2024 CoC Renewal Projects Application

Submission Deadline: September 10, 2024 at 5:00 p.m.

Overview

Pasadena Continuum of Care

Renewal Projects Application

FY2024 CoC Application

City of Pasadena Department of Housing

649 N Fair Oaks Ave, Pasadena, CA 91103

Daniel Cole

Homeless Programs Coordinator

dcole@cityofpasadena.net

Notice Regarding Disclosure of Contents of Document

All responses to this renewal projects 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 renewal project 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.

Agency Information

Agency Information

Organization Name

UEI Number

Employer/Tax ID Number

*On **April 4, 2022**, the unique entity identifier used across the federal government changed from the DUNS Number to the Unique Entity ID (generated by SAM.gov)*

Organization Address

Address Line 1

Address Line 2

City   State   Zip Code

System for Award Management (SAM) Clearance

○ Yes ○ No

To pass threshold requirements, applicants must have System for Award Management (SAM) clearance to ensure they are not suspended or debarred from working on federally-funded projects. SAM clearance must be renewed annually at www.sam.gov.

Agency Director/CEO Name   **Email**   **Phone**

First

Last

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

First

Last

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

Renewal Project Application Contact   **Email**   **Phone**

First

Last

Please include the name of the person

working on the renewal project application who should recieve the confirmation email once submitted.

Please select the renewal project for which you are applying

[   ]

For which project is this renewal application being submitted?

PH Renewal Projects

Permanent Housing Renewal Project Application

Responses provided below should be specific to 's CoC Rental Assistance renewal project.

1. HMIS Implementation
○ Yes ○ No

To pass threshold requirements, projects are required to participate in HMIS unless the project is a victim-service agency serving survivors of domestic violence or a legal services agency.

HMIS Implementation Explanation (max 1,000 characters)

Please explain why the project will not participate in HMIS and what comparable data base (if any) is utilized to collect client-level information.

2. Coordinated Entry System Participation
○ Yes ○ No

To pass threshold requirements, projects are required to participate in the Coordinated Entry System (CES) when it is available for the project type.

CES Participation Explanation (max 1,000 characters)

Please explain why the project will not participate in CES.

3. Project Address

Address Line 1

Address Line 2

City

State

Zip Code

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 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 LOI submission. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

4. Target Population: (select all that apply)

☐ Veterans   ☐ Youth (under 25)   ☐ Mental Illness

☐ Chronically Homeless   ☐ Domestic Violence   ☐ HIV/AIDS

☐ Families with Children ☐ Substance Use Disorder   ☐ N/A - Project Serves all Populations

☐ _____

Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

HMIS Data Quality

*Please refer to Question 6c (Data Quality: Income and Housing Data Quality) of your APR for reporting period of 10/1/22 - 9/30/23 to answer all of the following questions. **Note: Victim Service Providers (VSPs) can use their most recent reporting grant period to complete this section.***

1. Destination Error Count (3.12)

Enter the total number of errors for Destination (Row 2 Column 5)

2. Destination Error Rate (3.12)

Enter the percent of issue rate for Destination (Row 2 Column 6)

3. Income Error Count at Start (4.02)

Enter the total number of errors for Income and Sources at Start (Row 3 Column 5)

4. Income Error Rate at Start (4.02)

Enter the percent of issue rate for Income and Sources at Start (Row 3 Column 6)

5. Income Error Count at Annual Assessment (4.02)

Enter the total number of errors for Income and Sources at Annual Assessment (Row 4 Column 5)

6. Income Error Rate at Annual Assessment (4.02)

Enter the percent of issue rate for Income and Sources at Annual Assessment (Row 4 Column 6)

7. Income Error Count at Exit (4.02)

Enter the total number of errors for Income and Sources at Exit (Row 5 Column 5)

8. Income Error Rate at Exit (4.02)

Enter the percent of issue rate for Income and Sources at Exit (Row 5 Column 6)

9. Description of Activities to Maintain or Improve HMIS Data Quality (max 1,500 characters)

Please outline any activities your agency conducts to either maintain or achieve high HMIS data quality.

Bed Utilization

*Please refer to **APR question 8b (column 2)**. Point-in-Time Count of Households on the Last Wednesday of each quarter and the **2023 HIC** to answer the following questions. **Note: Victim Service Providers (VSPs) can use their most recent reporting grant period to complete this section.***

APR Date Range: 10/1/22-9/30/23

Total Units (based on 2023 HIC)	January HH PIT	April HH PIT	July HH PIT	October HH PIT
0	0	0	0	0

1. January Utilization   **2. April Utilization**   **3. July Utilization**   **4. October Utilization**

5. Total Average Utilization
0%

6. Activities to Maintain or Improve Bed Utilization Rates (max 2,000 characters)

Please outline any activities your agency conducts to either maintain or achieve high bed utilization rates.

7. Explanation of Low Bed Utilization Rates (max 1,500 characters)

Please explain any total average utilization rates below 80%.

System Performance Measures

*Please use the Systems Performance Measure (SPM) report with the **date range 10/1/22-9/30/23** to answer the questions below.* **Note: Victim Service Providers (VSPs) can use their most recent reporting grant period to complete this section.**

<u>SPM 2: Recidivism</u>

Refer to SPM 2a. and 2b *(The Extent to which Persons Who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 6, 12, and 24 months).,* ***row 6 entitled "Exit was from PH"*** *for the following questions.*

1. Number of Persons Who Exited to PH

Column 2, Total Number of Persons who Exited to a Permanent Housing Destination (2 Years Prior)

2. Percent of Returns in < 6 Months	**3. Percent of Returns in 6-12 Months**
Column 4, (0 - 180 d)	*Column 6, (181 - 365 d)*
4. Percent of Returns in 13-24 Months	**5. Percent of Returns in 2 Years**

6. Returns to Homelessness Narrative (max 2,000 characters)

<div style="border:1px solid #ccc; height:250px;"></div>

Please describe your project's strategy to reduce returns to homelessness.

