version of this Alchemer Survey. Please note that the survey hides/displays questions based on the type of application you are submitting. This logic is noted in the Word document.

APPLICATION
A. APPLICANT INFORMATION
A1. Agency Name* _____
A2. Primary Contact Person*

_____
A3. Primary Contact Phone Number*

_____
A4. Primary Contact Email Address

_____
*This person will receive an automated email confirmation upon submission of this application.**
A5. Alternate Contact Person

_____
A6. Alternate Contact Phone Number

_____

A7. Alternate Contact Email Address

_____

A8. Applicant Type:*

( ) Non-profit organization

( ) State or local government

( ) Instrumentality of local government

( ) Public Housing Authority

( ) Other - Write In: _____

A8.1. Please provide proof of your 501c3 status.

Use the "Browse" button below to upload your file. Please use the following naming convention for the file: "NP_OrganizationName_ProjectName_501c3".

A9. Does your organization have a Unique Entity ID (UEI)?*

( ) Yes

( ) No

A9.1. If YES, please provide your UEI.

_____

A10. Does your organization have an active System for Award Management (SAM) registration?*

( ) Yes

( ) No, but currently in the process of renewing registration

( ) No, initial registration request in progress

( ) No, had prior registration, but not currently active

( ) No, never previously registered or in the registration process

A11. Will this project have any subrecipient(s)?*

( ) Yes

( ) No

A11.1. If YES, specify the subrecipient, whether they are an eligible applicant, and describe their role on the project.

Please limit the response to no more than 500 characters.

A12. Does your agency *currently* receive CoC Program funds for projects operating in the Eastern PA CoC's geographic area?*

( ) No

( ) Yes, as a recipient

( ) Yes, as a recipient and as a subrecipient/subcontractor

( ) Yes, as a subrecipient/subcontractor only

( ) Other - Write In: _____

A13. What is your current relationship with the Eastern PA CoC? Please check any of the following ways you participate in the CoC:*

[ ] Member of the Eastern PA CoC/ Eastern PA Coalition for Housing

[ ] Refer clients you serve to the Coordinated Entry System

[ ] Attend CoC meetings

[ ] Participate on a Committee/Sub-Committee/RHAB. Which::

_____

[ ] Provide data for the annual Point-In-Time (PIT) Count

[ ] Other. Please describe::

_____

A14. What counties of the CoC does your organization currently serves? (Check all that apply)*

[ ] Adams

[ ] Bedford

[ ] Blair

[ ] Bradford

[ ] Cambria

[ ] Carbon

[ ] Centre

[ ] Clinton

[ ] Columbia

[ ] Cumberland

[ ] Franklin

[ ] Fulton

[ ] Huntingdon

[ ] Juniata

[ ] Lebanon

[ ] Lehigh

[ ] Lycoming

[ ] Mifflin

[ ] Monroe

[ ] Montour

[ ] Northampton

[ ] Northumberland

[ ] Perry

[ ] Pike

[ ] Schuylkill

[ ] Snyder

[ ] Somerset

[ ] Sullivan

[ ] Susquehanna

[ ] Tioga

[ ] Union

[ ] Wayne

[ ] Wyoming

A15. Is your organization a Victim Service Provider (VSP)?*

( ) Yes

( ) No

B. PROJECT SCOPE AND NEED

B1. Name of the proposed Permanent Supportive Housing project*_____

B.2. Project Scope Narrative

Describe the proposed project in detail, including the target population, project model, service area, major activities, staffing plan, anticipated project outcome(s), and how participants will move through the project form intake to exit.

The information in this description must align with the information entered in other screens of this application.

Project applicants serving specific subpopulations (e.g. Category 4 eligible, youth, older adults, individuals with substance use disorder, etc.) must address how the project will serve the specific needs of the target population.

If units/services will be funded from other sources, the description must include information as to where the funds will come from, and if provided by a separate organization, provide organizational information and source funding for these

units/services, including the number of units/households/people supported.

