**New Project Proposal**

**For the Continuum of Care (CoC) Homeless Assistance Program**

**Ohio Balance of State Continuum of Care**

**Instructions**

Eligible Ohio Balance of State Continuum of Care (BoSCoC) organizations seeking CoC funding for a new project must submit their project proposal using this New Project Proposal form.

Section specific instructions can be found in the proposal form. Information about the CoC Program and the CoC Program interim rule can be found at: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

**New Project Proposal Supplemental Submission Items**

*Documentation of Match*

Applicants must provide written documentation of all cash and in-kind match they are claiming for their proposed project. Documentation of match should include signed letters and/or memoranda of agreement. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and is addressed to the project applicant. Documentation of match should be provided in PDF format and emailed along with the New Project Proposal.

*Sub-Recipient Agreements*

Applicants working with one or more sub-recipients must provide a copy of the Memorandum of Understanding, Memorandum of Agreement, or similar document defining each party’s role and responsibilities in the administration and implementation of the project/grant. Copies of these documents in PDF format should be submitted with the New Project Proposal.

*Educational Assurances (for projects serving families only)*

Applicants proposing projects that serve *families* must submit a copy of their written policy/procedures pertaining to adherence to the education subtitle of the McKinney-Vento Homeless Assistance Act. Information on the regulations concerning the Education for Homeless Children and Youth Program, Title VII-B of the McKinney-Vento Homeless Assistance Act, may be found at:

* *U.S. Dept. of Education Guidance: Education for Homeless Children and Youth Program -* [*http://www2.ed.gov/programs/homeless/guidance.pdf*](http://www2.ed.gov/programs/homeless/guidance.pdf)
* *U.S. Dept. of Education Guidance on Special Education and Homelessness -* [*http://www2.ed.gov/policy/speced/guid/spec-ed-homelessness-q-a.pdf*](http://www2.ed.gov/policy/speced/guid/spec-ed-homelessness-q-a.pdf)
* *U.S. Dept. of Education Guidance on McKinney-Vento Homeless Children and Youth Program Funds Made Available Under the American Recovery and Reinvestment Act of 2009 -* [*http://www2.ed.gov/policy/gen/leg/recovery/guidance/homeless.pdf*](http://www2.ed.gov/policy/gen/leg/recovery/guidance/homeless.pdf)
* *U.S. Dept. of Education Enrollment Guidelines -* [*http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002\_register&docid=02-5737-filed.pdf*](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002_register&docid=02-5737-filed.pdf)
* *Ohio Department of Education McKinney-Vento Resources for Awareness -* [*http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1424&ContentID=4934&Content=91897*](http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1424&ContentID=4934&Content=91897)

**Submitting New Project Proposal Packet**

New Project Proposal packets should include the following:

* New Project Proposal (included in this document)
* Documentation of cash and in-kind match (i.e., commitment letters)
* Sub-Recipient agreements, if applicable (separate PDFs)
* Education polices, if applicable (separate word documents or PDFs)
* Documentation of support from the applicable Homeless Planning Region Executive Committee
* MOA or MOU with healthcare partner or housing partner, if submitting an application under the Leveraging PHA or Healthcare Partnerships funding opportunity

Incomplete New Project Proposals may not be considered for funding. Late submissions will not be accepted. **New Project Proposals must be emailed to COHHIO** **(ohioboscoc@cohhio.org)** **by *June 5, 2024***

**New Project Proposal**

**Ohio BoSCoC**

**CONTACT INFORMATION**

Provide contact information for the person(s) completing and submitting the Application.

1. **Contact Name:**

**Contact Organization Affiliation:**

**Contact email Address:**

**Contact Phone Number:**

**PROPOSED NEW PROJECT INFORMATION**

1. **Applicant:**
2. **Organization Type:**
3. **Sub-Recipient(s):**

The project sub-recipient(s) may be the organization primarily carrying out the project, or may be other organizations providing significant support to the project participants. If there will be one or more sub-recipients, enter the information for each one below. Copy and paste the information below as needed. If there are no sub-recipients, leave this section blank.