SPM 4.1-3: Income (Stayers)

Change in earned income for adult system stayers during the reporting period. Refer to the column entitled "Current FY" for the following questions (metrics 4.1 - 4.3). **Note: Victim Service Providers (VSPs) can use their most recent reporting grant period to complete this section.**

1. Universe: Number of Adults (4.1, system stayers)

<div style="border:1px solid #ccc; height:30px;"></div>

Enter the number of adult system stayers (row 2, column 3)

2. Percent with Increased Earned Income (4.1, system stayers)

<div style="border:1px solid #ccc; height:30px;"></div>

Enter the percentage of adult system stayers who increased earned income (row 4, column 3)

3. Percent with Increased Non-Employment Cash Income (4.2, system stayers)

<div style="border:1px solid #ccc; height:30px;"></div>

Enter the percentage of adult system stayers who increased non-employment cash income (row 4, column 3)

4. Percent with Increased Total Income (4.3, system stayers)

<div style="border:1px solid #ccc; height:30px;"></div>

Enter the percentage of adult system stayers who increased total income (row 4, column 3)

SPM 4.4-6: Income (Leavers)

Change in earned income for adult system leavers during the reporting period. Refer to the column entitled "Current FY" for the following questions (metrics 4.4 - 4.6). **Note: Victim Service Providers (VSPs) can use their most recent reporting grant period to complete this section.**

5. Universe: Number of Adults (4.4, system leavers)

<div style="border:1px solid #ccc; height:30px;"></div>

Enter the number of adult system leavers (row 2, column 3)

6. Percent with Increased Earned Income (4.4, system leavers)

<div style="border:1px solid #ccc; height:30px;"></div>

Enter the percentage of adult system leavers who increased earned income (row 4, column 3)

7. Percent with Increased Non-Employment Cash Income (4.5, system leavers)

<div style="border:1px solid #ccc; height:30px;"></div>

Enter the percentage of adult system leavers who increased non-employment cash income (row 4, column 3)

8. Percent with Increased Total Income (4.6, system leavers)

<div style="border:1px solid #ccc; height:30px;"></div>

Enter the percentage of adult system leavers who increased total income (row 4, column 3)

9. Job and Income Growth Narrative (max 2,000 characters)

[ ]

Please describe the following:

1. Your project's strategy to assist participants with accessing employment and non-employment cash sources.

2. How the project is working with mainstream employment organizations to help people experiencing homelessness increase their cash income.

SPM 7b2: Exit to or Retention of Permanent Housing

People in permanent housing projects who exited after moving into housing or who moved into housing and remained in the project during the reporting period. **Note: Victim Service Providers (VSPs) can use their most recent reporting grant period to complete this section.**

1. Universe: Number of Exits/Retention of Permanent Housing

[ ]

Enter the number of people in all PH projects who exited after moving into housing, or who moved into housing and remained in the PH project. (row 2, column 3)

2. Percent of Successful Exits/Retention

[ ]

Enter the percentage of successful exits/retention. (row 4, column 3)

3. Housing Retention Narrative (max 2,500 characters)

[ ]

Please describe your project's strategy to maintain or improve permanent housing retention rates.

Program Design and Service Delivery

1. Serving People with the Highest Service Needs

[ ]

Please refer to APR Q13c.2 and sum the Total Persons in the rows entitled "2 conditions" and "3+ conditions" (rows 4 and 5, column 2). Divide this number by the total number of persons overall (row

2. Previously Unsheltered Program Participants

[ ]

Please refer to APR Q15 row entitled "place not meant for human habitation " (column 2). Divide this number by the total number of persons overall (final row on pg 15, column 2).

9, column 2).

3. Serving People with the Longest Experiences of Homelessness

Please refer to Q22e and sum the totals in the rows entitled "366 to 730 days (1-2 Yrs)" and "731 days or more" (rows 10 and11, column 2). Divide this number by the total number of persons overall (row 15, column 2).

4. Chronically Homeless at Project Entry

Please refer to APR Q.26a. row entitled "Chronically Homeless "(row 2, column 2). Divide this number by the total number of persons (row 6, column 2)."

5. Rapid Move In

Please refer to APR Q.22c. (Length of Time between Project Start Date and Housing Move-in Date). Enter the number that appears for "Average Length of Time to Housing" (row 11, column 2).

6. Minimizing Negative Program Exits

Please refer to APR Q.23c. (Exit Destination). Sum the Subtotal number of participants who exited to Homeless Situations, Institutional Settings (excluding foster care home or foster care group, hospital or other residential non-psychiatric medical facility, and long-term care facility or nursing home), and Temporary Situations. Divide this number by the total number of exits (excluding subtotal of Other Situations).

7. BIPOC Enrollment (race and ethnicity)

Please refer to APR Q.12. (Race and Ethnicity). Subtract the number of people who are White (row 8, column 2), from the Total (row 35, column 2), and divide this number by the Total number of participants (row 35, column 2).

8. Racial Disparity Analysis

☐ Yes ☐ No

Does your project analyze whether or not BIPOC are more likely to have a negative outcome outside of the CoC competition?

*Please note - Full points are provided to projects that attach an example of a previously conducted analysis in the Attachment section.

9. Identifying Racial Disparities in the Provision or Outcomes of Assistance (max 2,500 characters)

Please describe your project's process for analyzing whether any racial disparities are present in the provision or outcomes of assistance. Responses should include examples of racial disparities the project identified in the provision or outcomes of assistance, if any.