Please limit responses to no more than 3,000 characters (this is the expected limit in e-snaps) and reference other sections of the application, if needed, to save space. *

B.3. Which counties will the proposed project cover? ***Check all that apply****

[ ] Adams

[ ] Bedford

[ ] Blair

[ ] Bradford

[ ] Cambria

[ ] Carbon

[ ] Centre

[ ] Clinton

[ ] Columbia

[ ] Cumberland

[ ] Franklin

[ ] Fulton

[ ] Huntingdon

[ ] Juniata

[ ] Lebanon

[ ] Lehigh

[ ] Lycoming

[ ] Mifflin

[ ] Monroe

[ ] Montour

[ ] Northampton

[ ] Northumberland

[ ] Perry

[ ] Pike

[ ] Schuylkill

[ ] Snyder

[ ] Somerset

[ ] Sullivan

[ ] Susquehanna

[ ] Tioga

[ ] Union

[ ] Wayne

[ ] Wyoming

B.4. Will the project be site-based, scattered site, or both?*
( ) Site-based

( ) Scattered site

( ) Both

Housing Sites
B.5. Please list any housing sites that will be utilized by the project. Include where the site is located, the capacity of that location, and whether the unit is owned by the applicant, subcontractor, partner, or a third party landlord.

Please limit the response to no more than 750 characters.
B6. Please indicate the housing type(s) of your proposed project site(s). Below are some examples of housing types.

- **Shared Housing:** Two or more unrelated people who are not members of the same household share a house or apartment. Each unit must contain a private space for each individual, plus a common space for shared use by the residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
- **Single Room Occupancy (SRO):** Private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory-style facilities.
- **Clustered Apartments:** Multiple housing units located within the same building or complex, often alongside general affordable or market-rate housing
- **Scattered-Site Apartments:** Self-contained apartments that are scattered throughout the community
- **Single Family Homes:** Self-contained single-family home, townhouse, or duplex located throughout the community

[ ] Shared Housing

[ ] Single Room Occupancy

[ ] Clustered Apartments

[ ] Scattered-Site Apartments

[ ] Single Family Homes

[ ] Other - Write In: _____

B.7. What percent of your project activities will take place in Opportunity Zone census tracts? ***Please reference HUD's interactive Opportunity Zone Map.**** _____

B.7.1. If your project will have activities in Opportunity Zones, please provide the location(s) and activities below.

Please limit your response to no more than 500 characters. *

B.8. Is the project intended to target any of the following subpopulations? *(select all that apply)

[ ] Families/households with children

[ ] Individuals

[ ] Couple or Adult Only Households

[ ] Youth (

[ ] Older Adults (62+ years old)

[ ] Survivors of Domestic Violence/ Sexual Assault

[ ] People with Substance Use Disorders

[ ] People with Mental Illness

[ ] People with HIV or AIDS

[ ] People with Disabilities

[ ] People Experiencing Chronic Homelessness

[ ] Other - Write In: _____

B.9. Will this project be dedicated to survivors of domestic violence, dating violence, sexual assault, and stalking? NOTE: This is a requirement for applications pursuing DV Bonus funding. *

( ) Yes

( ) No

B.10. Estimated number of households to be served AT A POINT IN TIME, if the project is at full capacity.*

Adult Only Households: _____

Households with Adult(s) and Children:

_____

Households with Only Children:

_____

B.11. Estimated number of households to be served over the course of ONE YEAR, accounting for turnover.*

Adult Only Households: _____

Households with Adult(s) and Children:

_____

Households with Only Children:

_____

B.12. Please provide an anticipated timeline for project start-up. HUD is looking to announce CoC awards by December 1, 2026. Please include when you will:

- Begin hiring staff
- Begin program participant enrollment
- Program participants occupy leased or rental assistance units or structure(s) and/or begin providing supportive services
- Leased or rental assistance units or structure and supportive services near 100% capacity

*Please limit your response to no more than 1,000 characters.**

B.13. Appropriateness of Project

Explain why the proposed project type, scale, location, target population, and service approach are appropriate for the needs of the Eastern PA CoC and for this funding opportunity. Reference specific data, HUD or CoC priorities, the CoC's gaps analysis, reports, etc. to support the need for your proposal.

