

# 2019 CoC New Projects Application

Submission Deadline: August 12, 2019 at 5:00 p.m.

## Continuum of Care New Projects Application

### FY2019 CoC Program Competition

#### City of Pasadena Department of Housing

649 N Fair Oaks Ave, Pasadena, CA 91103

**Jennifer O'Reilly-Jones**  
Homeless Programs Coordinator  
[joreillyjones@cityofpasadena.net](mailto:joreillyjones@cityofpasadena.net)

**Diana Trejo**  
Homelessness Policy Fellow  
[dbro-intern@cityofpasadena.net](mailto:dbro-intern@cityofpasadena.net)

#### Notice Regarding Disclosure of Contents of Document

All responses to this application accepted by the City of Pasadena (City) shall become the exclusive property of the City. At such time as the City Manager recommends a contractor to the City Council, and such recommendation, with any recommended contract appears on the City Council agenda, all applications accepted by the City shall become a matter of public record and shall be regarded as public, with the exception of those elements of the application which are defined by the contractor as business or trade secrets and plainly marked as "Trade Secret", "Confidential", or "Proprietary". Each element of an application which a contractor desires not to be considered a public record must be clearly marked as set forth above, and any blanket statement (i.e. regarding entire pages, documents, or other non-specific designations) shall not be sufficient and shall not bind the City in any way whatsoever. If disclosure is required or permitted under the California Public Records Act or otherwise by law, the City shall not in any way be liable or responsible for the disclosure of any such records or part thereof.

#### Applicant Information

Organization Name \*

DUNS Number \*

Employer/Tax ID Number

Organization Address \*

State



Agency Director/CEO Name \*

Email \*

Phone \*

**Contact Person \*****Email \*****Phone \***

Please note this information will be included in HUD's electronic grants management system (esnaps) and will be submitted with the CoC application.

**Contact Person Title \*****Faith-Based Organization \***
☐ Yes ☐ No

Is the applicant a Faith-Based Organization?

**Federal Grant \***
☐ Yes ☐ No

Has the applicant ever received a federal grant, either directly from a federal agency or through a State/local agency?

**Federal Debt \***
☒ Yes ☐ No

Is the applicant delinquent on any Federal debt?

**Explanation \***


Please provide an explanation

**Other Government Assistance \***
☒ Yes ☐ No

Will your agency receive any other government assistance (federal, state, local) that will be involved in the proposed project?

## Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

"Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the CoC Program project application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project (grant) for which the assistance is sought. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Use of Funds
			
<b>\$0.00</b>			

 **Add Assistance Source**

**Federal Lobbying \***
☒ Yes ☐ No

Does the applicant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

**Lobbying Registrant \***

Please include the name and address of lobbying registrant (if individual, last name, first name, MI):


**Individuals Performing Lobbying Services \***

Individuals Performing Services (including address if different from proceeding question (last name, first name, MI):

**Authorization \***

☐ The above-named applicant hereby submits a new project application for inclusion in the City of Pasadena FY2019 application for the Department of Housing and Urban Development Continuum of Care Homeless Assistance Program competition. The applicant further agrees on behalf of the above named representative, I certify that: The information, statements, and attachments included in this application are, to the best of my knowledge and belief, true and correct. I possess the legal authority to submit this application on behalf of the entity identified in the signature block.

**Name of Authorized Representative \*****Title \***

**Signature of Authorized Representative \*****Date \***


**Applicant Experience****Experience with Utilizing Federal Funds \***

*Describe the experience of the applicant in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. Describe why the project applicant is the appropriate entity to receive funding and provide examples that illustrate the experience and expertise in the following: (1) Working with and addressing the target population(s) identified housing and supportive service needs; (2) Developing and implementing relevant program systems and services; and (3) Managing basic organization operations including financial accounting systems.*

**Experience with Leveraging Funds \***

*Describe the experience of the applicant in leveraging other Federal, State, local, and private sector funds.*

**Organization and Management \***

*Describe the basic organization and management structure of the applicant. Include evidence of internal and external coordination and an adequate financial accounting system.*

**Unresolved Audit or Monitoring Findings \***

☒ Yes ☐ No

*Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant?*

**Explanation \***

*Please provide an explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).*

**Project Detail****Project Type \***

- ☒ Permanent Supportive Housing (PSH)
 ☒ Domestic Violence Rapid Rehousing (DV RRH)
 ☒ Domestic Violence Supportive Services Only-Coordinated Entry (DV SSO-CE)