10. Advancing Racial Equity (max 2,500 characters)

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Please describe:

1. Any barriers to participation the applicant has identified (e.g. lease up and retention challenges) that are faced by people of color enrolled in the program;

2. Steps that have been taken to address these barriers and/or disparities in the provision of assistance to improve racial equity; and

3. Measures the project has in place to track progress on preventing or eliminating disparities.

11. Inclusion of People with Lived Expertise of Homelessness in Service Delivery and Decision Making (max 2,500 characters).

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Please describe the following. **<u>Note:</u> if your program targets a specific subpopulation (e.g. chronically homeless, families, youth, survivors of domestic violence), please highlight how this subpopulation is included in your lived expertise representation.**

1. Outreach efforts to engage people with lived experience in leadership roles and decision making processes;

2. Professional developement (e.g. internships, continuing education, skill-based training) and employment opportunities that are provided to people with lived experience of homelessness; and

3. Process to gather feedback from people who have received assistance through the CoC program and the steps that are taken to address challenges raised by people with lived experience.

12. Addressing the Needs of LGBTQ+ Individuals (max 2,000 characters)

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Please describe how the applicant ensures that all services provided through the project are trauma-

informed and have the ability to meet the needs of LGBTQ+ individuals and/or families.

13. Community Reintegration (max 2,000 characters)

[ ]

Please describe the proactive steps that the project is taking to reintegrate participants into the community (e.g. increasing access to education and training opportunities, volunteer and community service opportunities, etc.)

14. Staff Recruitment and Retention (max 2,000 characters)

[ ]

Homeless assistance providers need effective, well supported staff to provide high quality assistance. Unfortunately, recruiting and retaining qualified staff for programs to assist persons experiencing homelessness has proven difficult due to low pay and the challenging nature of the work. Please describe any measures that the applicant has taken to improve its ability to recruit and retain employees (e.g. changes to pay or benefits, scheduling changes, employee assistance programs, etc.).

Policies and Procedures

Housing First

1. Does the project quickly move participants into permanent housing without prerequisites or conditions?
☐ Yes ☐ No

2. Does the project enroll program participants who have the following barriers? (select all that apply)

☐ Having too little or no income

☐ History of victimization (e.g. domestic violence, sexual assault, childhood abuse)

☐ Active or history of substance use

☐ None of the above

☐ Having a criminal record with exceptions for state-mandated restrictions

All criteria must be selected to meet Housing First requirements

3. Will the program terminate participants for any of the following reasons? (select all that apply)

☐ Failure to participate in supportive services

☐ Loss of income or failure to improve income

☐ Failure to make progress on a service plan

☐ Any other activity not covered in a lease agreement typically found for unassisted persons in

the project's geographic area

☐ Substance Use (active or history of use) or failure ☐ None of the above
to comply with a treatment program

None of the above must be selected to meet Housing First Requirements.

4. Housing First Evaluation (max 2,500 characters)

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Please describe the tools and methods that are regularly used to ensure the project is following and maintaining fidelity to a Housing First approach throughout implementation and operation.

Anti-Discrimination

5. Anti-Discrimination Policy
○ Yes ○ No
Does your organization have their own anti-discrimination policy consistent with the CoC-wide anti-discrimination policy?

*Please note an attachment is required to recieve full points. Applicants that select yes and do not upload an attachment will not recieve points.

6. Anti-Discrimination Narrative (max 2,000 characters)

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Please describe how the project ensures the privacy, respect, safety, and access to assistance for participants regardless of gender identity or sexual orientation?

Connection to Mainstream Benefits

7. Activities Related to Mainstream Benefits (select all that apply)

☐ Transportation assistance to clients to attend mainstream benefit appointments, employment training, jobs, etc.

☐ Access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or a partner agency

☐ At least annual follow-ups with participants to ensure mainstream benefits are received and renewed

☐ Staff providing the technical assistance completed SOAR training in the past 24 months

Please identify whether the project provides the following activities at least once per program year.

8. SOAR Certification Narrative (max 1,500 characters)

Please describe the strategies used to promote SOAR certification among program staff, if any.

9. Healthcare Mainstream Benefits Assistance Narrative (max 2,000 characters)

Please describe how the project collaborates with healthcare organizations, including those that provide susbtance use disorder and mental health treatment, to assist program participants with recieving healthcare services, including MediCal.

HEARTH Act Compliance

This section asks questions of all renewal projects to ensure compliance with the requirements of the HEARTH Act. Please note, this section does not include all changes under the HEARTH Act and it is recommended that all projects review the Act in its entirety.

10. Conflict of Interest

☐ For agency conflicts

☐ For individual conflicts

Please verify that the project has all of the following HEARTH required policies and procedures in place. Full points will only be awarded to projects that meet these requirements.

11. Participation of People with Lived Experience of Homelessness

☐ In policy making bodies

☐ In project operations

Please verify that the project has all of the following HEARTH required policies and procedures in place. Full points will only be awarded to projects that meet these requirements.

12. Faith-Based Activities

☐ Equal treatment of program participants

☐ Separation of explicitly religious activities from program activities

Please verify that the project has all of the following HEARTH required policies and procedures in place. Full points will only be awarded to projects that meet these requirements.

13. Fair Housing

☐ Equal access for program participants regardless of sexual orientation or gender identity in compliance with federal law

☐ Non-discrimination and equal opportunity regardless of age, color, disability status, familial status, gender, marital status, national origin, race, religion and sexual orientation

☐ Affirmatively furthers Fair Housing

☐ Age and gender of a child under 18 is not used as a basis for denying a family's admission for a project

☐ Accessibility for people with disabilities

Please verify that the project has all of the following HEARTH required policies and procedures in place. Full points will only be awarded to projects that meet these requirements.

