Pasadena Partnership

2025 New Projects and Transition Grant Application

Submission Deadline: December 15, 2025, at 2:00 p.m. PST

Overview

Continuum of Care

New Projects and Transition Grants Application

2025 CoC Program Competition

Submission Deadline: December 15, 2025, at 2:00 p.m. PST

City of Pasadena Department of Housing

199 S. Los Robles Ave., Suite #450, Pasadena, CA 91101

Daniel Cole

Homeless Programs Coordinator

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Applicant Information

Applicant Information

{ each ApplicantInformation }

Organization Name	**Organization Type**
{OrganizationName}	{OrganizationType}

UEI Number	**Employer/Tax ID Number**
{UEINumber}	{EmployerTaxIDNumber}

*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

{OrganizationAddress.Line1}

Address Line 1

{OrganizationAddress.Line2}

Address Line 2

{OrganizationAddress.City}	{OrganizationAddress.State}	{OrganizationAddress.PostalCode}
City	State	Zip Code

Organization Director/CEO Name		**Email**	**Phone**
{OrganizationDirectorCEOName.First}	{OrganizationDirectorCEOName.Last}	{Email}	{Phone}
First	Last		

Contact Person		**Email**	**Phone**
{ContactPerson.First}	{ContactPerson.Last}	{Email2}	{Phone2}
First	Last		

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

{ContactPersonTitle}

Application Contact		**Email**	**Phone**
{ApplicationContact.First}	{ApplicationContact.Last}	{Email3}	{Phone3}
First	Last		

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

Active SAM Status Requirement
{ checkbox ActiveSAMStatusRequirement.Contains("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.") } 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
{ radiobutton FaithBasedOrganization = "Yes" } Yes
{ radiobutton FaithBasedOrganization = "No" } No
Is the applicant a Faith-Based Organization?

Federal Grant
{ radiobutton FederalGrant = "Yes" } Yes { radiobutton FederalGrant = "No" } No
Has the applicant ever received a federal grant, either directly from a federal agency or through a State/local agency?

Other Government Assistance
{ radiobutton OtherGovernmentAssistance = "Yes" } Yes { radiobutton OtherGovernmentAssistance = "No" } No
Will your organization receive any other government assistance (federal, state, local) that will be involved in the proposed project?

Current CoC Funding
{ radiobutton CurrentCoCFunding = "Yes" } Yes { radiobutton CurrentCoCFunding = "No" } No
Does the applicant currently administer or operate a CoC-funded project(s) in the Pasadena CoC or any other CoC in the country?

Past CoC Funding
{ radiobutton PastCoCFunding2 = "Yes" } Yes { radiobutton PastCoCFunding2 = "No" } No
Has the applicant ever administered or operated a CoC-funded project(s) in the Pasadena CoC or any other CoC in the country?

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Use of Funds
{ each OtherGovernmentAssistanceProvidedOrRequestedExpectedSourcesAndUseOfFunds }			
{DepartmentLocalAgencyNameAndAddress}	{TypeOfAssistance}	{AmountRequestedProvided}	{ExpectedUseOfFunds}
{ end each }			

{OtherGovernmentAssistanceProvidedOrRequestedExpectedSourcesAndUseOfFunds_AmountRequestedProvided_Summary}

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 (%)
{ each InterestedParties }			
{FirstAndLastName}	{TypeOfParticipation}	{FinancialInterest}	{FinancialInterest2}
{ end each }			

Federal Lobbying
{ radiobutton FederalLobbying = "Yes" } Yes { radiobutton FederalLobbying = "No" } No
Does the applicant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

Lobbying Registrant

{LobbyingRegistrant}

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

Individuals Performing Lobbying Services

{IndividualsPerformingLobbyingServices}

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

{ end each }

Applicant Experience

Applicant Experience

{ each ApplicantExperience }

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

{_1ExperienceUtilizingFederalFundsmax5000Characters}

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.

For Transition Grants Only*: Question 1 will not be scored for transition grant applications. Enter N/A if you are only submitting a transition grant with this form. If you are also submitting an application for a new project (e.g., street outreach, transitional housing, DV Bonus), provide a complete response to this question.*

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

{_2ExperienceWithLeveragingFundsmax3000Characters}

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.

For Transition Grants Only*: Question 2 will not be scored for transition grant applications. Enter N/A if you are only submitting a transition grant with this form. If you are also submitting an application for a new*

project (e.g., street outreach, transitional housing, DV Bonus), provide a complete response to this question.