*Please indicate what project(s) your agency is applying for.*

**Grant Funding \***

- ☐ Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

*Please check the box to provide confirmation.*

**Subpopulation Focus \***

- ☐ Chronically Homeless
 ☐ Veterans
 ☐ Youth (under 25)
- ☐ Families
 ☐ Domestic Violence
 ☐ Substance Use
- ☐ Mental Illness
 ☐ HIV/AIDS

Please identify the project's specific population focus. (select all that apply)

## Permanent Supportive Housing (PSH) Project Application

**Project Name \***

**Start Date \***



The start date must be on or after 7/1/2020 but within the 2020 Calendar Year

**End Date \***



The end date should fall in Calendar Year 2021

**Project Description (max 3,000 characters) \***






Provide a detailed description of the scope of the proposed project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. Please include available data to support the need for your project and outline your plan to ensure rapid implementation if awarded funding.

## Project Milestones

For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

**Note:** To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Please include all four project milestones from the dropdown menu provided.

Project Milestone *	(A) Days from Execution of Grant Agreement *	(B) Days from Execution of Grant Agreement	(C) Days from Execution of Grant Agreement
 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Add Milestone

**CES Participation \***

- ☐ Yes
 ☐ No

Will your project participate in a CoC Coordinated Entry Process?

**Movement Into Permanent Housing \***

- ☐ Yes
 ☐ No

Will the project quickly move participants into permanent housing?

**Severity of Needs and Vulnerability \***

- |  |   |
|--|---|
| <input type="checkbox"/> People identified as high acuity through a population-specific needs assessment and triage tool | <input type="checkbox"/> People experiencing chronic homelessness               |
| <input type="checkbox"/> People with multiple disabilities   | <input type="checkbox"/> People with the longest histories of homelessness      |
| <input type="checkbox"/> People coming directly from the streets   | <input type="checkbox"/> People with a history of DV/trauma                     |
| <input type="checkbox"/> People with criminal histories  | <input type="checkbox"/> People with low or no income                           |
| <input type="checkbox"/> People who are at high risk of victimization or illness   | <input type="checkbox"/> People with a current or past history of substance use |

Please identify which high-needs populations will be served through the proposed project.

**Housing First****Does the project ensure that participants are not screened out based on: (select all that apply) \***

- ☐ 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)
- ☐ None of the Above

All criteria must be selected to meet Housing First requirements.

**Does the project ensure that participants are not terminated from the program for the following reasons: (select all that apply) \***

- ☐ 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
- ☐ None of the above

All criteria must be selected to meet Housing First requirements.

**Living Requirements \***

- ☐ Yes ☐ No

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?

**Will more than 16 persons live in one structure? \***

- ☐ Yes ☐ No

**Dedicated and DedicatedPLUS \***

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b. A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d: (1) experiencing chronic homelessness as defined in 24 CFR 578.3; (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project; (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement; (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project; (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

**Project Expansion Information**

**Project Expansion \***

☐ Yes ☐ No

*Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?*

**Supportive Services for Participants**

Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community.

**Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.**

**Acknowledgement \***

☐ Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

**Permanent Housing Obtainment/Retention \***


*Describe how the project plans to help program participants move into permanent housing, and how the plan ensures program participants stabilize and remain in permanent housing. Responses should acknowledge the needs of the target population, and include plans to address those needs.*

**Coordination with Mainstream Programs \***



*What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible? Describe: (1) how the project will help program participants obtain income (e.g., access to employment programs and educational opportunities); (2) how the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams; and (3) how the requested CoC Program funds will contribute to program participants becoming more independent (e.g. accessing Medicare, Medicaid, early childhood education).*

**Increasing Employment and Income \***


*Please describe how your agency will work with public and private organizations to promote partnerships and increase access to employment opportunities to assist participants with increasing their income.*

**Available Supportive Services**

*For all supportive services available to participants, indicate who will provide them and how often they will be provided. Do not limit this selection to just supportive services for which CoC Program funding may be requested in your project application—also include supportive services other organizations or grants will provide. If a supportive service is not included from the list, it will be assumed that this service will not be offered to program participants.*

Supportive Services *	Provider *	Frequency *
		
<a href="#">+ Add Supportive Service</a>		

**Transportation Assistance \***

☐ Yes ☐ No

Will this project provide transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?