**\*Organization Type:**

\***Will funds be sub-granted to the sub-recipient?**

**\*If yes, indicate the amount of funds that will be sub-granted:**

1. **In which county or counties is the project located?**
2. **In which Congressional District(s) is the project located?**
3. **What county or counties does this project propose to serve?**
4. **Funding Opportunity Under Which Applicant is Seeking Funding:**
5. **Project Name:**

1. **Component Type:**
2. **Grant Term:**
3. **Describe how Housing First practices will be used in this project:**

For more information about Housing First, visit <http://www.endhomelessness.org/pages/housing_first>. If other best practices will be used, the description must identify which practices will be used and how the applicant/sponsor will ensure fidelity to the model (best practices may include Motivational Interviewing, Trauma-Informed Care, etc).

1. **Provide a general description of the project:**

The description must include the target population, type of housing to be provided and number of units, and proposed length of time participants will be served (maximum 3,000 characters).     

1. **What is the target population for this project?**

The description must also include discussion of how the proposed target population was determined to be the one most in need locally.

1. **Describe how this project meets community needs in its service area:**

The description must include discussion of current homeless program housing inventory in the proposed service area and identification of any gaps therein, explanation of utilization rates of existing local homeless services and their performance on key HUD outcomes (i.e., helping clients retain permanent housing and helping clients move from transitional housing to permanent housing), and recent Point-in-Time Count results. The description must also include discussion of how the proposed target population was determined to be the one most in need locally.

1. **Describe how the applicant participates in the planning work of their Ohio BoSCoC Homeless Planning Region:**

The description must include discussion of the applicant’s participation in Homeless Planning Region committees/workgroups, if any, or local CoC groups. This should include identification of the level of

involvement of the applicant and the role they play within each committee/workgroup identified.

1. **Describe how the project will advance race equity:**

The description should include how the advancement of race equity and equitable practices will be incorporated into project Policies and Procedures, as well as how project will ensure race equity in hiring practices and management of staff.

1. **Describe how the project will assess and monitor the advancement race equity:**

The description should include the process of assessment (i.e what data source will be used, what data elements will be reviewed, etc). The description should also include how often the assessments will occur, and what action steps will be taken as a result of the outcome.

1. **Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work:**

**PROJECT LOCATION**

Location Name: Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership: Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sub-recipient, or a parent organization. Under no circumstances may leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sub-recipient, or the parent organization(s) of either entity.

Location Address: Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields. Locations that serve domestic violence victims covered under the VAWA may indicate an administrative office or P.O. Box address.

1. **Identify the geographic areas (counties) served by the project:**

* **Location Name:**
* **Property Ownership:**
* **Location:**
* **City:**
* **State:** Ohio
* **Zip Code:**

**APPLICANT INFORMATION**

1. **Applicant:**

* **Employer/Taxpayer Identification Number (EIN/TIN):**      
  + Format: 12-3456789
* **Legal Name:**
* **Organization Type:**
* **Organizational DUNs:**
* **Address:**
* **Address 2:**
* **City:**
* **County:**
* **State:** Ohio
* **Zip / Postal Code:**

1. **Name and contact information of person at Applicant Agency to be contacted on matters involving this application:**

* **Name:**
* **Title:**
* **Organizational Affiliation:**
* **Telephone Number:**
* **Email:**

1. **Alternative Contact:**

* **Name:**
* **Title:**
* **Organizational Affiliation:**
* **Telephone Number:**
* **Email:**

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

* **If yes, explain:**

**SUB-RECIPIENT INFORMATION**

The project sub-recipient(s) may be the organization primarily carrying out the project, or may be other organizations providing significant support to the project participants. If there will be one or more sub-recipients, enter the information for each one below. Copy and paste the information below as needed. If there are no sub-recipients, leave this section blank.

