



# 2024 CoC New Projects Application

Submission Deadline: September 25, 2024, at 5:00 p.m. PST

## Overview

### Continuum of Care

### New Projects Application

#### 2024 CoC Program Competition

**Submission Deadline: September 25, 2024, at 5:00 p.m. PST**

**\*NOTE: 2024 CoC NEW PROJECTS INTENT TO APPLY MUST BE COMPLETED BY SEPTEMBER 11, 2024, PRIOR TO COMPLETING THIS APPLICATION FOUND IN THE LINK BELOW:**

**[2024 CoC New Projects Intent to Apply \(cognitofirms.com\)](https://cognitofirms.com)**

### City of Pasadena Department of Housing

649 N Fair Oaks Ave, Pasadena, CA 91103

**Daniel Cole**

**Homeless Programs Coordinator**

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### 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

## Applicant Information

**Organization Name**

**Organization Type**

**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

**Organization Director/CEO Name**

First

Last

**Email**

**Phone**

**Contact Person**

First

Last

**Email**

**Phone**

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

**Contact Person Title**

**Application Contact**

First

Last

**Email**

**Phone**

*Please include the name of the person working on the project application who should receive a confirmation email once submitted.*

**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 and will ensure this SAM registration will be renewed annually to meet this requirement.

*Proof of active SAM registration is required to be submitted with this application.*

**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?*

**Other Government Assistance**

Yes  No

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

**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 (%)

**Federal Lobbying**

Yes  No

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

# Applicant Experience

## 1-5. Agency Experience

### 1. Experience Utilizing Federal Funds (max 5,000 characters)

*Please describe:*

1. *Your organization's experience effectively utilizing federal funds;*
2. *The number and types of federal contracts administered in the past three years, including the duration and amounts of the contracts; and*
3. *Your organization's experience with identifying and securing matching funds from a variety of sources, including the types of matching funds you have experience with.*

### 2. Project Experience (Max 5,000 characters)

*Please describe:*

1. *Your organization's experience administering the proposed project type (i.e., PSH or RRH) including the number of years your organization has operated like projects; and*
2. *Why your organization is the appropriate entity to receive funding and provide examples that illustrate the experience and expertise in the following: (a) Working with and addressing the target population(s) identified housing and supportive service needs; and (b) Developing and implementing relevant program systems and services.*

### 3. Experience with Leveraging Funds (max 3,000 characters)

Please describe:

1. Your organization's experience in leveraging federal, state, local, and private sector funding. If your organization has no experience leveraging other funds, include the phrase "No experience leveraging other federal, state, local, or private sector funds."; and
2. Specify the number and type of different funding sources leveraged in the last three years and what projects the leveraged funding supported.

**4. Financial Management Structure (max 3,000 characters)**

Please describe:

1. Your organization's financial management structure, including how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system with generally accepted accounting principles;
2. Any fiscal control and accounting procedures your organization implements to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200; and
3. Your organization's process to submit monthly invoices and required reports on time.

**5. Unresolved Audit or Monitoring**

**Findings**

Yes  No

Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?

# Project Detail

## 6-8. Project Detail

### 6. Project Type

- Permanent Supportive Housing (PSH)
- Rapid Rehousing (RRH)
- Domestic Violence Rapid Rehousing (DV RRH Bonus)

*Please indicate what project type your organization is applying for.*

### 7. Victim Service Provider

Yes  No

*Is your organization a victim service provider as defined in 24 CFR 578.3? Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.*

### 8. Grant Funding

Yes  No

*Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? Per federal regulations, no assistance provided under the CoC program may be used to replace State or local funds previously used, or designated for use, to assist people experiencing homelessness.*

## Permanent Housing (PSH & RRH)

### Permanent Housing (PSH & RRH) Project Application

#### 9. Project Name

*Organizations applying to expand an existing project should include the word "Expansion" in the project title.*

#### 10. Proposed Start Date

*The start date must be on or after 7/1/2025 but within the 2025 Calendar Year. The initial grant period may be between 12-18 months.*

#### 11. Proposed End Date

*The end date should fall in Calendar Year 2026. The initial grant period may be between 12-18 months.*

#### 12. CoC Program Funding

*Select the type of CoC Program funding that is being requested.*

*\*Note - If your project is requesting DV-RRH Bonus funding, please correct your response to question #6.*

#### 13. CES Participation

Yes  No

*Will your project participate in a CoC Coordinated Entry Process? If your organization is a victim service provider, as defined in 24 CFR 578.3, will you use an alternate CE process that meets HUD's minimum requirements?*

#### 14. HMIS or Comparable Database Participation

Yes  No

*Will the proposed project enter client-level data into the Homeless Management Information System (HMIS)?*