**SSI/SSDI Technical Assistance \***

☒ Yes ☐ No

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

**Regular Follow Ups \***

☐ Yes ☐ No

Will this project provide regular follow-ups with participants to ensure mainstream benefits are received and renewed?

**SOAR Training \***

☐ Yes ☐ No

Has the staff person providing the technical assistance completed SOAR training in the past 24 months.

**Housing Type and Location****Housing Type \***


Please select what type of housing this project will utilize.

**Total Units \***


Indicate the maximum number of units available for project participants at the selected housing site.

**Total Beds \***


Indicate the maximum number of beds available for project participants at the selected housing site.

**Total Dedicated Chronically Homeless Beds \***


How many beds of the total beds are dedicated to people experiencing chronic homelessness?

**Project Address \***




State




Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Project Participants - Households****Number of Households w/ at Least One Adult & One Child \***

**Number of Adult Households w/out Children \***

**Number of Households w/ Only Children \***

**Total Number of Households**

1.00

**Characteristics of Households**

The number and characteristics of persons that the project is expected to serve should match the total number of units and beds requested.


Population Served *	Persons in Households w/ at Least 1 Adult & 1 Child *	Adults in Households w/out Children *	Persons in Households w/ Only Children *	Total
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Add Population

## Project Participants - Subpopulations

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

CH: Chronically Homeless, Vet: Veteran, SUD: Substance Use Disorder

Characteristics *	CH *	CH Vet *	Non-CH Vet *	SUD *	HIV/AIDS *	Mental Illness *	Victims of DV *	Phys. Disability *	Develop. Disability *
									
	0	0	0	0	0	0	0	0	0

+ Add Characteristic

## Funding Request

Will it be feasible for the project to be under grant agreement by September 30, 2021? \*

☐ Yes ☐ No

For projects to be included in the CoC application, it must be feasible to be under grant agreement by 9/30/2021

Indirect Cost Rate \*

☒ Yes ☐ No

Does this project propose to allocate funds according to an indirect cost rate?

## Indirect Cost Rate Schedule

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process. Applicants with an approved indirect cost rate must submit a copy of the approval with this application. Please complete the indirect cost rate schedule below.

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base *
		

+ Add Item

Rate Approval \*

☐ Yes ☐ No

Has this rate been approved by your cognizant agency?

10% De Minimis Rate \*

Do you plan to use the 10% de minimis rate?

Funding Request \*


☒ Leased Units
 ☐ Leased Structures
 ☒ Rental Assistance

☒ Supportive Services
 ☐ Operating
 ☐ HMIS

Select the costs for which funding is being requested:

## Leased Units Budget

In the chart below, enter the appropriate values in the "Size of Unit" "Number of units", "FMR" and "HUD Paid Rent" fields. Input the number 12 under "12 months" column for a full year grant term. Please use the corresponding FMR rate calculated by HUD for the unit size you are applying for. SRO: \$800 FMR, 0 bedroom: \$1,067, 1 bedroom: \$1,284, 2 bedroom: \$1,663, 3 bedroom: \$2,231

Size of Unit *	Number of Units *	FMR (see values above) *	HUD Paid Rent *	12 Months *	Total Request
					\$0.00
	0				\$0.00



[+ Add Unit](#)

**Total Leased Units Assistance Requested**  
\$0.00

**Total Leased Units**  
0.00

## Rental Assistance Budget

**Type of Rental Assistance \***

Select the applicable type of rental assistance from the dropdown menu.