1. **Sub-recipient:**

* **Employer/Taxpayer Identification Number (EIN/TIN):**
* **Legal Name:**
* **Organizational Type:**
* **Organizational DUNs:**
* **Address:**
* **Address 2:**
* **City:**
* **County:**
* **State:** Ohio
* **Zip Code:**
* **Is the sponsor a Faith-Based Organization?**
* **Has the sponsor ever received a federal grant, either directly from a federal agency or through a State/local agency?**

*\*\*\* For the e-snaps application sub-recipients may need to attach proof of non-profit status. Please have this information ready prior to application submission to HUD.*

**Will funds be sub-granted to the sub-recipient?**

**\*If yes, indicate the amount of funds that will be sub-granted:**

1. **Name and contact information of person at Sub-recipient Agency to be contacted on matters involving this application:**

* **Name:**
* **Title:**
* **Organizational Affiliation:**
* **Telephone Number:**
* **Email:**

**Experience of Project Applicant, Sub-RECIPIENT, and Partners**

Describe the specific type and length of relevant experience for the applicant, project sub-recipient (if any), and housing and supportive service providers involved in implementing the project.

1. **Describe the experience of the applicant and potential sub-recipients (if any), in effectively utilizing federal funds and performing the activities proposed, given funding and time limitations:**
2. **Describe how the applicant and sub-recipients (if any) will work together to implement and administer the proposed project. Describe the kind of formal agreements or arrangements that may be put into place:**
3. **Describe experience of project partners related to working with homeless persons (6,000 characters max):**
4. **Describe the experience of the applicant and potential sub-recipients in leveraging other Federal, State, local, and other private sector funds:**
5. **Describe the basic organization and management structure of the applicant and sub-recipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system:**
6. **If applying for rental assistance, describe applicable experience relating to the administration of rental assistance (3,000 characters max):**
7. **Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants?** 
   * If yes, explain:
8. **Are there any unresolved monitoring or audit findings on ODOD funded grants?** 
   * If yes, explain:

**Type and Scale of Housing**

For each housing type in the project, enter the number of units, beds, and bedrooms that will be used to house the participants, at a point-in-time (a given night). If you plan to use multiple housing types, copy and paste this section and provide all required information as necessary for each housing type. Review the definitions below and ensure that information is entered for each housing type in the project.

**Definitions – Housing Types**

* **Barracks**. Individual or family sleeps in a large room with multiple beds.
* **Dormitory, shared or private rooms**.  Individuals or families share sleeping rooms or have private rooms; persons share a common kitchen, common bathrooms, or both.
* **Shared housing**. Up to 8 individuals or 4 families share a self-contained housing unit.
* **Single Room Occupancy (SRO) units**.  Each individual has private sleeping/living room with private kitchen and/or bath.
* **Clustered apartments**.  Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV—and persons without any special needs.
* **Scattered-site apartments (including efficiencies)**.  Each individual or family has a self-contained apartment that is dispersed throughout the community.
* **Single-family homes/townhouses/duplexes**.  Each individual or family has a self-contained, single-family home/townhouse/duplex that is dispersed throughout the community.

1. **Housing Type:**

* **Total number of each for Selected Housing Type**
* **Units:**
* **Beds:**
* **Bedrooms:**

**Project Participants**

In the following two tables indicate the households/persons to be served by the project as well as the number of persons, characteristics, and subpopulations within each household in the project. The numbers entered into the table should reflect the number of households and persons that the project can serve at a point-in-time (any given day), not over the course of a full year or the grant term. For example, if the proposed project will serve up to five families at one time, then you would enter ‘5’ into the *Total Number of Households* and provide estimates about the numbers of persons in those households, number of adults and children, number with disabilities, etc.

Cells in dark gray are not applicable and should not be filled in.

**Definitions and Instructions**

* **Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there **must be at least one** person at or above the age of 18, and **at least one** person under the age of 18.
* **Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there **must be at least one** person at or above the age of 18, and **no** persons under the age of 18.
* **Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there **may not be any** persons at or above the age of 18, and **only** persons under the age of 18.
* **Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there **must be at least one** person at or above the age of 18, and **at least one** person under the age of 18.
* **Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there **must be at least one** person at or above the age of 18, and **no** persons under the age of 18.
* **Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there **may not be any** persons at or above the age of 18, and **only** persons under the age of 18.