*To pass threshold requirements, projects are required to participate in HMIS unless the applicant is a victim-service provider serving individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault and stalking, or a legal services agency. These organizations are required to enter data into a comparable database. Select No if the project will enter data into a comparable database.*

## 15-29. Project Design

#### 15. Project Description and Need (max 3,000 characters)

*Please provide the following:*

- 1. A detailed description of how the project will operate and how CoC funding will be used, including: the*

target population(s) to be served, plan for addressing housing and supportive service needs, proactive steps that will be taken to reintegrate program participants into the community, and how the project will coordinated with other organizations (e.g., federal, state, nonprofit);

- 2. Describe any evidence-based best practices that will be incorporated into the project; and
- 3. Convey the project need using supporting data and describe how the project will fill a gap in the CoC.

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

**16. Target Population**

- Chronically Homeless
- Families
- Mental Illness
- Veterans
- Domestic Violence
- HIV/AIDS
- Youth (under 25)
- Substance Use
- N/A - Project Serves All Subpopulations

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

**17. Leveraging Healthcare Resources**

Yes  No

Will this project utilize healthcare resources, such as direct contributions from a public or private health insurance provider and/or provision of health care services by a private or public organization tailored to the participants of the project? Will the value of leverage healthcare resources that are covered by a healthcare organization equal at least 25% of the funding being requested for the project; or, in the case of a substance use disorder treatment or recovery provider, will the project provide access to treatment or recovery services for all program participants?

**\*Attachment required. Bonus points will only be awarded to applicants with acceptable forms of documentation.**

**18. Leveraging Housing Resources**

Yes  No

Will the project utilize housing subsidies or subsidized housing units not funded by the CoC or ESG programs? Will either at least 25% of the units included in the project (in the case of PSH) or at least 25% of the households to be served by the project (in the case of RRH) utilize the leveraged housing subsidies or subsidized housing units?

**\*Attachment required. Bonus points will only be awarded to applicants with acceptable forms of documentation.**

**19. Severity of Needs and Barriers Experienced by Participants (select all that apply)**

- People identified as high acuity through a population-specific needs assessment and triage tool
- People with low or no income
- People experiencing chronic homelessness
- People with criminal histories
- People with the longest histories of homelessness
- People with a current or past history of substance use
- People with multiple disabilities
- People who are at high risk of victimization or illness
- People with a history of DV/trauma
- People who utilize crisis or emergency services to meet basic needs, including hospitals and jails
- People coming directly from the streets
- People who have significant challenges or



functional impairments, including physical, mental, developmental or behavioral health disabilities which require a significant level of support to maintain permanent housing

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

**20. Movement Into Permanent Housing**

Yes  No

*Will the project quickly move participants into permanent housing? If this is a DV project application serving individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking, select “Yes” if the project will rapidly move program participants into permanent housing after their immediate safety needs have been addressed (i.e., survivor(s) believe they are not in danger and want to move into their own permanent housing)*

**21. Rapid Permanent Housing Placement Description (max 2,000 characters)**

*Please describe:*

*1. The actions that will be taken to assist program participants with rapidly securing and maintaining permanent housing that is safe and accessible in a manner that fits their needs; and*

*2. For applicants that have experience operating similar housing projects (e.g. rapid rehousing and scattered-site permanent housing), what is the average length of time between project enrollment and housing move-in date? If you don't have a similar housing type project, provide data for other permanent housing programs you are operating.*

*3. What actions are being taken to reduce the amount of time between project enrollment and housing move-in date?*

*\*If the project will serve individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking, please indicate how participants will be moved into permanent housing after their immediate safety needs have been addressed (i.e., survivor(s) believe they are not in danger and want to move into their own permanent housing)?*

**22. Non-Discrimination and Equal Access (max 2,000 characters)**

*Please indicate if your organization has an anti-discrimination policy in place and describe how the project will ensure privacy, respect, safety, and access for participants regardless of gender identity or sexual orientation.*

**23. Addressing the Needs of LGBTQ+ Individuals (max 2,500 characters)**

*Please describe how the project will ensure that all services provided are trauma-informed and have the ability to meet the needs of LGBTQ+ individuals and/or families.*

**24. Ensuring Accessibility for All People (max 2,500 characters)**

*Please describe:*

*1. How the project will ensure that all services provided will be accessible to and usable by people with disabilities (e.g. holding meetings in facilities that are physically accessible, ensuring effective communication for individuals with disabilities, auxiliary aids or services and other reasonable accommodations); and*

*2. The steps that will be taken to ensure meaningful language access for people with limited English proficiency (LEP), including how the applicant will ensure that documents vital to accessing housingservices will be translated into Spanish.*