14. If any of the required policies are not in place, please explain (max 1,000 characters)

Grant Utilization and Financial Efficiency

Please answer the following questions related to grant utilization and financial efficiency. In addition, projects will be evaluated on the percent of funds available for recapturing by HUD over the past two years and cost effectiveness (i.e. the cost per housing outcome) based on information provided by the City of Pasadena Finance Department.

1. Unspent Funds for Most Recent Grant Term

Please utilize the final drawdown supporting documentation provided by city staff via email on 8/21/24. Contact dcole@cityofpasadena.net if you do not have access to this information.

Total Grant Funds Available in Most Recent Grant Term	Total Unspent Grant Funds in Most Recent Grant Term	Percentage of Unspent Funds in Most Recent Grant Term
$0.00	$0.00	0.00%

2. Grant Spending History (2021-2022 Project Year)

Please utilize the final drawdown supporting documentation provided by city staff via email on 8/21/24. Contact dcole@cityofpasadena.net if you do not have access to this information.

Total Grant Funds Available in 2021-2022 Project Year	Total Unspent Grant Funds in 2021-2022 Project Year	Percentage of Unspent Funds in 2021-2022 Project Year
$0.00	$0.00	

Two Year Average Unspent Funds

0%

3. Explanation of Underspending (max 2,000 characters)

Please explain any contributing factors for underspending CoC grant funds and actions that are being taken to address this. Projects with less than 10% of unspent funds for the last two grant terms may enter N/A. **Points are only available to projects with 10% or more of unspent funds for the past two grant terms.**

4. Match Requirement

○ Yes ○ No

Will your agency be able to provide the match requirement for the renewal project? Match must equal 25% of the total grant request, including administrative costs but excluding leasing costs. Match contributions can be cash, in-kind, or a combination of both.

5. Source of Match

☐ Cash ☐ In-Kind

6. Audit Findings

○ Yes ○ No

Does your agency have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?

Please explain your response (max 1,000 characters)

Please explain any audit findings concerning previous grants terms associated with this renewal. Please also include steps your agency is taking to remedy any audit findings.

7. Federal Debt

○ Yes ○ No

Is your agency delinquent on any Federal debt?

Please explain your response (max 1,000 characters)

Please explain any federal debt your agency has.

8. Indirect Costs

◯ Yes ◯ No

Will this project use an indirect cost rate in budgeting and billing?

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

◉ Yes ◯ No

Projects that do not plan to use the 10% de minimis rate must have a rate that has been approved by a cognizant agency with supporting documentation.

Rate approved by federal cognizant agency

[   ]

Applicants requesting to utilize a federally approved indirect cost rate for billing are required to attach the approved Negotiated Indirect Cost Rate Agreement in the Attachments section.

9. Other Government Assistance

*Applicants must report any other government assistance involved in the project or activity for which assistance is sought. "Other government assistance" is defined to include, but is not limited to, 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 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 or activities for which the assistance is sought. **If no other government assistance will be provided, please indicate N/A.***

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

10. Interested Parties

*Applicants **must disclose:***
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity; and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

If there are no parties with a financial interest in the project, please indicate N/A.

First and Last Name	Type of Participation	Financial Interest ($)	Financial Interest (%)

Attachments

Please attach all required supporting documentation and other relevant materials related to your renewal application for CoC Rental Assistance

HUD 50070 Drug Free Workplace
All projects are required to submit a signed HUD 50070 form for submission with the CoC's consolidated application. Access the form here: https://www.hud.gov/sites/documents/50070.PDF

Racial Disparity Analysis
Please upload an example of a previously conducted racial disparity analysis that examines whether or not BIPOC are more likely to have a negative outcome to receive full points for this question.

HMIS or Comparable Database Program Roster
Please upload a program roster pulled from HMIS or a comparable database showing that your project is entering client information in HMIS and the number of participants currently enrolled.

Updated Annual Performance Report (Optional)
Project applicants have the option to upload an updated APR that corrects any identified data errors.

Completed HUD Housing First Assessment Tool (Required for Bonus Points)
Projects that upload a completed spreadsheet of HUD's Housing First Assessment Tool will recieve two (2) bonus points.

Proof of SAM Clearance
Please upload documentation providing evidence that your agency has an active System of Award Management registration at the time of application submission.

Anti-Discrimination Policy
Please upload a copy of your project/agency's anti-discrimination policy to receive full points for this question.

Approved Indirect Cost Rate (Optional)
Project applicants requesting to utilize a Federally approved indirect cost rate for billing may attach the approved agreement.

Updated System Performance Measures Report (Optional)
Project applicants have the option to upload an updated SPM that corrects any identified data errors.

Projects in Operation for Less than 1 Year

Projects in Operation for Less than 1 Year Renewal Application

Responses provided below should be specific to 's Centennial Place PSH Supportive Services renewal project.

HMIS or Comparable Database

1. HMIS or Comparable Database Participation
☐ Yes ☐ No
Is the project set up in HMIS or a comparable database?

2. HMIS or Comparable Database Data Entry
☐ Yes ☐ No
Is the project entering client data in HMIS or a comparable database? An HMIS program roster or an equivalent report upload is required to receive full points.

HMIS or Comparable Database Participation Explanation (max 1,000 characters)

Please explain why this project is not participating in HMIS or a comparable database.

HMIS or Comparable Database Data Entry Explanation (max 1,000 characters)

Please explain why this project is not entering client data in HMIS or a comparable database.

Coordinated Entry System Participation

1. CES Participation
☐ Yes ☐ No
Is the project participating in the Coordinated Entry System (CES)?

CES Participation Explanation (max 1,000 characters)

Please explain why this project is not participating in the CES.