In the chart below, enter the appropriate values in the "Size of Unit" "Number of units", and "FMR" fields. Input the number 12 under "12 months" column for a full year grant term. Please use the corresponding FMR rate calculated by HUD for the unit size you are applying for. 0 bedroom: \$1,067, 1 bedroom: \$1,284, 2 bedroom: \$1,663, 3 bedroom: \$2,231

	Size of Unit *	Number of Units *	FMR (see values above) *	12 Months *	Total Assistance Requested
✕	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00
		0			\$0.00

[+ Add Item](#)

**Total Rental Assistance Request**  
\$0.00

**Total Units**  
0.0

## Supportive Services Budget

A quantity AND a description must be entered for each requested cost (no more than 400 characters). Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, supportive services types, etc.,) for each supportive services cost for which funding is being requested. Please note that simply stating "IFTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

	Eligible Costs *	Quantity AND Description (max 400 characters) *	Annual Assistance Requested *
✕	<input type="text"/>	<input type="text"/>	<input type="text"/>
			\$0.00

[+ Add Item](#)

**Total Supportive Services Assistance Requested**  
\$0.00

## Match

**Program Income as Match \***

☐ Yes ☐ No

Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?

## Sources of Match Detail

	Type of Commitment *	Type of Source *	Name of Source Commitment *	Date of Written Commitment *	Value of Written Commitment *
✕	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					\$0.00

[+ Add Match Source](#)

Total Value of Cash Commitments \*

Total Value of In-Kind Commitments \*



## Summary Budget

Administrative costs can be added in here of up to 10% of the project's subtotal costs.

Eligible Costs \*

Total Assistance Requested for Grant Term \*





Total Assistance Plus Admin Requested: \$0.00

[+ Add Item](#)

Cash Match \*

In-Kind Match \*

Total Match



0

Your total match must equal 25% of the total assistance being requested, excluding leasing costs.

Total Budget

\$0.00

## Domestic Violence Rapid Rehousing (DV RRH) Project Application

Project Name \*

Start Date \*

End Date \*






The start date must be on or after 7/1/2020 but within the 2020 Calendar Year

The end date should fall in Calendar Year 2021

Project Description (max 3,000 characters) \*

Provide a detailed description of the scope of the proposed project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. Please include data generated from a comparable database to support the need for your project and explain how the project will improve the safety of project participants. Please also outline your plan to ensure rapid implementation of the project.

## Project Milestones

For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

**Note:** To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Please include all four project milestones from the dropdown menu provided.

Project Milestone \*

	(A) Days from Execution of Grant Agreement *	(B) Days from Execution of Grant Agreement	(C) Days from Execution of Grant Agreement
✕			
✕			
✕			
✕			

[+ Add Milestone](#)

#### CES Participation \*

☐ Yes ☐ No

*Will your project participate in a CoC Coordinated Entry Process?*

#### Movement Into Permanent Housing \*

☐ Yes ☐ No

*Will the project quickly move participants into permanent housing?*

#### Severity of Needs and Vulnerability \*

- ☐ People identified as high acuity through a population-specific needs assessment and triage tool
- ☐ People with multiple disabilities
- ☐ People coming directly from the streets
- ☐ People with criminal histories
- ☐ People who are at high risk of victimization or illness

*Please identify which high-needs populations will be served through the proposed project.*

- ☐ People experiencing chronic homelessness
- ☐ People with the longest histories of homelessness
- ☐ People with a history of DV/trauma
- ☐ People with low or no income
- ☐ People with a current or past history of substance use

### Housing First

#### Does the project ensure that participants are not screened out based on: (select all that apply) \*

- ☐ 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)
- ☐ None of the Above

*All criteria must be selected to meet Housing First requirements.*

#### Does the project ensure that participants are not terminated from the program for the following reasons: (select all that apply) \*

- ☐ 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
- ☐ None of the above

*All criteria must be selected to meet Housing First requirements.*

#### Living Requirements \*

☐ Yes ☐ No

*Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?*

Will more than 16 persons live in one structure? \*

☐ Yes ☐ No

## Project Expansion Information

Project Expansion \*

☐ Yes ☐ No

*Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?*

## Supportive Services for Participants

Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community.

**Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.**

Acknowledgement \*

☐ Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

Permanent Housing Obtainment/Retention \*

*Describe how the project plans to help program participants move into permanent housing, and how the plan ensures program participants stabilize and remain in permanent housing. Responses should acknowledge the needs of the target population, and include plans to address those needs.*

Coordination with Mainstream Programs \*

*What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible? Describe: (1) how the project will help program participants obtain income (e.g., access to employment programs and educational opportunities); (2) how the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams; and (3) how the requested CoC Program funds will contribute to program participants becoming more independent (e.g. accessing Medicare, Medicaid, early childhood education).*

Increasing Employment and Income \*

*Please describe how your agency will work with public and private organizations to promote partnerships and increase access to employment opportunities to assist participants with increasing their income.*

## Available Supportive Services

*For all supportive services available to participants, indicate who will provide them and how often they will be provided. Do not limit this selection to just supportive services for which CoC Program funding may be requested in your project application—also include supportive services other organizations or grants will provide. If a supportive service is not included from the list, it will be assumed that this service will not be offered to program participants.*

Supportive Services *	Provider *	Frequency *
		

[+ Add Supportive Service](#)
**Transportation Assistance \***
☐ Yes ☐ No

Will this project provide transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?