*Please limit your response to no more than 1500 characters.**

B.14. Strategic Partnerships

List the strategic partners that will support this project. For each partner, describe the nature of the partnership, the services or resources provided, whether the partnership is formalized by an MOU or written agreement, and how the partnership will improve participant outcomes.

*Please limit your response to no more than 1500 characters.**

C. THRESHOLD CERTIFICATIONS

C.1. The following certifications indicate a required component of CoC programming. ALL must be checked to be eligible to apply for CoC funds; exceptions for Victim Service Providers are indicated where applicable.

[ ] **Compliance:** By checking the box to the left, the applicant certifies this project will comply with all Eastern PA CoC policies and HUD regulations and notices.

[ ] **HMIS Participation:** By checking the box to the left, the applicant certifies that the project does or will participate in the Homeless Management Information System (HMIS) and comply with the CoC's HMIS Policies and Procedures. Projects that do not participate, or have not agreed to participate, are not eligible for funding, unless it is for an agency that is a Victim Service Provider (VSP), which must utilize a comparable database.

[ ] **Coordinated Entry System Participation:** By checking the box to the left, the applicant certifies that the project does or will participate in the Coordinated Entry System and comply with the CoC's Policies and Procedures.

[ ] **Written Standards:** By checking the box to the left, the applicant certifies that the project will operate within the allowable confines of the CoC's Written Standards.

[ ] **Anti-Discrimination:** By checking the box to the left, the applicant certifies that they will not engage in illegal racial discrimination, consistent with 2 CFR 200.300.a.

[ ] **Prohibition of Illicit Drug Enablement:** By checking the box to the left, the applicant certifies they will not operate drug injection sites or safe consumption sites in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia on or off property under their control in violation of 21 U.S.C. 863. NOTE: This certification is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.

[ ] **Eligible Clients:** By checking the box to the left, the applicant certifies this project will serve only eligible clients that meet HUD's Homeless Definition as outlined in the FY2026 CoC NOFO, Eastern PA CoC's Request for Proposals, and in the CoC's Written Standards.

[ ] **CoC Participation:** By checking the box to the left, the applicant certifies they will participate in and attend meetings of the Eastern PA CoC/ Eastern PA Coalition for Housing.

D. HUD THRESHOLD REVIEW FOR NEW PSH PROJECTS

D.1. Please describe how the type of housing proposed, including the number and configuration of units, will fit the needs of program participants. (1 point in HUD's New Permanent Supportive Housing Project Threshold Review)

Please limit your response to no more than 1,000 characters.

D.2. Please describe the type of supportive services and assistance that will be offered to program participants. Explain how the assistance provided will ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs (e.g. transportation, safety planning, enhanced case management).

(1 point in HUD's New Permanent Supportive Housing Project Threshold Review)

Please limit your response to no more than 1,500 characters.

D.3. Please describe how the project will serve homeless individuals or families with a disability in accordance with 24 CFR 578.37(a)(1)(i). (1 point in HUD's New Permanent Supportive Housing Project Threshold Review)

Please limit your response to no more than 1,000 characters.

D.4. Provide the average cost per household served and explain why the cost is reasonable for the project design and population served. (1 point in HUD's New

Permanent Supportive Housing Project Threshold Review)

Please limit your response to no more than 750 characters.
D.5. Describe how the project will be supplemented with public or private resources, which may including mainstream health, social, and employment, programs such as Medicare, Medicaid, SSI, and SNAP. (1 point in HUD's New Permanent Supportive Housing Project Threshold Review)

Please limit your response to no more than 1,000 characters.

E. APPLICANT EXPERIENCE & CAPACITY
E.1. How many years has your agency been in operation?*_____
E.2. Describe your organization's experience operating the same or similar project component type as the proposed project. Include years of experience, project names, target population, number of clients served, scale of services, outcomes achieved, and lessons learned that will inform this project.

*Please limit the response to no more than 1500 characters. **
E.3. Describe your organization's experience working with people experiencing/exiting homelessness AND any target subpopulations for your project.