Commitment to Housing First

1. Does the project quickly move participants into permanent housing without prerequisites or conditions?
☐ Yes ☐ No

2. Does the project enroll program participants who have the following barriers? (select all that apply)
☐ Having too little or no income   ☐ History of victimization (e.g. domestic

violence, sexual assault, childhood abuse)

☐ Active or history of substance use   ☐ None of the above

☐ Having a criminal record with exceptions for state-mandated restrictions

All criteria must be selected to meet Housing First requirements

3. Will the program terminate participants for any of the following reasons? (select all that apply)

☐ Failure to participate in supportive services   ☐ Loss of income or failure to improve income

☐ Failure to make progress on a service plan   ☐ Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area

☐ Substance Use (active or history of use) or failure ☐ None of the above
to comply with a treatment program

None of the above must be selected to meet Housing First Requirements.

4. Housing First Evaluation (max 2,500 characters)

Please describe the tools and methods that are regularly used to ensure the project is following and maintaining fidelity to a Housing First approach throughout implementation and operation.

Project Enrollment

1. Number of people currently enrolled in the project	**2. Number of people the project proposed to serve**	**3. Project Enrollment Percentage**
Based on program roster	*Based on 2023 CoC project application*	*The number of people currently enrolled in the project divided by the total number of people the project proposed to serve*

4. Enrollment Narrative (max 2,000 characters)

Please explain any contributing factors for delayed project enrollments and actions that are being taken to address this

Staff Capacity

1. Hired Staff

☐ Yes, fully staffed

☐ Yes, partially staffed

☐ No, no staffing in place

Have staff that will be supporting this project been hired and onboarded?

2. Staffing Narrative (max 2,000 characters)

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Please describe the project's staffing progress, including any contributing factors to delayed hiring and actions that are being taken to address this.

3. Staff Recruitment and Retention (max 2,000 characters)

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Homeless assistance providers need effective, well supported staff to provide high quality assistance. Unfortunately, recruiting and retaining qualified staff for programs to assist persons experiencing homelessness has proven difficult due to low pay and the challenging nature of the work. Please describe any measures that the applicant has taken to improve its ability to recruit and retain employees (e.g. changes to pay or benefits, scheduling changes, employee assistance programs, etc.).

Grant Utilization

1. Total Funding Available for Centennial Place PSH Supportive Services

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2. Total Funding Reimbursed through June 30, 2024

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Information current as of 8/21/24.

3. Funding Spent through June 30, 2024

4. Explanation of Underspending (max 2,000 characters)

Please explain any contributing factors for delayed spending of CoC grant funds and actions that are being taken to address this.

*Points only available to projects that have spent less than 30% of funding contracted for the grant term. Total funding reimbursed through June 2024 is current as of 8/21/24.

Attachments

Please attach all required supporting documentation and other relevant materials related to your renewal application for Centennial Place PSH Supportive Services

HUD 50070 Drug Free Workplace
All projects are required to submit a signed HUD 50070 form for submission with the CoC's consolidated application. Access the form here: https://www.hud.gov/sites/documents/50070.PDF

Proof of SAM Clearance
Please upload documentation providing evidence that your agency has an active System of Award Management registration at the time of application submission.

Racial Disparity Analysis
Please upload an example of a previously conducted racial disparity analysis that examines whether or not BIPOC are more likely to have a negative outcome to receive full points for this question.

Anti-Discrimination Policy
Please upload a copy of your project/agency's anti-discrimination policy to receive full points for this question.

HMIS or Comparable Database Program Roster
Please upload a program roster pulled from HMIS or a comparable database showing that your project is entering client information in HMIS and the number of participants currently enrolled.

Approved Indirect Cost Rate (Optional)
Project applicants requesting to utilize a Federally approved indirect cost rate for billing may attach the approved agreement.

Updated Annual Performance Report (Optional)
Project applicants have the option to upload an updated APR that corrects any identified data errors.

Updated System Performance Measures Report (Optional)
Project applicants have the option to upload an updated SPM that corrects any identified data errors.

Completed HUD Housing First Assessment Tool (Required for Bonus Points)
Projects that upload a completed spreadsheet of HUD's Housing First Assessment Tool will recieve two (2) bonus points.

CES Renewal Projects

Coordinated Entry System Renewal Project Application

Responses provided below should be specific to 's Coordinated Entry System (CES) renewal project.

1. HMIS Implementation

○ Yes ○ No

To pass threshold requirements, projects are required to participate in HMIS unless the project is a victim-service agency serving survivors of domestic violence or a legal services agency.

HMIS Implementation Explanation

[   ]

Please explain why the project will not participate in HMIS and what comparable data base (if any) is utilized to collect client-level information.

2. Coordinated Entry System Participation

○ Yes ○ No

To pass threshold requirements, projects are required to participate in the Coordinated Entry System (CES) when it is available for the project type.

CES Participation Explanation

[   ]

Please explain why the project will not participate in CES.

3. Project Address

[   ]

Address Line 1

[   ]

Address Line 2

[   ] [   ] [   ]

City   State   Zip Code

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 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 LOI submission. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

4. Target Population: (select all that apply)

☐ Veterans ☐ Youth (under 25) ☐ Mental Illness

☐ Chronically Homeless ☐ Domestic Violence ☐ HIV/AIDS

☐ Families with Children ☐ Substance Use Disorder ☐ N/A - Project Serves all Populations

☐ [   ]

Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

HMIS Data Quality

*Please refer to Question 6c (Data Quality: Income and Housing Data Quality) of your APR for reporting period of 10/1/21 - 9/30/22 to answer all of the following questions. **Note: Victim Service Providers (VSPs) can use their most recent reporting grant period to complete this section.***

1. Destination Error Count (3.12)

Enter the total number of errors for Destination (Row 2 Column 5)

2. Destination Error Rate (3.12)

Enter the percent of issue rate for Destination (Row 2 Column 6)