**Regular Follow Ups \***
☐ Yes ☐ No

Will this project provide regular follow-ups with participants to ensure mainstream benefits are received and renewed?

**SSI/SSDI Technical Assistance \***
☐ Yes ☐ No

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

**Housing Type and Location****Housing Type \***


Please select what type of housing this project will utilize.

**Total Units \***


Indicate the maximum number of units available for project participants at the selected housing site.

**Total Beds \***


Indicate the maximum number of beds available for project participants at the selected housing site.

**Project Address \***




State




Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Project Participants - Households****Number of Households w/ at Least One Adult & One Child \***

**Number of Adult Households w/out Children \***

**Number of Households w/ Only Children \***

**Total Number of Households**

0.00

**Characteristics of Households**

The number and characteristics of persons that the project is expected to serve should match the total number of units and beds requested.

Population Served *	Persons in Households w/ at Least 1 Adult & 1 Child *	Adults in Households w/out Children *	Persons in Households w/ Only Children *	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
	0	0	0	0

[+ Add Population](#)
**Project Participants - Subpopulations**

## Funding Request

Will it be feasible for the project to be under grant agreement by September 30, 2021? \*

☐ Yes ☐ No

*For projects to be included in the CoC application, it must be feasible to be under grant agreement by 9/30/2021*

Indirect Cost Rate \*

☐ Yes ☐ No

*Does this project propose to allocate funds according to an indirect cost rate?*

Funding Request \*

☐ Rental Assistance ☐ Supportive Services

☐ HMIS

*Select the costs for which funding is being requested:*

## Match

Program Income as Match \*

☐ Yes ☐ No

*Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?*

## Sources of Match Detail

Type of Commitment *	Type of Source *	Name of Source Commitment *	Date of Written Commitment *	Value of Written Commitment *
				
				\$0.00

[+ Add Match Source](#)

Total Value of Cash Commitments \*

Total Value of In-Kind Commitments \*



## Summary Budget

*Administrative costs can be added in here of up to 10% of the project's subtotal costs.*

Eligible Costs *	Total Assistance Requested for Grant Term *
	
Total Assistance Plus Admin Requested: \$0.00	

[+ Add Item](#)

Cash Match \*

In-Kind Match \*

Total Match

0

*Your total match must equal 25% of the total assistance being requested.*

Total Budget

\$0.00

## Domestic Violence Supportive Services Only - Coordinated Entry (DV SSO-CE) Project Application

Project Name \*

Start Date \*



The start date must be on or after 7/1/2020  
but within the 2020 Calendar Year

End Date \*



The end date should fall in Calendar Year  
2021

Project Description (max 3,000 characters) \*





Provide a detailed description of the scope of the project including the project plan for addressing coordinated entry needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. Please include data generated from a comparable database to support the need for your project and explain how the project will improve the safety of project participants. Please also outline your plan to ensure rapid implementation of the project.

## Project Milestones

For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

**Note:** To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Please include all four project milestones from the dropdown menu provided.

Project Milestone *	(A) Days from Execution of Grant Agreement *	(B) Days from Execution of Grant Agreement	(C) Days from Execution of Grant Agreement
 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[+ Add Milestone](#)

Severity of Needs and Vulnerability \*

☐ People identified as high acuity through a population-specific needs assessment and triage tool

☐ People with multiple disabilities

☐ People coming directly from the streets

☐ People with criminal histories

☐ People who are at high risk of victimization or illness

☐ People experiencing chronic homelessness

☐ People with the longest histories of homelessness

☐ People with a history of DV/trauma

☐ People with low or no income

☐ People with a current or past history of substance use

Please identify which high-needs populations will be served through the proposed project.