Please limit the response to no more than 1500 characters.
E.4. Describe your organization's experience administering other federal, state, local, and/or private sector grants.

Please limit the response to no more than 1500 characters.
E.5. If you currently receive CoC grant funding, identify any unresolved monitoring findings, outstanding debt, recaptured or underspent funds, or other compliance concerns, and explain corrective actions taken or planned.

Please limit the response to no more than 1500 characters.
E.6. Describe your organization's financial management practices and accounting systems that will be used to administer the project and comply with federal CoC grant requirements.

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. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.

Please limit the response to no more than 1500 characters.

E.7. Financial Audit*

Did your agency complete a financial audit within the last two years?

( ) Yes

( ) No

( ) Other - Write In: _____

What is the date of the most recently completed financial audit for the organization/agency? : _____

What time period did the audit cover? :

_____

Were findings reported on your organizations most recently completed agency financial audit?

( ) Yes

( ) No

( ) Other - Write In: _____

If YES to the prior questions on findings, provide a summary of the reported * findings including their current status (resolved/unresolved).

If the findings are resolved, include a brief explanation of the actions taken to clear them and be prepared to submit supporting documentation confirming resolution.

If any findings are unresolved, provide a brief explanation of which are outstanding, why they're outstanding, and what actions have been taken (or planned) to resolve them. (If no findings, please write N/A.)

Please limit the response to no more than 1500 characters.

Were there recommendations/concerns directly related to the management of federal CoC funds reported on your agency's most recently completed agency financial audit?

( ) Yes

( ) No

( ) Other - Write In: _____

If YES to the prior question on recommendations/concerns, provide a summary of the reported recommendations/concerns, including what steps have been taken (or planned) to ensure they don't escalate to findings on future financial audits. (If no findings, please write N/A.)

Please limit the response to no more than 1000 characters.

E.8. Fully Expends Grant Funds.*

Does your organization have a history of returning funds from a CoC, ESG, or ESG-CV project or similar project/program within the last 2 years?*

( ) Yes - My organization returned more than 5% of CoC, ESG, or ESG-CV funds or similar project/program funds received within the last 2 years

( ) Yes - My organization returned more than 0% but less than 5% of CoC, ESG, or ESG-CV funds or similar project/program funds received within the last 2 years

( ) No - My organization expended 100% of CoC, ESG, or ESG-CV funds or similar project/program funds received within the last 2 years

( ) N/A - My organization has not received CoC, ESG, or ESG-CV funds or similar project/program funds within the last 2 years

E.8.1. Please explain any extenuating circumstances if your organization did not fully expend 100% of CoC, ESG, or ESG-CV funds or similar project/program funds received within the last 2 years.

Please limit the response to no more than 1000 characters.

E.9. Within the last three years, have there been any public complaints filed with the CoC, a state agency, HUD or another federal agency, or in a court system by those seeking or receiving assistance from your organization for this project and/or any related/connected homelessness/housing programs?

( ) Yes

( ) No

( ) Other - Write In: _____

E.9.1. If YES to the prior question about complaints, how many complaints were filed?

E.9.2. If YES to the prior question about complaints, please describe the nature of the complaint(s), the project/program the complaints were related to, the current status of the complaint(s), and whether/how the complaint(s) was/were resolved.

Please limit the response to no more than 1500 characters.

E.10. Grievances

During the 4/1/24-3/31/26 time period, did program participants file grievances regarding termination decisions or other issues related to your organization's CoC-funded project(s)?

( ) Yes

( ) No

( ) Other - Write In: _____

E.10.1. If YES to the prior question about grievances, how many complaints were filed?

E.10.2. If YES to the prior question about grievances, please describe the nature of the grievance(s), the project the grievances were related to if you have multiple

projects, the current status of the grievance(s), and whether/how the grievance(s) was/were resolved.

Please limit the response to no more than 1500 characters.

E.11. Has your organization ever had a project or program placed by a funder or oversight body on a Corrective Action Plan, Quality Improvement Plan, or some type of performance improvement process to address performance issues?*

( ) Yes

( ) No

E.11.1. If YES, please explain.