**25. 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.).*

## **Housing First**

**26a. Will the project enroll program participants who have the following barriers? (select all that apply)**

- Have little or no income
- Active or history of substance use
- Have 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.***

**26b. 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.***

**27. 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

**28. Housing First Implementation (max 3,000 characters)**

*Please describe how the project will implement a Housing First approach, including but not limited to:*

- 1. The process for accepting a new client into the project;*
- 2. Eligibility criteria. Projects must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity;*
- 3. Circumstances where the applicant will terminate a client from the program. Projects must demonstrate a process is in place to ensure exits to homelessness are avoided whenever possible; and*

4. How housing and supportive services will be provided to participants (i.e. low barrier, best practices, etc).

**29. Housing First Evaluation (max 1,500 characters)**

Please describe the tools and methods that will be regularly used to ensure is project is following and maintaining fidelity to a Housing First approach throughout implementation and operation (e.g., [HUD's Housing First Assessment Tool](#)).

**30- 38. Service Delivery Plan**

**30. Coordination with Mainstream Programs (max 3,000 characters)**

Describe how this project will help participants obtain the benefits for which they are eligible. Additionally, if your organization will coordinate with other partners, include their role in meeting this criterion. The description should include:

(a) Assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities);

(b) The type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI; SSDI; Food Stamps, Veterans benefits);

(c) The type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education); and

(d) Access to healthcare benefits and resources Access to healthcare benefits and resources (e.g., Medicaid, Medicare, FQHCs).

**31. Transportation Assistance**

Yes  No

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

Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, etc.

**32. Annual Follow Ups**

Yes  No

Will this project follow-up with participants at least annually to ensure mainstream benefits are received and renewed?

**33. 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?*

**34. SOAR Training**

Yes  No

*Has the staff person providing the SSI/SSDI technical assistance completed SOAR training in the past 24 months? If more than one person provides technical assistance, only select "Yes" if all persons have completed the training.*

**35. Participative Planning and Implementation (max 3,000 characters)**

*Please describe:*

*1. What steps will be taken to ensure that traditionally marginalized populations (such as racial and ethnic minorities and people with disabilities) will be able to meaningfully participate in the project's planning process*

*2. The specific populations that the project will include, identify community organizations that represent those populations, and describe how the feedback provided by these populations will be included in the planning process.*

*NOTE: DV projects should also describe the process for involving individuals or families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking in the planning process throughout the project's operation.*

**36. Inclusion of People with Lived Expertise of Homelessness (max 3,000 characters)**

*Please describe:*

*1. Outreach efforts that will be taken to engage people with lived experience in leadership roles and decision making processes;*

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

*3. The process to gather feedback from people who will receive assistance through the CoC program and the steps that will be taken to address challenges raised by people with lived experience.*

**37. Experience Promoting Racial Equity (max 3,000 characters)**

*Please describe:*

- 1. The experience and resources your organization has to effectively address the needs of underserved communities, particularly Black, Indigenous, and other people of color (BIPOC) who are substantially overrepresented in the homeless population. (e.g. successfully working directly with such groups, experience designing or operating programs that equitably benefit such groups, or experience successfully advancing racial equity in other ways); and*
- 2. Your organization's experience soliciting, obtaining, and applying input from such groups when designing, planning, or implementing programs and activities.*

**38. Advancing Racial Equity (max 3,000 characters)**

*Describe how your organization will:*

- 1. Identify barriers to participation (e.g. lack of outreach) faced by people of color who are overrepresented in the homeless services system;*
- 2. Steps that will be taken to address these barriers and/or disparities in the provision of assistance to improve racial equity; and*
- 3. The measures the project will have in place to track progress on preventing and/or eliminating disparities.*

## **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.

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**Acknowledgement**

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

**39. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**40. Supportive Services Narrative (max 2,000 characters)**

*Please describe how the supportive services provided through the project will be tailored to each participant's unique needs. Responses should also include how the supportive services provided will ensure successful obtainment and retention of permanent housing.*

**41. Housing Type and Location**

Housing Type	Total Units	Total Beds
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Please select what type of housing this project will utilize. Indicate the maximum number of units available for project participants at the selected housing site. Indicate the maximum number of beds available for project participants at the selected housing site.*

**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 (see Section III.B.2.b.2 of the NOFO). If you select "100% Dedicated" all vacancies must be filled with program participants who meet the definition of chronically homeless.*

*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 (see Section III.B.2.g. of the NOFO) : (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.

**Total Dedicated Chronically Homeless Beds**

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

If you selected “100% Dedicated” in the previous question, you must enter all beds as dedicated for individuals and families experiencing chronic homelessness. If you selected “DedicatedPLUS” you can enter the number of beds that will be dedicated CH; but this is not required so long as all program participants who enter the project meet the “DedicatedPLUS.”