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

{_3FinancialManagementStructuremax3000Characters}

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.

For Transition Grants Only*: Question 3 will not be scored for transition grant applications. Enter N/A if you are only submitting a transition grant with this form. If you are also submitting an application for a new project (e.g., street outreach, transitional housing, DV Bonus), provide a complete response to this question.*

4. Unresolved Audit or Monitoring Findings	**Explanation (max 1,500 characters)**
{ radiobutton _4UnresolvedAuditOrMonitoringFindings = "Yes" } Yes { radiobutton _4UnresolvedAuditOrMonitoringFindings = "No" } No *Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?*	{Explanationmax1500Characters}

Describe the unresolved monitoring or audit findings and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

{ end each }

Project Detail

Project Detail

{ each ProjectDetail }

5. Project Type

{ checkbox _5ProjectType.Contains("Street Outreach (SO) - New Projects Only") } Street Outreach (SO) - New Projects Only

{ checkbox _5ProjectType.Contains("Transitional Housing (TH) - New Projects or Transition Grants") } Transitional Housing (TH) - New Projects or Transition Grants

{ checkbox _5ProjectType.Contains("Domestic Violence Bonus - Transitional Housing (DV Bonus - TH) - New Projects Only") } Domestic Violence Bonus - Transitional Housing (DV Bonus - TH) - New Projects Only

Please indicate which project type(s) your organization is applying for.

6. Victim Service Provider

{ radiobutton _6VictimServiceProvider = "Yes" } Yes
{ radiobutton _6VictimServiceProvider = "No" } 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.

7. Replacing Other Funding

{ radiobutton _7ReplacingOtherFunding = "Yes" } Yes { radiobutton _7ReplacingOtherFunding = "No" } 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.

{ end each }

{ if ProjectDetail._5ProjectType.Contains("Street Outreach (SO) - New Projects Only") }

Street Outreach Project Application (New Projects Only)

{ each StreetOutreachProjectApplicationNewProjectsOnly }

8. Project Name	9. Proposed Start Date	10. Proposed End Date
{_8ProjectName}	{_9ProposedStartDate}	{_10ProposedEndDate}
	The start date must be between 7/1/2026 and 12/1/2026.	*The end date should fall in Calendar Year 2027. Grant term must be 12 months.*

11. CES Participation

{ radiobutton _11CESParticipation = "Yes" } Yes { radiobutton _11CESParticipation = "No" } 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?

12. HMIS or Comparable Database Participation

{ radiobutton _12HMISOrComparableDatabaseParticipation = "Yes" } Yes { radiobutton _12HMISOrComparableDatabaseParticipation = "No" } 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.

CES Participation Explanation (max 1,000 characters)

{CESParticipationExplanationmax1000Characters}

Please explain why your project will not participate in a CoC Coordinated Entry Process.

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

{HMISOrComparableDatabaseParticipationExplanationmax1000Characters}

Please describe why the project will not participate in HMIS and which comparable database will be utilized to collect client-level data.

13-25. Project Design

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

{_13ProjectDescriptionAndNeedmax3000Characters}

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 temporary and permanent housing and supportive service needs, and how the project will coordinate with other organizations (e.g., faith-based, nonprofit, government/public agencies);

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.

14. Target Population

{ checkbox _14TargetPopulation.Contains("Chronically Homeless") } Chronically Homeless

{ checkbox _14TargetPopulation.Contains("Families") } Families

{ checkbox _14TargetPopulation.Contains("Mental Illness") } Mental Illness

{ checkbox _14TargetPopulation.Contains("Veterans") } Veterans

{ checkbox _14TargetPopulation.Contains("Domestic Violence") } Domestic Violence

{ checkbox _14TargetPopulation.Contains("HIV/AIDS") } HIV/AIDS

{ checkbox _14TargetPopulation.Contains("Youth (under 25)") } Youth (under 25)

{ checkbox _14TargetPopulation.Contains("Substance Use") } Substance Use

{ checkbox _14TargetPopulation.Contains("N/A - Project Serves All Subpopulations") } N/A - Project Serves All Subpopulations

{_14TargetPopulation.Except(["Chronically Homeless","Veterans","Youth (under 25)","Families","Domestic Violence","Substance Use","Mental Illness","HIV/AIDS","N/A - Project Serves All Subpopulations"])}

{ checkbox _14TargetPopulation.Except(["Chronically Homeless","Veterans","Youth (under 25)","Families","Domestic Violence","Substance Use","Mental Illness","HIV/AIDS","N/A - Project Serves All Subpopulations"]) }