Please limit the response to no more than 1500 characters.

F. PERFORMANCE OUTCOMES

F.1. Good Standing & Strong Outcomes

For applicants with existing CoC-funded projects: indicate whether any of your renewal grants are currently, or have recently, required a corrective action plan. If yes, provide a brief explanation of actions taken to improve performance.

For applicants with similar non-CoC-funded projects: provide outcome data for comparable projects and explain how outcomes compare to CoC averages or other relevant benchmarks for the same or similar project type.

If no comparable data are available, explain why data are unavailable and describe how the proposed project will collect and use performance data.

Please limit the response to no more than 1000 characters. Additional data can be submitted in the Outcomes Report for question F.5.

F.2. Returns to Homelessness

For applicants existing CoC-funded projects: HMIS data may be used by the CoC to assess your returns to homelessness.

For applicants with similar non-CoC-funded projects: provide the following data:

- Percentage of participants who exited the program to a homeless destination
- Percentage of participants who exited the program to permanent housing and returned to homelessness within 12 months
- Percentage of participants who exited the program to permanent housing and returned to homelessness within 24 months.
- Indicate the data source, what type of project (Permanent Supportive Housing, Transitional Housing, Supportive Services), and the reporting period for the data provided

If no comparable data are available: describe the project's plan to increase the rate of participants who exit to permanent housing and do not return to homelessness within 24 months.

Please limit the response to no more than 1000 characters. Additional data can be submitted in the Outcomes Report for question F.5.

F.3. Employment Income

For applicants existing CoC-funded projects: HMIS data will be used by the CoC to determine the percent of program participants with employment income and increases in employment income.

For applicants with similar non-CoC-funded projects: provide the following data (indicate the data source and time period):

- Percentage of participants who exited the program with a source of employment income
- Percentage of participants able to increase their income while in the program
- Indicate the data source, what type of project (Permanent Supportive Housing, Transitional Housing, Supportive Services), and the reporting period for the data provided

If no comparable data are available: describe the project's plan for connecting participants with employment and helping them increase employment income.

Please limit the response to no more than 1000 characters. Additional data can be submitted in the Outcomes Report for question F.5.

F.4. Successful Exits

For applicants existing CoC-funded projects: HMIS data will be used by the CoC to determine the percent of projects participants that exited to permanent housing.

For applicants with similar non-CoC-funded projects: provide the following data:

- Percentage of project participants that exited to permanent housing
- Indicate the data source, what type of project (Permanent Supportive Housing, Transitional Housing, Supportive Services), and the reporting period for the data provided

If no comparable data are available: describe the project's plan for connecting participants with employment and helping them increase employment income.

Please limit your response to no more than 1000 characters. Additional data can be submitted in the Outcomes Report for question F.5.

F.5. Outcomes Report

If you do not currently receive CoC funding and/or enter data into the HMIS, please provide an Outcomes Report that reflects the data points indicated above.

You may upload your Outcomes Report using the "Browse" button below. Please use the following naming convention for the file:
"NP_OrganizationName_ProjectName_OutcomesReport"

G. BUDGET
G.1. Complete and attach the project budget using the required Excel Budget Tool. Ensure all requested line items, funding sources, match, leverage, staffing, supportive services, operations, administration, and narrative explanations are included.

The CoC has a tool using FY26 FMRs available for use. You will need to download the tool to be able to edit it.

- https://pennsylvaniacoc.org/sites/default/files/attachments/2026-07/EasternPACoC_2026NewProject_PSH-Only_BudgetForm_2026-7-27_0.xlsx

Once the Budget Tool has been completed, please upload the Excel workbook or a PDF copy using the "Browse" button below.
Please use the following naming convention for the file:
"NP_OrganizationName_ProjectName_Budget"
G.2. What is the total budget you are requesting for this project?

NOTE: This should match what is indicated in your completed Budget Tool.*
G.3. Explain how the proposed budget is consistent with the project scope, staffing plan, service model, number of households or individuals to be served, and anticipated outcomes. Describe how costs are reasonable, necessary, allocable, and cost effective for the proposed project.