**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 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.

**42. Project Participants - Persons and Households**

If your project serves both persons over age 24 and persons ages 18-24, the numbers entered for both must match the Total Number of Households. For example, if your project serves 10 households with adults over the age of 24 and 5 households with persons between the ages of 18 and 24, these two fields added together must equal 15.

**Number of Households w/ at Least One Adult & One Child**

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

**Number of Households w/ Only Children**



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**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
				0
	0	0	0	0.00

## 43-44. Timeliness / 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.

### Project Milestones

*Please include all four project milestones from the dropdown menu provided. Nonapplicable fields can remain blank or you can enter "0" or "NA".*

43. Project Milestone	(A) Days from Execution of Grant Agreement	(B) Days from Execution of Grant Agreement	(C) Days from Execution of Grant Agreement

**44. Project Readiness (max 2,000 characters)**

*Please describe the plan for rapid implementation of the project upon contract execution (if awarded). This should include plans to ensure the project is fully staffed, enrollments begin, and staff support participants in rapid lease up.*

## **45. 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?*

## **46-50. Project Ability to Enhance System Performance**

### **46. Length of Time Homeless (max 3,500 characters)**

*Describe the strategy(ies) that will be utilized to identify and house program participants with the longest experiences of homelessness.*

### **47. Obtainment/Retention of Permanent Housing (max 3,500 characters)**

*Please describe:*

*1. The strategy(ies) that will be utilized to ensure participants are assisted to obtain and remain in permanent housing in a manner that fits their needs. An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed;*

2. How your organization will consider the severity of barriers experienced by program participants (e.g. substance use, criminal history, etc.) in order to support placements and retention of permanent housing; and

3. Any successes in this area for projects administered similar to that being proposed in this application.

*\*If this project will exclusively assist victims of domestic violence, the description must include safety planning addressing the needs of this particular population towards meeting the goal of obtaining and maintaining permanent housing.*

**48. Reducing Recidivism (max 3,500 characters)**

*Please describe:*

1. Your strategy to reduce returns to homelessness after participants have entered housing;
2. The support that will be given to participants to relocate to a new housing unit, if necessary; and
3. Any successes in this area for projects administered similar to that being proposed in the application.

**49. Increasing Employment Cash Income (max 3,000 characters)**

*Please describe:*

1. How the project will increase access to employment cash income;
2. How the project will work with mainstream employment organizations to help people experiencing homelessness increase their cash income; and
3. Any successes in this area for projects administered similar to that being proposed in the application

**50. Project Outcomes (max 2,000 characters)**

Describe the outcomes that will be used to determine success for this project and how the outcomes will be measured. Outcomes should be directly related to HUD's [system performance measures](#) (e.g. percent of households who retained their housing, percent of households that increased cash and non-employment cash income).

## 51. Funding Request

**Funding Available for CoC Bonus 1: \$125,000**

**Funding Available for CoC Bonus 2: \$483,539**

Projects must apply for the full amount available for that funding type. **The information included in this funding request should be for CoC dollars only.** If you are leveraging housing or healthcare resources, indicate this in the budget narrative section as a leveraged funding source.

### Indirect Cost Rate

Yes  No

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

### Federal Debt

Yes  No

Is the applicant delinquent on any Federal debt?

### Funding Request

- |   |   |
|---|---|
| <input type="checkbox"/> Leased Units (PSH projects only)       | <input type="checkbox"/> Supportive Services (PSH & RRH projects) |
| <input type="checkbox"/> Leased Structures (PSH projects only)  | <input type="checkbox"/> Operating (PSH projects only)            |
| <input type="checkbox"/> Rental Assistance (PSH & RRH projects) | <input type="checkbox"/> HMIS (PSH & RRH projects)                |

Select the costs for which funding is being requested:

## 52. 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	Value of Written Commitment

**\$0.00**

Total Value of Cash Commitments

Total Value of In-Kind Commitments

### 53. Summary Budget

#### Summary Budget

Please indicate the total assistance requested for each program activity as requested in previous sections.

This information **MUST MATCH** the total assistance requested for each funding area calculated in the previous sections. Conflicting budget information will result in the loss of points during the evaluation process. Agencies must request the full admin amount available (10% of the project's subtotal costs), which will be split evenly with the City if awarded by HUD.