1. **Total Number of Households**

Indicate the total number of each type of household to be served at a point-in-time for the project, and the total persons of the various characteristics in those households.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Households** | **Households with at Least One Adult and One Child** | **Adult Households without Children** | **Households with Only Children** | **Total** |
| Total Number of Households |  |  |  |  |
| **Characteristics** | **Households with at Least One Adult and One Child** | **Adult Households without Children** | **Households with Only Children** | **Total** |
| Disabled Adults Over Age 24 |  |  |  |  |
| Non-disabled Adults Over Age 24 |  |  |  |  |
| Disabled Adults Ages 18-24 |  |  |  |  |
| Non-disabled Adults Ages 18-24 |  |  |  |  |
| Accompanied Disabled Children Under age 18 |  |  |  |  |
| Accompanied Non-disabled Children Under age 18 |  |  |  |  |
| Unaccompanied Disabled Children Under age 18 |  |  |  |  |
| Unaccompanied Non-disabled Children Under age 18 |  |  |  |  |
| **Total Number of Adults Over Age 24** |  |  |  |  |
| **Total Number of Adults Ages 18-24** |  |  |  |  |
| **Total Number of Children Under Age 18** |  |  |  |  |
| **Total Persons** |  |  |  |  |

1. **Sub-populations**

Complete each of the following three charts according to their respective household types. The first chart should include only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

The second chart should include only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

The third chart should include only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Only complete charts applicable to the households you are proposing to serve. For example, if your project will only serve chronically homeless singles, then only complete the second chart for persons in households without children. You will not complete the first and third charts.

Persons can fall into multiple subpopulations. The total persons in each subpopulation doesn’t necessarily need to match the total persons you reported in #28.

**Definitions and Instructions**

* **Chronically Homeless Non-Veterans:** Enter the total number of persons who meet the HUD

definition of chronically homeless but who are not veterans.

* **Chronically Homeless Veterans:** Enter the total number of persons who meet the HUD definition

of chronically homeless and who are veterans

* **Non-Chronically Homeless Veterans:** Enter the total number of persons who are veterans but

who do not meet the HUD definition of chronically homeless.

* **Chronic Substance Abuse:** Enter the total number of persons who meet the definition for chronic

substance abuse.

* **Persons with HIV/AIDS:** Enter the total number of persons with HIV/AIDS
* **Severely Mentally Ill:** Enter the total number of persons who meet the definition of severely

mentally ill.

* **Victims of Domestic Violence:** Enter the total number of persons who are victims of domestic

violence.

In the "Total Persons" cells indicate the total number of each subpopulation.

Cells in dark gray are not applicable and should not be filled in.

**Persons in Households with at Least One Adult and One Child**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Characteristics** | **Chronically Homeless Non-Veterans** | **Chronically Homeless Veterans** | **Non-Chronically Homeless Veterans** | **Chronic Substance Abusers** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** |
| Disabled Adults Over Age 24 |  |  |  |  |  |  |  |
| Non-disabled Adults Over Age 24 |  |  |  |  |  |  |  |
| Disabled Adults Ages 18-24 |  |  |  |  |  |  |  |
| Non-disabled Adults Ages 18-24 |  |  |  |  |  |  |  |
| Disabled Children Under age 18 |  |  |  |  |  |  |  |
| Non-disabled Children Under Age 18 |  |  |  |  |  |  |  |
| **Total Persons** |  |  |  |  |  |  |  |