3. Income Error Count at Start (4.2)

Enter the total number of errors for Income and Sources at Start (Row 3 Column 5)

4. Income Error Rate at Start (4.2)

Enter the percent of issue rate for Income and Sources at Start (Row 3 Column 6)

5. Income Error Count at Annual Assessment (4.2)

Enter the total number of errors for Income and Sources at Annual Assessment (Row 4 Column 5)

6. Income Error Rate at Annual Assessment (4.2)

Enter the percent of issue rate for Income and Sources at Annual Assessment (Row 4 Column 6)

7. Income Error Count at Exit (4.2)

Enter the total number of errors for Income and Sources at Exit (Row 5 Column 5)

8. Income Error Rate at Exit (4.2)

Enter the percent of issue rate for Income and Sources at Exit (Row 5 Column 6)

9. Description of Activities to Maintain or Improve HMIS Data Quality (max 1,500 characters)

Please outline any activities your agency conducts to either maintain or achieve high HMIS data quality.

Access to Coordinated Entry

1. Access Points

☐ A hotline or 211 system where clients call a central phone number for access to housing/services

☐ A no-wrong door approach where clients may present at any housing/service provider in the participating geography and is assessed using the same tool and methodology as all other projects use across the system.

☐ A central location (i.e. a walk-in center for access to housing/services)

☐ A specialized team of workers which provide assessment services at locations not meant for human habitation (e.g. streets)

☐ A regional approach where walk-in locations are scatted for easy access to locations throughout the geography

☐

Identify the ways participants can access the Coordinated Entry System. (select all that apply)

2. Access to CES Narrative (max 2,500 characters)

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[empty text box]
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Describe how access to the CES works for people in need of services and how the CES prioritizes people most in need of assistance.

3. CES Access for Special Populations (max 2,000 characters)

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[empty text box]
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Describe how access to the CES is promoted among special populations (i.e. adults, families, youth, DV survivors, etc). Describe how it is similar or different to other populations' access.

NOTE: DV projects should also describe efforts to improve the ability of the CES to meet the needs of DV survivors while maximizing client choice for housing and services. Projects should also describe the protocols that prioritize safety and incorporate trauma-informed, victim-centered services.

4. CES Access for Other Populations (max 2,000 characters)

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[empty text box]
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How is the CES easily accessible by other populations, such people with limited English proficiency and people with visual, auditory, or mobility impairments?

NOTE: DV projects should also describe how the CES maximizes client choice for housing and services while ensuring safety and confidentiality.

5. CES Coverage
☐ Yes ☐ No
Does the CES project cover the CoC's entire geographic area?

6. CES Reach (max 2,500 characters)

> [blank text box]

Describe how the CES reaches people who are least likely to apply for homeless assistance in the absence of special outreach and ensures people most in need of assistance receive assistance in a timely manner.

7. Affirmatively Markets Housing and Services

☐ Yes ☐ No

Does the CES project implement affirmative marketing procedures to ensure all people seeking assistance are informed of their rights and remedies under federal, state and local fair housing and civil rights laws?

8. Affirmatively Furthering Fair Housing (max 2,000 characters)

> [blank text box]

Describe how the CES project informs participants of their rights and remedies available under fair housing and civil rights laws. What processes are in place to report any conditions or actions that impeded fair housing choice for current and prospective participants?

9. BIPOC Enrollment (race and ethnicity)

> [blank text box]

Please refer to APR Q.12. (Race and Ethnicity). Subtract the number of people who are White (row 8, column 2), from the Total (row 35, column 2), and divide this number by the Total number of participants (row 35, column 2).

11. Racial Disparity Analysis

☐ Yes ☐ No

Does your project analyze whether or not BIPOC are more likely to have a negative outcome outside of the CoC competition?

*Please note - Full points are provided to projects that attach an example of a previously conducted analysis in the Attachment section.

12. Identifying Racial Disparities in the Provision or Outcomes of Assistance (max 2,500 characters)

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Please describe your project's process for analyzing whether any racial disparities are present in the provision or outcomes of assistance. Responses should include examples of racial disparities the project identified in the provision or outcomes of assistance, if any.

13. Advancing Racial Equity (max 2,500 characters)

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Please describe:

1. Any barriers to participation the applicant has identified (e.g. lease up and retention challenges) that are faced by people of color enrolled in the program;

2. Steps that have been taken to address these barriers and/or disparities in the provision of assistance to improve racial equity; and

3. Measures the project has in place to track progress on preventing or eliminating disparities.

14. Participative Planning and Implementation (max 2,000 characters)

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Please describe:

1. What steps are taken to ensure that traditionally marginalized populations (such as racial and ethnic minorities and persons with disabilities) are able to meaningfully participate in the CES planning process?

2. How is the feedback provided by these populations incorporated into the CES?

NOTE: DV projects should also describe the process for involving survivors in the planning process throughout the project's operation.

15. Inclusion of People with Lived Expertise of Homelessness (max 2,500 characters)

What is the process to gather feedback from people who have received assistance through the CES, and what steps are taken to address the challenges raised and/or feedback provided?

NOTE: DV projects should also describe the process for involving survivors who have received assistance.

16. Engaging Organizations (max 2,000 characters)

Please describe how the CES engages with a broad range of organizations (e.g., local government, law enforcement, affordable housing developers, early childhood programs, education authorities, mental health organizations.) that participate in the Coordinated Entry System.

NOTE: DV projects should also describe steps they have taken to foster coordination and collaboration between homeless services and victim services providers.