**Total amount available for CoC Bonus 1: \$125,000**

**Required admin: \$11,364**

**Total amount available for CoC Bonus 2: \$483,539**

**Required admin: \$43,960**

Eligible Costs	Total Assistance Requested for Grant Term
<input type="text"/>	<input type="text"/>

**Total Assistance Plus Admin Requested: \$0.00**

Cash Match

In-Kind Match

Total Match

\$0.00

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

**Total Budget (including match)**

\$0.00

**Budget Narrative (Optional) (max 2,500 characters)**

Please provide any additional information relevant to the proposed budget, including funding to be leveraged to support the program from other public/private sources and/or justification for the basis of certain proposed costs in the budget. **If this project is leveraging housing or healthcare resources, applicants should confirm the total amount of housing or healthcare resources being leveraged and the total number of households that will be served.**

## Domestic Violence (DV-RRH)

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

**9. Project Name**

*Organizations applying to expand an existing project should include the word "Expansion" in their project title.*

**10. Proposed Start Date**

*The start date must be on or after 7/1/2025 but within the 2025 Calendar Year. The initial grant period may be between 12-18 months.*

**11. Proposed End Date**

*The end date should fall in Calendar Year 2026. The initial grant period may be between 12-18 months.*

**12. CoC Program Funding**

*Confirm the type of CoC Program funding that is being requested.*

*\*Note - If your project does not wish to apply for DV-RRH funding, please correct your response to question #6.*

**13. CES Participation**

Yes  No

*Will your project participate in a CoC Coordinated Entry Process? If your organization is a victim service provider, as defined in 24 CFR 578.3, will you use an alternate CE process that meets HUD's minimum requirements?*

**14. HMIS or Comparable Database Participation**

Yes  No

*Will the proposed project enter client-level data into the Homeless Management Information System (HMIS)?*

*To pass threshold requirements, projects are required to participate in HMIS unless the applicant is a victim-service provider serving individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault and stalking, or a legal services agency. These agencies are required to enter data into a comparable database. Select No if the project will enter data into a comparable database.*

**15. Victim Service Providers and Homeless Services Providers Partnership**

Yes  No

*Will the applicant partner with a local victim service provider or homeless services provider to administer the proposed project? The partnership must be formalized by an MOU or other contractual agreement. \*Attachment required. Bonus points will only be awarded to applicants with acceptable forms of documentation.*

## 16-20. Agency Experience Serving Individuals and Families of Persons Experiencing Trauma or a Lack of Safety Related to Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault,

## and Stalking

### 16. Providing Housing to Individuals and Families of Persons Experiencing Trauma or a Lack of Safety Related to Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, and Stalking (max 2,500 characters)

Please describe how your organization **has previously** provided housing to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. Please address each of the following in the response:

1. Ensured participants were assisted to quickly move into safe affordable housing;
2. Prioritized participants - you must address the process your organization used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3. Determined which supportive services for participants were needed;
4. Connected participants to supportive services; and
5. Moved participants from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

### 17. Ensuring Safety of Individuals and Families Experiencing Trauma or a Lack of Safety Related to Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, and Stalking (max 2,500 characters)

Describe how your organization **has previously** ensured the safety and confidentiality of individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking that are experiencing homelessness. The applicant must address the following:

1. Taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking;

- 2. Making determinations and placements into safe housing;
- 3. Keeping information and locations confidential;
- 4. Training staff on safety and confidentiality policies and practices; and
- 5. Taking security measures for units (congregate or scattered site), that support the physical safety and location confidentiality of individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

**18. Evaluating Ability to Ensure Safety of Individuals and Families Experiencing Trauma or a Lack of Safety Related to Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, and Stalking (max 2,500 characters)**

Describe how your organization **has previously** evaluated your ability to ensure the safety of individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking, including any areas identified for improvement during the course of the proposed project.

**19. Inclusion of Victim-Centered Practices (max 5,000 characters)**

Describe examples of your **organization's experience** using trauma-informed, victim-centered approaches to meet the needs of individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking by: (applicant must address all 7 areas below)

- 1. Prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
- 2. Establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
- 3. Providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
- 4. Emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards goals and aspirations



*defined by individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking;*

*5. Centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;*

*6. Providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and*

*7. Offering support for parenting for individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking, e.g., trauma-informed parenting classes, childcare, connections to legal services.*

**20. Meeting Service Needs of Individuals and Families Experiencing Trauma or a Lack of Safety Related to Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, and Stalking (max 5,000 characters)**

*Please describe how your organization has **done the following, including providing specific examples.***

*1. Provided supportive services while quickly moving into permanent housing and addressing the safety needs of individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.*

*Examples: –During funding year 2023, ABC Project staff provided the following supportive services to individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking:*

- Child custody–ABC project assisted program participants in pursuing child custody by making legal services available through its partner EFG Legal Services, provided transportation, and provided a support group for others experiencing similar challenges. ABC ensured that the safety needs of program participants were addressed by maintaining confidentiality, using harm reduction.*
- Bad Credit History–ABC project used case management to quickly assess whether program participants needed credit repair services, provided through our partner, Credit Repair, Inc., which specializes in assisting DV survivors to restore their credit, which is often necessary to obtain affordable housing for survivors whose credit has been damaged.*
- Housing Search and Counseling–ABC project employed a housing navigator to identify local landlords and apartments. Using the housing navigator resulted in a 3-week decrease in the amount of time it took program participants to locate units.*
- Crisis DV Services–ABC project employed advocates that staff a 24/7 DV crisis helpline and provide trauma-informed support, including safety planning, emergency shelter, and assistance in*

navigating restraining order processes.