**Persons in Households Without Children**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Characteristics** | **Chronically Homeless Non-Veterans** | **Chronically Homeless Veterans** | **Non-Chronically Homeless Veterans** | **Chronic Substance Abusers** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** |
| Disabled Adults Over Age 24 |  |  |  |  |  |  |  |
| Non-disabled Adults Over Age 24 |  |  |  |  |  |  |  |
| Disabled Adults Ages 18-24 |  |  |  |  |  |  |  |
| Non-disabled Adults Ages 18-24 |  |  |  |  |  |  |  |
| **Total Persons** |  |  |  |  |  |  |  |

**Persons in households with Only Children**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Characteristics** | **Chronically Homeless Non-Veterans** | **Chronically Homeless Veterans** | **Non-Chronically Homeless Veterans** | **Chronic Substance Abusers** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** |
| Accompanied Disabled Children Under Age 18 |  |  |  |  |  |  |  |
| Accompanied Non-disabled Children Under Age 18 |  |  |  |  |  |  |  |
| Unaccompanied Disabled Children Under age 18 |  |  |  |  |  |  |  |
| Unaccompanied Non-disabled Children Under Age 18 |  |  |  |  |  |  |  |
| **Total Persons** |  |  |  |  |  |  |  |

**EDUCATIONAL POLICIES**

1. **For projects serving families, does the applicant have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?**
2. **For projects serving families, does the applicant/sponsor have policies to ensure that families with children are aware of their educational rights under McKinney-Vento and enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C or the Individuals with Disabilities Education Act, and McKinney-Vento education services?**

*Information on the regulations concerning the Education for Homeless Children and Youth Program, Title VII-B of the McKinney-Vento Homeless Assistance Act may be found at:*

* *U.S. Dept. of Education Guidance: Education for Homeless Children and Youth Program -* [*http://www2.ed.gov/programs/homeless/guidance.pdf*](http://www2.ed.gov/programs/homeless/guidance.pdf)
* *U.S. Dept. of Education Guidance on Special Education and Homelessness -* [*http://www2.ed.gov/policy/speced/guid/spec-ed-homelessness-q-a.pdf*](http://www2.ed.gov/policy/speced/guid/spec-ed-homelessness-q-a.pdf)
* *U.S. Dept. of Education Guidance on McKinney-Vento Homeless Children and Youth Program Funds Made Available Under the American Recovery and Reinvestment Act of 2009 -* [*http://www2.ed.gov/policy/gen/leg/recovery/guidance/homeless.pdf*](http://www2.ed.gov/policy/gen/leg/recovery/guidance/homeless.pdf)
* *U.S. Dept. of Education Enrollment Guidelines -* [*http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002\_register&docid=02-5737-filed.pdf*](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002_register&docid=02-5737-filed.pdf)
* *Ohio Department of Education McKinney-Vento Resources for Awareness -* [*http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1424&ContentID=4934&Content=91897*](http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1424&ContentID=4934&Content=91897)

**Supportive Services for Participants**

Describe the supportive services that will help participants obtain and remain in permanent housing, access mainstream resources, and/or obtain employment. Applicants must also indicate the frequency (daily, weekly, bi-weekly, monthly, quarterly, does not apply) with which these basic supportive services will be provided to project participants.

Lastly, indicate the level of accessibility of community amenities for project participants. Basic community amenities include medical facilities, grocery stories, recreation facilities, schools, etc, and should be accessible to participants via walking, public transportation, driving, or transportation provided by the project.

1. **Describe how the project will address the specific case management needs of the persons to be served by this project. If applicable, describe how partnerships with other social services providers will be put into place and maintained (i.e., MOUs between partners, informal referrals, etc):**
2. **Describe how participants will be assisted to obtain and remain in permanent housing** (3,000 characters max):
3. **Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently** (3,000 characters max):
4. **Describe specifically how participants will be assisted to access benefits for which they may be eligible. Examples include SSI/SSDI, Supplemental Nutrition Assistance Program (SNAP), Medicaid, etc. Discuss how your program will encourage and participate in enrollment and outreach activities to ensure persons to be served by the project that are eligible take advantage of the new health care options available through the Affordable Care Act.**
5. **How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project?**

**Outreach for Participants**

Indicate where the homeless participants in the project are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Remember, if proposing to serve chronically homeless, those people can only come directly from shelters or other locations not meant for human habitation.

Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (90 consecutive days or less) in a jail, hospital, or other institution.

1. **Enter the percentage of homeless person(s) who will be served by the proposed project from each of the following locations.**

|  |  |
| --- | --- |
| Directly from the street or other locations not meant for human habitation | % |
| Directly from Emergency Shelters | % |
| From transitional housing and previously resided in a place not meant for human habitation, or emergency shelters | % |
| Fleeing domestic violence | % |
| **Total of above percentages** | % |
|  |  |

1. **If the total above is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition**:
2. **Describe the outreach plan to identify, engage with, and ultimately house people living in places not meant for human habitation** (3,000 characters max):
3. **Describe the outreach plan to identify, engage with, and ultimately house people who are underrepresented in your communities, but overrepresented in the homeless system (3,000 characters max):**
4. **Describe the contingency plan that the applicant/sub-recipient will implement if the project experiences difficulties in meeting the requirements to serve exclusively homeless and disabled individuals and families. The contingency plan may include re-evaluation of the intake assessment procedures or outreach plan:**

**Housing for Participants**

Complete the following fields related to housing participants in the project.

1. **Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation?**
2. **If yes, explain how and why the project will implement this requirement (200 words max.):**
3. **Will more than 16 persons reside in a structure?**

**Project MATCH**

Indicate the type, source (government or private), and total amount of cash and in-kind contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, do not enter the contribution. Review HUD’s CoC Program Interim Final Rule at : <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/> for details about match requirements.

Eligible match items may include any written commitments that will be used towards the match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project.

A written agreement/documentation of match should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant.

**CoC Program recipients are required to obtain match commitment that is no less than 25% of the total CoC Program funding request, excluding any leasing funds request. Match beyond the 25% is not needed.**

Copy and paste the table below as necessary to account for all leverage sources. Each contribution should be detailed in its own table.

1. **Provide a summary of leveraging funds for this project**

* **Total value of cash commitments:**
* **Total value of in –** **kind commitments:**
* **Total value of all commitments:**

|  |  |
| --- | --- |
| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

|  |  |
| --- | --- |
| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

|  |  |
| --- | --- |
| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

|  |  |
| --- | --- |
| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

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| --- | --- |
| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

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| --- | --- |
| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

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| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

|  |  |
| --- | --- |
| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

**Project Budgets**

Only complete the budgets for which you are requesting funding. For example, if you are requesting funding for rental assistance, you cannot also request funding for operations. Refer to the CoC Program interim rule for details about eligible costs: : <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

Remember, applicant must document 25% cash or in-kind match for rental assistance, supportive services, and operations budgets. No match for leasing funds is required.

**Indicate the proposed project grant term:**

New projects requesting rental assistance funding (either along with supportive services funding or alone) can request an initial one, three or five-year grant term. New projects requesting leasing or operating assistance (along with supportive services, etc.) can request an initial three-year grant term.

**From the list below, select the costs for which funding is being requested:**

**Leased units**

**Leased structures**

**Long-term rental assistance (PSH projects only)**

**Short/medium term rental assistance (RRH projects only)**

**Supportive services**

**Operations**

**HMIS**

1. **Leased Units Budget**

Identify the appropriate FMR area and enter the number of units and the appropriate rent being requested for each unit size in the project. Under no circumstances may leasing funds be used to lease units or structures owned by the grantee, sub-recipient, or their parent organizations.

The rent requested for each unit size must not exceed 100% of the FMR for the project area. Refer to the most recent FMRs available online at: <http://www.huduser.org/datasets/fmr.html>. If the negotiated or actual monthly rent is lower than the FMR for the project area, use the actual rent (not the FMR) amount to complete the budget.