17. Staff Recruitment and Retention (max 2,000 characters)

Homeless assistance providers need effective, well supported staff to provide high quality assistance. Unfortunately, recruiting and retaining qualified staff for programs to assist persons experiencing homelessness has proven difficult due to low pay and the challenging nature of the work. Please describe any measures that the applicant has taken to improve its ability to recruit and retain employees (e.g. changes to pay or benefits, scheduling changes, employee assistance programs, etc.).

Screening and Assessment

1. Standardized Assessment
☐ Yes ☐ No
Does the CES use a standardized assessment process and assessment tool?

2. Assessment Tool by Household Type
☐ Yes ☐ No
Does the CES utilize population-specific assessment tools (i.e. households without children, households with children, households with unaccompanied youth only, households fleeing violence)

3. Assessment Tools Narrative (max 2,000 characters)

Please describe how different CE assessment tools are utilized and how each tool is administered. Please describe any steps or measures that are taken to ensure assessment is trauma-informed.

NOTE: DV projects should describe the how CES implements protocols for safety planning and confidentiality for victims of DV, dating violence, sexual assault, and stalking in the assessment process

4. CES Prioritization

☐ Yes ☐ No

Does the CES have a method to prioritize households that takes into account community needs?

5. CES Prioritization Narrative (max 2,000 characters)

Please describe how the CES prioritizes households in need of assistance while taking into account community needs (i.e. severity of client needs, length of time homeless, subpopulation characteristics, etc.)

6. Rapid Obtainment of Permanent Housing

☐ Yes ☐ No

Does the CES ensure that permanent housing is rapidly obtained consistent with participant preferences?

7. Rapid Obtainment of Permanent Housing Narrative (max 2,500 characters)

*Please describe how the CES ensures that permanent housing is **rapidly** obtained consistent with participant preferences.*

NOTE: DV projects should describe the how safety planning and confidentiality for victims of DV, dating

violence, sexual assault, and stalking are incorporated into the process of rapid obtainment of permanent housing

8. Reducing Burdens

☐ Yes ☐ No

Does the CES take steps to reduce burdens on people utilizing coordinated entry, including any invasive questions or complexity in the assessment processes?

9. Reducing Burdens Narrative (max 2,000 characters)

Please describe how the CES takes steps to reduce burdens on people utilizing coordinated entry, including any invasive questions or complexity in the assessment processes.

Grant Utilization and Financial Efficiency

Please answer the following questions related to grant utilization and financial efficiency. In addition, projects will be evaluated on the percent of funds available for recapturing by HUD over the past two years and cost effectiveness (i.e. the cost per housing outcome) based on information provided by the City of Pasadena Finance Department.

1. Unspent Funds for Most Recent Grant Term

Please utilize the final drawdown supporting documentation provided by city staff via email on 8/21/24. Contact dcole@cityofpasadena.net if you do not have access to this information.

Total Grant Funds Available in Most Recent Grant Term	Total Unspent Grant Funds in Most Recent Grant Term	Percentage of Unspent Funds in Most Recent Grant Term
$0.00	$0.00	0.00%

2. Grant Spending History (2021-2022 Project Year)

Please utilize the final drawdown supporting documentation provided by city staff via email on 8/21/23. Contact dcole@cityofpasadena.net if you do not have access to this information.

Total Grant Funds Available in 2021-2022 Project Year	Total Unspent Grant Funds in 2021-2022 Project Year	Percentage of Unspent Funds in 2021-2022 Project Year
$0.00	$0.00	

Two Year Average Unspent Funds

0%

3. Explanation of Underspending (max 2,000 characters)

> [blank text box]

Please explain any contributing factors for underspending CoC grant funds and actions that are being taken to address this. Projects with less than 10% of unspent funds for the last two grant terms may enter N/A. ***Points are only available to projects with 10% or more of unspent funds for the past two grant terms.***

4. Match Requirement
○ Yes ○ No

Will your agency be able to provide the match requirement for the renewal project? Match must equal 25% of the total grant request, including administrative costs but excluding leasing costs. Match contributions can be cash, in-kind, or a combination of both.

5. Source of Match
☐ Cash ☐ In-Kind

6. Audit Findings
○ Yes ○ No

Does your agency have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?

Please explain your response (max 1,000 characters)

> [blank text box]

Please explain any audit findings concerning previous grants terms associated with this renewal. Please also include steps your agency is taking to remedy any audit findings.

7. Federal Debt
○ Yes ○ No

Is your agency delinquent on any Federal debt?

Please explain your response (max 1,000 characters)

> [blank text box]

Please explain any federal debt your agency has.

8. Indirect Costs   Do you plan to use the 10% de minimis rate?

○ Yes ○ No
Will this project use an indirect cost rate in budgeting and billing?

⊙ Yes ○ No
Projects that do not plan to use the 10% de minimis rate must have a rate that has been approved by a cognizant agency with supporting documentation.

Rate approved by federal cognizant agency

[   ]

Applicants requesting to utilize a federally approved indirect cost rate for billing are required to attach the approved Negotiated Indirect Cost Rate Agreement in the Attachments section.

9. Other Government Assistance

*Applicants must report any other government assistance involved in the project or activity for which assistance is sought. "Other government assistance" is defined to include, but is not limited to, 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 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 or activities for which the assistance is sought. **If no other government assistance will be provided, please indicate N/A.***

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

10. Interested Parties

*Applicants **must disclose:***
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity; and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

If there are no parties with a financial interest in the project, please indicate N/A.

First and Last Name	Type of Participation	Financial Interest ($)	Financial Interest (%)

Attachments

Attachments

Please attach all required supporting documentation and other relevant materials related to your renewal application for Coordinated Entry System (CES)

HUD 50070 Drug Free Workplace
All projects are required to submit a signed HUD 50070 form for submission with the CoC's consolidated application. Access the form here: https://www.hud.gov/sites/documents/50070.PDF

Proof of SAM Clearance
Please upload documentation providing evidence that your agency has an active System of Award Management registration at the time of application submission.