*Please limit your response to no more than 1,500 characters.**
G.4. If your organization has a federally approved indirect cost rate agreement, please attach the approved agreement.

Please upload a copy using the "Browse" button below.
Please use the following naming convention for the file:
"NP_OrganizationName_ProjectName_IndirectCost"
G.5. Liquidity

Are you able to demonstrate 90-days of working capital to ensure liquidity for the project(s), if needed, while awaiting reimbursement from HUD? *

( ) Yes

( ) No

( ) Other - Write In: _____

G.6. Match and Leverage

How will the 25% match be provided for your project? Indicate how you intend to provide HUD with documentation of either cash or in-kind match.

Please limit your response to no more than 1,000 characters.

How much leverage funds will be utilized for this program?

Leverage is the non-match cash or non-match in-kind resources committed to making a CoC Program project fully operational. This includes all resources in excess of the required 25 percent match for CoC Program funds as well as other resources that are used on costs that are ineligible in the CoC Program.

Leverage funds may be used for any program related costs, even if the costs are not budgeted or not eligible in the CoC Program. Leverage may be used to support any activity within the project provided by the recipient or subrecipient.

_____

Please describe the source of leverage funds and how they will be utilized for the project?

Please limit your response to no more than 1,000 characters.

H. SUPPORTIVE SERVICES AND CASE MANAGEMENT

H.1. Supportive Services Staffing*

a) How many FTE (Full Time Employee) Case Managers/Street Outreach Workers/Other Supportive Staff will provide services for participants in this project:*

Total number of FTEs to staff this project:

_____

Total number of FTEs to be supported/paid for with CoC Program Funds (this may be the same as bullet above, but may be different if FTE will be supported by other funding streams in addition to CoC Program Funds):

_____

Expected case management ratio to be used (How many households will each case manager have on their caseload at a given time? This should align with your budget request related to total number of units/households requested and total number of case managers/outreach workers/support staff included in your supportive services budget):

H.2. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

From the list of supportive services provided, select the service(s) provided by your project to program participants from, your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

If more than one 'Provider' or 'Frequency' is relevant for a single service, select the provider and frequency that is used most.*

Provider: For the supportive services listed, select one of the following as applicable:

- 'Applicant' indicates your organization will provide the supportive service,
- 'Subrecipient' indicates the subrecipient(s) will provide the service,
- 'Partner' indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service, or
- 'Non-Partner' indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) NonPartner.*

	Applicant	**Subrecipient**	**Partner**	**Non-Partner**
Assessment of Service Needs				
Assistance with Moving Costs				
Case Management				
Child Care				
Education Services				
Employment Assistance and Job Training				

Food				
Housing Search and Counseling Services				
Legal Services				
Life Skills Training				
Mental Health Services				
Outpatient Health Services				
Outreach Services				
Substance Abuse Treatment Services				
Transportation				
Utility Deposits				

Frequency: For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common–select weekly). *

	Daily	Weekly	Bi-weekly	Monthly	Bi-monthly	Quarterly	Semi-annually	Annually	As Needed
Assessment of Service Needs									

Assistance with Moving Costs									
Case Management									
Child Care									
Education Services									
Employment Assistance and Job Training									
Food									
Housing Search and Counseling Services									
Legal Services									
Life Skills Training									
Mental Health Services									
Outpatient Health Services									
Outreach Services									
Substance Abuse Treatment Services									
Transportation									
Utility Deposits									

H.3. Will the project require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in alignment with 24 CFR 578.75(h)?*

( ) Yes

( ) No

( ) We are a Victim Service Provider (held to VAWA) awaiting clarification from HUD.

( ) Not applicable, this is an SSO Standalone or Street Outreach project

H.3.1. If YES, describe the service participation requirements and explain how the project will balance participant accountability with minimizing termination, returns to homelessness, and other negative housing outcomes.

