Western PA CoC: FY26 New Project App – PSH Services Expansion Only

NOTE: This Word version is provided for reference. The application must be submitted online at https://survey.alchemer.com/s3/8923190/Western-PA-CoC-FY26-New-Project-App-PSH-Services-Expansion-Only

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Survey Instructions & Guidance

Western PA CoC
FY2026 New Project - PSH Supportive Services Expansion Only

Instructions:

- Please complete all required questions within this survey to be considered for New project funding through the FY2026 CoC funding process of the Western PA CoC (PA-601).
- All applications must be submitted via Alchemer no later than 5:00pm EST on Friday, July 31, 2026.
- Please carefully read the CoC's Western PA CoC FY26 RFP for PSH Services Expansion before completing this survey. The RFP can be found at https://pennsylvaniacoc.org/western-pa-coc-fy26-coc-nofo-competition
- We highly recommend that you work on a hard copy of your responses first prior to entering your responses in Alchemer. A link to a hard copy of the application can be found here 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, who should I contact?** Send an e-mail to westerncoc@pennsylvaniacoc.org with the Subject Line "Question about PSH Expansion 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.

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

Agency Name* _____

Primary Contact Person*

_____

Primary Contact Phone Number*

_____

Primary Contact Email Address

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

Alternate Contact Person

_____

Alternate Contact Phone Number

_____

Alternate Contact Email Address

_____

Will this project have any subrecipient(s)?*

( ) Yes

( ) No

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.

B. PROJECT SCOPE AND NEED

Current (Total) Project Budget*

_____

Current Supportive Services Budget*

_____

Number of units in this PSH project*

_____

Project Scope Narrative. Please describe the following:

- The need for additional funding to enhance supportive services provided through the Permanent Supportive Housing project.
- The additional services to be provided.
- How the additional funding will support HUD's services participation requirements.
- Any additional information you wish to share about your expansion request, including how you believe these changes will improve the project for households receiving assistance and enhance outcomes.

*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. **

Supportive Services Staffing. 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):

_____

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.

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.**

C. BUDGET

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

Click here for the Excel Budget Tool for PSH Expansion projects

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"

What is the total budget you are requesting for this project? NOTE: This should match what is indicated in your completed Budget Tool.*

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

_____

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. **

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!