- *Long-term housing stability safety planning–ABC project works with program participants to develop long-term housing safety plans in preparation for the program participant exiting the project, which includes self-advocacy, systems advocacy, legal support, representative support, community accompaniment.*
- *Education Services–ABC partnered with a local community college to enroll 6 program participants in GED classes, a 100 percent increase from last year when we did not have the funding to provide this service. Currently there are 10 program participants on the waiting list for future GED classes.*

## 21-33. Project Design

### 21. Project Description and Need (max 3,000 characters)

*Please provide the following:*

- 1. A detailed description of how the project will operate and how CoC funding will be used, including: the target population(s) to be served, plan for addressing housing and supportive service needs, proactive steps that will be taken to reintegrate program participants into the community and coordination with other organizations (e.g., federal, state, nonprofit);*
- 2. Describe evidence-based best practices that will be incorporated into the project; and*
- 3. Convey the project need using supporting data and describe how the project will fill a gap in the CoC.*

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

### 22. Survivor Driven Trauma-Informed Care (max 5,000 characters)

*This question requires you to provide examples of how your organization **will** implement the new project, not your experience operating an existing project.*

*Though you can provide other examples of how your organization will implement the new project(s), **you***

**must address elements 1 through 7 below.**

*Describe in the field below examples of how the new project will:*

*1. Prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;*

*2. Establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;*

*3. Provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;*

*4. Emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards defined goals and aspirations for individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking;*

*5. Center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;*

*6. Provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and*

*7. Offer support for parenting for individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking, e.g., trauma-informed parenting classes, childcare, connections to legal services.*

**23. Severity of Needs and Vulnerability of Participants**

- |  |   |
|--|---|
| <input type="checkbox"/> People identified as high acuity through a population-specific needs assessment and triage tool | <input type="checkbox"/> People with low or no income   |
| <input type="checkbox"/> People experiencing chronic homelessness  | <input type="checkbox"/> People with criminal histories   |
| <input type="checkbox"/> People with the longest histories of homelessness   | <input type="checkbox"/> People with a current or past history of substance use   |
| <input type="checkbox"/> People with multiple disabilities   | <input type="checkbox"/> People who are at high risk of victimization or illness  |
| <input type="checkbox"/> People with a history of DV/trauma  | <input type="checkbox"/> People who utilize crisis or emergency services to meet basic needs, including hospitals and jails   |
| <input type="checkbox"/> People coming directly from the streets   | <input type="checkbox"/> People who have significant challenges or functional impairments, including physical, mental, developmental or behavioral health disabilities which require a significant level of support to maintain permanent housing |

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

**24. Movement Into Permanent Housing**

Yes  No

*Will the project rapidly move program participants into permanent housing after their immediate safety*

needs have been addressed (i.e. survivor(s) believe they are not in danger and want to move into their own permanent housing)?

**25. Rapid Permanent Housing Placement Description (max 2,000 characters)**

*Please describe:*

1. *The actions that will be taken to assist program participants with rapidly securing and maintaining permanent housing that is safe and accessible in a manner that fits their needs. Applicants should clearly describe how program participants will be moved into permanent housing after their immediate safety needs have been addressed (i.e. survivor(s) believe they are not in danger and want to move into their own permanent housing).*

2. *For applicants that have experience operating similar housing projects (e.g. rapid rehousing and scattered-site permanent housing), what is the average length of time between project enrollment and housing move-in date? If you don't have a similar housing type project, provide data for other permanent housing programs you are operating.*

3. *What actions are being taken to reduce the amount of time between project enrollment and housing move-in date?*

**27. Addressing the Needs of LGBTQ+ Individuals (max 2,500 characters)**

*Please describe how the project will ensure that all services provided are trauma-informed and have the ability to meet the needs of LGBTQ+ individuals and/or families.*

**28. Ensuring Accessibility for All People (max 2,500 characters)**

*Please describe:*

1. *How the project will ensure that all services provided will be accessible to and usable by people with*

disabilities (e.g. holding meetings in facilities that are physically accessible, ensuring effective communication for individuals with disabilities, auxiliary aids or services and other reasonable accommodations); and

2. The steps that will be taken to ensure meaningful language access for people with limited English proficiency (LEP), including how the applicant will ensure that documents vital to accessing housing services will be translated into Spanish.