*Please limit your response to no more than 1,000 characters.**

H.3.2. If YES, will you be prepared to provide HUD with direct language from supportive service agreements (e.g. contract, occupancy agreement, lease, or equivalent)?*

( ) Yes

( ) No

H.4. Sober Housing*

Will the project be considered sober housing in accordance with 24 CFR 578.93(b)(5)?

( ) Yes

( ) No

Will the project exclude participants who refuse to sign an occupancy agreement or lease that prohibits program participants from possessing, using, or being under the influence of illegal substances and/or alcohol on the premises.

( ) Yes

( ) No

Describe your sober living and/or recovery housing model, including participant expectations, rules regarding sobriety, strategies for responding to relapse(s), and how the project will help clients on their paths towards sobriety and housing stability.

Please limit your response to no more than 1500 characters.

H.5. Substance Use Disorder Treatment*

Will substance use disorder treatment be available on-site? (not required)

( ) Yes

( ) No

Describe available substance use treatment options for program participants. Include details on where, how, and by whom treatment will be provided.

Please limit your response to no more than 1,500 characters.

Will this project require participants to participate in substance use disorder treatment?

( ) Yes

( ) No

H.6. Describe the project's plan to help participants obtain and retain stable housing. Include details regarding housing search assistance, landlord engagement, housing navigation, conflict resolution, tenancy supports, eviction prevention, and follow-up after placement or exit.

*Please limit your response to no more than 1,500 characters.**

H.7. Describe the supportive services and case management model. Explain how services are client-centered, appropriate for the proposed target population, help clients overcome barriers to housing, and are connected to participant goals and housing stability.

*Please limit your response to no more than 1,500 characters.**

H.8. If your project will serve families with children, describe how the project:

- Provides supportive services focused on improving incomes to pay rent such as workforce development, job training, or registered apprenticeship programs; and
- Leverages funding from mainstream family service systems such as Temporary Assistance for Needy Families (TANF).
- Combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

Please limit your response to no more than 1,500 characters.

H.9. Describe the project's specific plan to help participants obtain, retain, or increase employment income. Include partnerships, job readiness activities, education or training, employer engagement, benefits counseling, and measurable action steps.

*Please limit your response to no more than 1,500 characters.**

H.10. Describe how the project will connect participants to other community resources, including healthcare, behavioral health care, childcare, transportation, legal services, education, workforce development, family reunification, recovery supports, and other resources relevant to participant needs.

*Please limit your response to no more than 1,500 characters.**

H11. Linkage to Mainstream Benefits*

Identify the types of mainstream benefits the project will help eligible participants access

[ ] Medicaid: _____

[ ] Medicare

[ ] SNAP

[ ] SSI/SSDI

[ ] TANF

[ ] Veterans benefits

[ ] Workforce or unemployment benefits

[ ] Other - Write In: _____

Describe how the project will screen clients, help with applications, and resolve barriers for mainstream benefits.

Please limit your response to no more than 1,000 characters.

I. ENGAGEMENT OF PEOPLE WITH LIVED EXPERIENCE

I.1. Engagement of Persons with Lived Experience of Homelessness (PWLE).*

Does your organization currently have a person w/lived experience of homelessness (active or within the last 7 years) on your organization's Board or an equivalent policymaking entity?*

( ) Yes

( ) No

Please describe:

1. **Your organization's experience in partnering with persons with lived experience around project design and delivery, AND**
2. **How you plan to incorporate persons with lived experience into the proposed project design and delivery (e.g. what role will persons with lived experience have in designing the project and evaluating the effectiveness of the project)**

*Please limit your response to no more than 1,000 characters.**

I.2. Please provide an attachment showing that your organization has a person w/lived experience of homelessness (active or within the last 7 years) on your organization's Board or an equivalent policymaking entity.

- Please use the following naming convention for the attachment: "NP_OrganizationName_ProjectName_PWLE"
- Use the "Browse" button below to upload the attachment.

J. CONFIRMATION INFORMATION

Please type the name and title of the responsible party for this application below that will serve as your digital signature.

Name of Responsible Party for this Application*_____

Title for Responsible Party for this Application*_____

Today's Date*_____

Thank You!