**Geographic Coverage \***

☐ Yes ☐ No

*Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area?*

**Accessibility \***

☐ Yes ☐ No

*Will the coordinated entry process funded in part by this grant be easily accessible?*

**Advertisement Strategy \***

*Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. Using bullets instead of full paragraphs is appropriate.*

**Standardized Assessment \***

☐ Yes ☐ No

*Does the coordinated entry process use a comprehensive, standardized assessment process?*

**Referral Process \***

*Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services for which they are eligible (i.e. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education). The CE process should include a list of all available resources, uniform decision making, program participant choice, and a process to reconcile unsuccessful or rejected placements. Using bullets instead of full paragraphs is appropriate.*

**Coordinated Entry Subpopulation Differences \***

☐ Yes ☐ No

*If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness?*

**Referral to Services \***

☐ This Coordinated Entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to project participants for which they may be eligible

**Project Expansion Information****Project Expansion \***

☐ Yes ☐ No

*Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?*

**Funding Request****Will it be feasible for the project to be under grant agreement by September 30, 2021? \***

☐ Yes ☐ No

*For projects to be included in the CoC application, it must be feasible to be under grant agreement by 9/30/2021*




**Indirect Cost Rate \***
☐ Yes ☐ No

Does this project propose to allocate funds according to an indirect cost rate?

**Supportive Services Budget**

A quantity AND a description must be entered for each requested cost (no more than 400 characters). Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, supportive services types, etc.,) for each supportive services cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Eligible Costs *	Quantity AND Description (400 max characters) *	Annual Assistance Requested *
		
		\$0.00

[+ Add Item](#)
**Total Supportive Services Assistance Requested**

\$0.00

**Match****Program Income as Match \***
☐ Yes ☐ No

Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?

**Sources of Match Detail**

Type of Commitment *	Type of Source *	Name of Source Commitment *	Date of Written Commitment *	Value of Written Commitment *
				
				\$0.00

[+ Add Match Source](#)
**Total Value of Cash Commitments \***

**Total Value of In-Kind Commitments \***

**Summary Budget**

Administrative costs can be added in here of up to 10% of the project's subtotal costs.

Eligible Costs *	Total Assistance Requested for Grant Term *
<div><div><div>✕</div></div><div></div></div>	
Total Assistance Plus Admin Requested: \$0.00	

[+ Add Item](#)
**Cash Match \***

**In-Kind Match \***

**Total Match**

0

*Your total match must equal 25% of the total assistance being requested.*

**Total Budget**

\$0.00

## Attachments

*Please attach all required supporting documentation and other relevant materials related to your application.*

**Vendor Questionnaire Form (AA-1) \***

**Upload** or drag files here.

*Included in the attachment section of the City-issued RFA.*

**Project Workforce Utilization \***

**Upload** or drag files here.

*Included in the attachment section of the City-issued RFA.*

**Declaration of Non-Collusion \***

**Upload** or drag files here.

*Included in the attachment section of the City-issued RFA.*

**City of Pasadena Taxpayer Protection Amendment (TPA) \***

**Upload** or drag files here.

*Included in the attachment section of the City-issued RFA.*

**Nonprofit Documentation \***

**Upload** or drag files here.

*Nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) final determination letter providing tax-exempt status under Section 501(c)(3) of the IRS Code (preferred); or (2) a certification from a licensed CPA that the organization meets each component of the definition of a private nonprofit organization as defined by 24 CFR 578.3.*

**HUD 50070 Drug Free Workplace \***

**Upload** or drag files here.

*Access the form here: <https://www.hud.gov/sites/documents/50070.PDF>*

**Match Commitment \***

**Upload** or drag files here.

*Please attach a match letter and/or Memorandum of Understanding (MOU) as documentation of your agency's match commitment for each project that you are applying for.*

**Approved Indirect Cost Rate (Optional)**

**Upload** or drag files here.

*Project applicants requesting to utilize a Federally approved indirect cost rate for billing may attach the approved agreement.*

## Certification

**A. For all projects:**  
**Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project. It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities. It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance. It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women. If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

**Applicant Certification \***

- ☐ I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001)

**Active SAM Status Requirement \***

- ☐ I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

## Does Everything Look Right?

Please review your application for completeness and accuracy.  
Once you submit, you will no longer be able to make changes or edits to your application.