**29. 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.).*

## Housing First

**30a. Will the project enroll program participants who have the following barriers? (select all that apply)**

- Have little or no income
- Active or history of substance use
- Have 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.***

**30b. 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.***

## 31. 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

**32. Housing First Implementation (max 3,000 characters)**

*Please describe how the project will implement a Housing First approach, including but not limited to:*

- 1. The process for accepting a new participant into the project;*
- 2. Eligibility criteria. Projects must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity;*
- 3. Circumstances where the applicant will terminate a client from the program. Projects must demonstrate a process is in place to ensure exits to homelessness are avoided whenever possible; and*
- 4. How housing and supportive services will be provided to participants (i.e. low barrier, best practices, etc).*

**33. Housing First Evaluation (max 1,500 characters)**

*Please describe the tools and methods that will be regularly used to ensure is project is following and maintaining fidelity to a Housing First approach throughout implementation and operation (e.g., [HUD's Housing First Assessment Tool](#)).*

## **34-46. Service Delivery Plan**

**34. Coordination with Mainstream Programs (max 3,000 characters)**

*Describe how this project will help program participants obtain the benefits for which they are eligible.*

Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

(a) Assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities);

(b) The type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI; SSDI; Food Stamps, Veterans benefits);

(c) The type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education); and

(d) Access to healthcare benefits and resources (e.g., Medicaid, Medicare, FQHCs).

## Connection to Mainstream Benefits

### 35. Transportation Assistance

Yes  No

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

Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, etc.

### 36. Annual Follow Ups

Yes  No

Will this project follow-up with participants at least annually to ensure mainstream benefits are received and renewed?

### 37. 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?

### 38. SOAR Training

Yes  No

Has the staff person providing the SSI/SSDI technical assistance completed SOAR training in the past 24 months? If more than one person provides technical assistance, only select "Yes" if all persons have completed the training.

### 39. Participative Planning and Implementation (max 3,000 characters)

Please describe:

1. What steps will be taken to ensure that traditionally marginalized populations (such as racial and ethnic minorities and people with disabilities) will be able to meaningfully participate in the project's planning process

2. The specific populations that the project will include, identify community organizations that represent those populations, and describe how the feedback provided by these populations will be included in the

planning process.

*NOTE: DV projects should also describe the process for involving individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking in the planning process throughout the project's operation.*

**40. Plan to Include Individuals and Families of Persons Experiencing Trauma or a Lack of Safety Related to Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, and Stalking with Lived Expertise (max 3,000 characters)**

*Please describe:*

- 1. Outreach efforts that will be taken to engage individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking with lived experience in leadership roles and decision making processes;*
- 2. The plan to involve individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking in policy and program development through the project's operation to address unique needs; and*
- 3. The process to gather feedback from individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking currently receiving housing assistance and the steps that will be taken to address challenges raised by people with lived experience*

**41. Experience Promoting Racial Equity (max 3,000 characters)**

*Please describe:*

- 1. The experience and resources your organization has to effectively address the needs of underserved communities, particularly Black, Indigenous, and other people of color (BIPOC) who are substantially overrepresented in the homeless population. (e.g. successfully working directly with such groups, experience designing or operating programs that equitably benefit such groups, or experience successfully advancing racial equity in other ways); and*
- 2. Your organization's experience soliciting, obtaining, and applying input from such groups when designing, planning, or implementing programs and activities.*



**42. Advancing Racial Equity (max 3,000 characters)**

*Describe how your organization will:*

- 1. Identify barriers to participation (e.g. lack of outreach) faced by people of color who are overrepresented in the homeless services system;*
- 2. Steps that will be taken to address these barriers and/or disparities in the provision of assistance to improve racial equity; and*
- 3. The measures the project will have in place to track progress on preventing and/or eliminating disparities.*

**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.

**43. 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

**44. Supportive Services Narrative (max 2,000 characters)**

*Please describe how the supportive services provided through the project will be tailored to each participant's unique needs. Responses should also include how the supportive services provided will ensure successful obtainment and retention of permanent housing.*

**45. 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**

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 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.*

**46. Project Participants - Persons and Households**

*If your project serves both Persons over age 24 and Persons ages 18-24, the numbers entered for both must match the number entered under Total Number of Households. For example, if your project serves 10 households with adults over the age of 24 and 5 households with persons between the ages of 18 and 24, these two fields added together must equal 15.*

**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" value="0"/>
	0	0	0	0.00

### 47-48. Timeliness / 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.

### Project Milestones

Please include all four project milestones from the dropdown menu provided. Nonapplicable fields can remain blank or you can enter "0" or "NA".