Racial Disparity Analysis
Please upload an example of a previously conducted racial disparity analysis that examines whether or not BIPOC are more likely to have a negative outcome to receive full points for this question.

Anti-Discrimination Policy
Please upload a copy of your project/agency's anti-discrimination policy to receive full points for this question.

HMIS or Comparable Database Program Roster
Please upload a program roster pulled from HMIS or a comparable database showing that your project is entering client information in HMIS and the number of participants currently enrolled.

Approved Indirect Cost Rate (Optional)
Project applicants requesting to utilize a Federally approved indirect cost rate for billing may attach the approved agreement.

Updated Annual Performance Report (Optional)
Project applicants have the option to upload an updated APR that corrects any identified data errors.

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Completed HUD Housing First Assessment Tool (Required for Bonus Points)
Projects that upload a completed spreadsheet of [HUD's Housing First Assessment Tool](#) will recieve two (2) bonus points.

Projects in Operation for Less than 1 Year

Projects in Operation for Less than 1 Year Renewal Application

Responses provided below should be specific to 's Centennial Place PSH Supportive Services renewal project.

HMIS or Comparable Database

1. HMIS or Comparable Database Participation
☐ Yes ☐ No
Is the project set up in HMIS or a comparable database?

2. HMIS or Comparable Database Data Entry
☐ Yes ☐ No
Is the project entering client data in HMIS or a comparable database? An HMIS program roster or an equivalent report upload is required to receive full points.

HMIS or Comparable Database Participation Explanation (max 1,000 characters)

Please explain why this project is not participating in HMIS or a comparable database.

HMIS or Comparable Database Data Entry Explanation (max 1,000 characters)

Please explain why this project is not entering client data in HMIS or a comparable database.

Coordinated Entry System Participation

1. CES Participation
☐ Yes ☐ No
Is the project participating in the Coordinated Entry System (CES)?

CES Participation Explanation (max 1,000 characters)

Please explain why this project is not participating in the CES.

Commitment to Housing First

1. Does the project quickly move participants into permanent housing without prerequisites or conditions?
☐ Yes ☐ No

2. Does the project enroll program participants who have the following barriers? (select all that apply)
☐ Having too little or no income   ☐ History of victimization (e.g. domestic

violence, sexual assault, childhood abuse)

☐ Active or history of substance use   ☐ None of the above

☐ Having a criminal record with exceptions for state-mandated restrictions

All criteria must be selected to meet Housing First requirements

3. Will the program terminate participants for any of the following reasons? (select all that apply)

☐ Failure to participate in supportive services   ☐ Loss of income or failure to improve income

☐ Failure to make progress on a service plan   ☐ Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area

☐ Substance Use (active or history of use) or failure to comply with a treatment program   ☐ None of the above

None of the above must be selected to meet Housing First Requirements.

4. Housing First Evaluation (max 2,500 characters)

Please describe the tools and methods that are regularly used to ensure the project is following and maintaining fidelity to a Housing First approach throughout implementation and operation.

Project Enrollment

1. Number of people currently enrolled in the project

Based on program roster

2. Number of people the project proposed to serve

Based on 2023 CoC project application

3. Project Enrollment Percentage

The number of people currently enrolled in the project divided by the total number of people the project proposed to serve

4. Enrollment Narrative (max 2,000 characters)

Please explain any contributing factors for delayed project enrollments and actions that are being taken to address this

Staff Capacity

1. Hired Staff

☐ Yes, fully staffed

☐ Yes, partially staffed

☐ No, no staffing in place

Have staff that will be supporting this project been hired and onboarded?

2. Staffing Narrative (max 2,000 characters)

Please describe the project's staffing progress, including any contributing factors to delayed hiring and actions that are being taken to address this.

3. Staff Recruitment and Retention (max 2,000 characters)

Homeless assistance providers need effective, well supported staff to provide high quality assistance. Unfortunately, recruiting and retaining qualified staff for programs to assist persons experiencing homelessness has proven difficult due to low pay and the challenging nature of the work. Please describe any measures that the applicant has taken to improve its ability to recruit and retain employees (e.g. changes to pay or benefits, scheduling changes, employee assistance programs, etc.).

Grant Utilization

1. Total Funding Available for Centennial Place PSH Supportive Services

2. Total Funding Reimbursed through June 30, 2024

Information current as of 8/21/24.

3. Funding Spent through June 30, 2024

4. Explanation of Underspending (max 2,000 characters)

Please explain any contributing factors for delayed spending of CoC grant funds and actions that are being taken to address this.

*Points only available to projects that have spent less than 30% of funding contracted for the grant term. Total funding reimbursed through June 2024 is current as of 8/21/24.

Attachments

Please attach all required supporting documentation and other relevant materials related to your renewal application for Centennial Place PSH Supportive Services

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Completed HUD Housing First Assessment Tool (Required for Bonus Points)
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Review

Does Everything Look Right?

Please review your Centennial Place PSH Supportive Services renewal project application for completeness and accuracy.

Once you submit, you will no longer be able to make changes or edits to your application.

Certification and Submit

Renewal Application Certification

Authorization

☐ The above-named applicant hereby submits a renewal project application for inclusion in the City of Pasadena FY2024 Consolidated Application for the Department of Housing and Urban Development Continuum of Care (CoC) Homeless Assistance Program competition. The representative listed below, on behalf of the above-named applicant, certifies that: The information, statements, and attachments included in this renewal project application are, to the best of my knowledge and belief, true and correct. I possess the legal authority to submit this renewal project application on behalf of the entity identified in the signature block.

Name of Authorized Representative　　　　　　　**Title**

First

Last

Signature of Authorized Representative　　　　　　　**Date**