**\* Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:**

Enter the number of units for each size requested. Enter the appropriate FMR for each size of unit requested using the link above. Enter the total number of months for which you are requesting rental assistance (All projects requesting assistance for leased units should request funding for two or three years – 24 or 36 months, respectively). Multiply the number of unit by FMR by number of months for each unit size to get the total request.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size of Units** | **Number of Units** |  | **FMR** |  | **Number**  **of Months** | **Total** |
| SRO |  | **X** |  | **X** | 12 |  |
| 0 Bedroom |  | **X** |  | **X** | 12 |  |
| 1 Bedroom |  | **X** |  | **X** | 12 |  |
| 2 Bedroom |  | **X** |  | **X** | 12 |  |
| 3 Bedroom |  | **X** |  | **X** | 12 |  |
| 4 Bedroom |  | **X** |  | **X** | 12 |  |
| 5 Bedroom |  | **X** |  | **X** | 12 |  |
| 6 Bedroom |  | **X** |  | **X** | 12 |  |
| **Total** |  |  | | | |  |

1. **Leased Structures Budget**

Provide information about the structure for which leasing assistance is being requested, including how the structure will be used and the amount of monthly rent. Provide the total annual estimated leasing request as well as the total estimated leasing request for the initial three-year grant term.

1. **Long-term Rental Assistance Budget**

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

**\* Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:**

If you propose to provide rental assistance in more than one metropolitan or non-metropolitan area, you may indicate all applicable FMR areas above and copy and paste additional tables below as needed. Alternatively, you can simply choose one FMR area within the proposed service area to determine the rental assistance budget (you can still house clients outside of that FMR area).

Provide relevant rental assistance request information for all units you seek to have in this new project – Enter the number of units for each size requested. Enter the appropriate FMR for each size of unit requested (use the link above). Multiply the number of units by FMR by number of months for each unit size to get the total request. Copy and paste this table to add additional FMR areas if serving more than one metro or non-metro area.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size of Units** | **Number of Units** |  | **FMR** |  | **Number**  **of Months** | **Total** |
| SRO |  | **X** |  | **X** | 12 |  |
| 0 Bedroom |  | **X** |  | **X** | 12 |  |
| 1 Bedroom |  | **X** |  | **X** | 12 |  |
| 2 Bedroom |  | **X** |  | **X** | 12 |  |
| 3 Bedroom |  | **X** |  | **X** | 12 |  |
| 4 Bedroom |  | **X** |  | **X** | 12 |  |
| 5 Bedroom |  | **X** |  | **X** | 12 |  |
| 6 Bedroom |  | **X** |  | **X** | 12 |  |
| **Total** |  |  | | | |  |

1. **Short/Medium-Term Rental Assistance Budget**

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. Complete this budget just as you would the Long-term Rental Assistance Budget. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

The Rental Assistance budget table below will calculate the budget based on paying 12 months of rent, which is not typically provided in RRH projects. Just do your best to get the total rental assistance budget as close to the annual amount needed as possible. The number of units for which funding is being requested does not need to match the total number of households you propose to serve over a year. You will want the number of units here to match the total households identified in the Project Participants section (pp 5).

**\* Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size of Units** | **Number of Units** |  | **FMR** |  | **Number**  **of Months** | **Total** |
| SRO |  | **X** |  | **X** | 12 |  |
| 0 Bedroom |  | **X** |  | **X** | 12 |  |
| 1 Bedroom |  | **X** |  | **X** | 12 |  |
| 2 Bedroom |  | **X** |  | **X** | 12 |  |
| 3 Bedroom |  | **X** |  | **X** | 12 |  |
| 4 Bedroom |  | **X** |  | **X** | 12 |  |
| 5 Bedroom |  | **X** |  | **X** | 12 |  |
| 6 Bedroom |  | **X** |  | **X** | 12 |  |
| **Total** |  |  | | | |  |

1. **Supportive Services Budget**

Enter the quantity and total dollar amount of funds requested for each supportive service in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing services to project participants who are eligible. Refer to the CoC Program interim rule for details about eligible costs: : <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>.