47. 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"/>

### 48. Project Readiness (max 2,000 characters)

*Please describe the plan for rapid implementation of the project upon contract execution (if awarded). This should include plans to ensure the project is fully staffed, enrollments begin, and staff support participants in rapid lease up.*

## **49. 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?*

## **50-54. Project Ability to Enhance System Performance**

### **50. Length of Time Homeless (max 3,500 characters)**

*Describe the strategy(ies) that will be utilized to identify and house program participants with the longest experiences of homelessness.*

### **51. Obtainment/Retention of Permanent Housing (max 3,500 characters)**

*Please describe:*

*1. The strategy(ies) that will be utilized to ensure participants are assisted to obtain and remain in permanent housing in a manner that fits their needs. An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed;*

2. How you will consider the severity of barriers experienced by program participants (e.g. substance use, criminal history, etc.) in order to support placements and retention of permanent housing; and

3. Any successes in this area for projects administered similar to that being proposed in this application.

*\*If this project will exclusively assist victims of domestic violence, the description must include safety planning addressing the needs of this particular population towards meeting the goal of obtaining and maintaining permanent housing.*

**52. Reducing Recidivism (max 3,500 characters)**

*Please describe:*

1. The strategies that will be utilized to reduce returns to homelessness after participants have entered housing;

2. The support that will be given to participants to relocate to a new housing unit, if necessary; and

3. Any successes in this area for projects administered similar to that being proposed in the application.

**53. Increasing Employment Cash Income (max 3,000 characters)**

*Please describe:*

1. How the project will increase access to employment cash income;

2. How the project will work with mainstream employment organizations to help people experiencing homelessness increase their cash income; and

3. Any successes in this area for projects administered similar to that being proposed in the application

**54. Project Outcomes (max 2,000 characters)**

Describe the outcomes that will be used to determine success for this project and how the outcomes will be measured. Outcomes should be directly related to HUD's [system performance measures](#) (e.g. percent of households who retained their housing, percent of households that increased cash and non-employment cash income).

## 55. Funding Request

**Total Funding Available for DV Bonus: \$389,576**

### Indirect Cost Rate

Yes  No

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

### Federal Debt

Yes  No

Is the applicant delinquent on any Federal debt?

### Funding Request

Rental Assistance

Supportive Services

HMIS

Select the costs for which funding is being requested:

## 56. 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	Value of Written Commitment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<b>\$0.00</b>
<b>Total Value of Cash Commitments</b>	<b>Total Value of In-Kind Commitments</b>		
<input type="text"/>	<input type="text"/>		

## 57. Summary Budget

# Summary Budget

Please indicate the total assistance requested for each program activity as requested in previous sections.

This information **MUST MATCH** the total assistance requested for each funding area calculated in the previous sections. Conflicting budget information will result in the loss of points during the evaluation process. Agencies must request the full admin amount available (10% of the project's subtotal costs), which will be split evenly with the City if awarded by HUD.

**Total amount available for DV Bonus: \$389,576**  
**Required admin: \$35,417**

Eligible Costs	Total Assistance Requested for Grant Term
Admin (10% required)	

**Total Assistance Plus Admin Requested: \$0.00**

<b>Cash Match</b>	<b>In-Kind Match</b>	<b>Total Match</b>
		\$0.00 <i>Your total match must equal 25% of the total assistance being requested, excluding leasing costs.</i>

**Total Budget**  
\$0.00

**Budget Narrative (Optional) (max 1,500 characters)**

Please provide any additional information relevant to the proposed budget, including funding to be leveraged to support the program from other public/private sources and/or justification for the basis of certain proposed costs in the budget.

## Attachments

## Attachments

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

### **SAM Registration**

*Please upload documentation providing evidence that your organization has active SAM clearance at the time of application submission.*

### **HUD 50070 Drug Free Workplace**

*Access the form here:*

*<https://www.hud.gov/sites/documents/50070.PDF>*

### **Nonprofit Documentation**

*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.*

### **Match Commitment**

*Please attach a match letter and/or Memorandum of Understanding (MOU) as documentation of your organization's match commitment if available at the time of application submission. While not required upon submission of the application, all match documentation is due to the City no later than 10/9/24.*

### **Negotiated Indirect Cost Rate (Optional)**

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



# Review

## 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)

## **Certification**

# **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.

# Submit

## Renewal Application Certification

### Authorization

The above-named applicant hereby submits a new project application for inclusion in the City of Pasadena FY 2024 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**