Complete the following budget fields detailing how funds will be used to provide supportive services to project participants. Be sure to calculate the totals. *Quantity descriptions should be detailed. Example: CM 1FTE $30,000 salary/year + $7,800 fringes & benefits/year = $37,800 or child care for 15 children x $50 week x 52 weeks/year = $39,000*

|  |  |  |
| --- | --- | --- |
| **Supportive Services** | **Quantity**  (limit 200 characters) | **Funding Request**  **(1 year)** |
| 1. Assessment of Service Needs |  |  |
| 2. Assistance with Moving Costs |  |  |
| 3. Case Management |  |  |
| 4. Child Care |  |  |
| 5. Education Services |  |  |
| 6. Employment Assistance |  |  |
| 7. Food |  |  |
| 8. Housing/Counseling Services |  |  |
| 9. Legal Services |  |  |
| 10. Life Skills |  |  |
| 11. Mental Health Services |  |  |
| 12. Outpatient Services |  |  |
| 13. Outreach Services |  |  |
| 14. Substance Abuse Treatment Services |  |  |
| 15. Transportation |  |  |
| 16. Utility Deposits |  |  |
| **17. Total funds requested** |  |  |
| 18.Cash/In-kind Match |  |
| **19.** **Total Supportive Services Budget (Total Lines 17 & 18)** |  |

1. **Operating Budget**

Enter the quantity and total dollar amount of funds requested for each operating cost in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing day-to-day operations of the project for which funds are being requested.

Complete the following budget fields detailing how funds will be used for operating costs related to serving project participants. Be sure to provide sufficient information in the ‘Quantity’ column. Failure to provide any information about the quantity could result in a project not receiving funding for that item.

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity**  (limit 200 characters) | **Funding Request**  **(1 year)** |
| 1.Maintenance/Repair |  |  |
| 2.Property Taxes and Insurance |  |  |
| 3.Replacement Reserve |  |  |
| 4.Building Security |  |  |
| 5.Electricity/Gas/Water |  |  |
| 6.Furniture |  |  |
| 7.Equipment (lease, buy) |  |  |
| **8.Total Request** |  |  |
| 9.Cash/In-kind Match |  |
| **10.Total Operating Budget (Total Lines 8 & 9)** |  |

1. **HMIS Budget**

|  |  |  |
| --- | --- | --- |
| **HMIS** | **Quantity Description**  (limit 200 characters) | **Funding Request**  **(1 year)** |
| 1. Purchasing or leasing computer hardware |  |  |
| 2. Purchasing or leasing equipment, including phones and furniture |  |  |
| 3. Paying charges for electricity, gas, water, phone services, internet, as needed to contribute data to the HMIS |  |  |
| 4. Paying salaries for operating HMIS, including:   * Completing data entry * Reviewing data quality * Completing data analysis * Reporting to the HMIS Lead |  |  |
| 5. Paying costs of staff to travel to and attend HUD-sponsored and HUD-approved training on HMIS |  |  |
| 6. Paying HMIS participation fees charged by the HMIS Lead |  |  |
| **7. Total funds requested** |  |  |
| 8.Cash/In-kind Match |  |

1. **Summary Budget**

In the table below provide summary information about the total funding request and the cash/in-kind match for the total term of the project for each completed budget. Enter the appropriate amount of administrative costs for the project – no more than 10% of the CoC Program funds request (line #7).

|  |  |
| --- | --- |
| **Activities** | **Total Funds**  **Requested** |
| 1. Leased Units |  |
| 2. Leased Structures |  |
| 3. Long-term Rental Assistance |  |
| 4. Short/Medium-term Rental Assistance |  |
| 5. Supportive Services |  |
| 6. Operations |  |
| 7. HMIS |  |
| *8. Total Request (subtotal lines 1-7)* |  |
| 9. Administrative Costs  (Up to 10% of line 8) |  |
| **Total Request**  **(Total lines 8 & 9)** |  |
| **Total Cash Match and In-Kind** |  |
| **Total Budget**  **(Total Request +Total Match)** |  |