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

15. Positive Exits to Temporary or Permanent Housing (max 3,000 characters)

{_15PositiveExitsToTemporaryOrPermanentHousingmax3000Characters}

Please describe:

1. The actions that will be taken to assist program participants with rapidly securing temporary or permanent housing that is safe and accessible in a manner that fits their needs. Temporary housing may include emergency shelter, transitional housing, substance use treatment facility or detox center, psychiatric hospital or other psychiatric facility, or long-term care facility or nursing home; and

2. For applicants that have experience operating similar street outreach projects, what percentage of street outreach participants successfully exit to temporary or permanent housing and what is the average length of time between project enrollment and successful exit to temporary or permanent housing destinations? If the applicant does not have experience operating similar street outreach type project, provide data that demonstrates successful outcomes for other homeless program types the applicant operates.

16. Will the proposed project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP?

{ radiobutton _16WillTheProposedProjectBeSupplementedWithResourcesFromOtherPublicOrPrivateSourcesThatMayIncludeMainstreamHealthSocialAndEmploymentProgramsSuchAsMedicareMedicaidSSIAndSNAP = "Yes" } Yes { radiobutton _16WillTheProposedProjectBeSupplementedWithResourcesFromOtherPublicOrPrivateSourcesThatMayIncludeMainstreamHealthSocialAndEmploymentProgramsSuchAsMedicareMedicaidSSIAndSNAP = "No" } No

17. Describe how the project will be supplemented with resources from other public or private sources (max 1,000 characters).

{_17DescribeHowTheProjectWillBeSupplementedWithResourcesFromOtherPublicOrPrivateSourcesmax1000Characters}

Please explain how the proposed project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

18. Will the proposed project have a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services?

{ radiobutton _18WillTheProposedProjectHaveAStrategyForProvidingSupportiveServicesToEligibleProgramParticipantsIncludingThoseWithHistoriesOfUnshelteredHomelessnessAndThoseWhoDoNotTraditionallyEngageWithSupportiveServices = "Yes" } Yes { radiobutton _18WillTheProposedProjectHaveAStrategyForProvidingSupportiveServicesToEligibleProgramParticipantsIncludingThoseWithHistoriesOfUnshelteredHomelessnessAndThoseWhoDoNotTraditionallyEngageWithSupportiveServices = "No" } No

19. Describe the proposed project's strategy for providing supportive services to eligible program participants (max 1,000 characters).

{_19DescribeTheProposedProjectsStrategyForProvidingSupportiveServicesToEligibleProgramParticipant smax1000Characters}

Please explain how the proposed project's strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

20. Will the proposed project cooperate, assist, and not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws?
{ radiobutton _20WillTheProposedProjectCooperateAssistAndNotInterfereOrImpedeWithLawEnforcementToEnforceLoc alLawsSuchAsPublicCampingAndPublicDrugUseLaws = "Yes" } Yes { radiobutton _20WillTheProposedProjectCooperateAssistAndNotInterfereOrImpedeWithLawEnforcementToEnforceLoc alLawsSuchAsPublicCampingAndPublicDrugUseLaws = "No" } No

21. Does the applicant have a history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living?
{ radiobutton _21DoesTheApplicantHaveAHistoryOfPartneringWithFirstRespondersAndLawEnforcementToEngagePeop leLivingInPlacesNotMeantForHumanHabitationToAccessEmergencyShelterTreatmentProgramsReunificati onWithFamilyTransitionalHousingOrIndependentLiving = "Yes" } Yes { radiobutton _21DoesTheApplicantHaveAHistoryOfPartneringWithFirstRespondersAndLawEnforcementToEngagePeop leLivingInPlacesNotMeantForHumanHabitationToAccessEmergencyShelterTreatmentProgramsReunificati onWithFamilyTransitionalHousingOrIndependentLiving = "No" } No

22. Describe the applicant's history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living (max 1,000 characters).

{_22DescribeTheApplicantsHistoryOfPartneringWithFirstRespondersAndLawEnforcementToEngagePeop leLivingInPlacesNotMeantForHumanHabitationToAccessEmergencyShelterTreatmentProgramsReunifica tionWithFamilyTransitionalHousingOrIndependentLivingmax1000Characters}

Please describe the applicant's history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living.

23. Does the applicant have experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13) and has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs?
{ radiobutton _23DoesTheApplicantHaveExperienceProvidingOutreachServicesConsistentWithTheActivityDescriptionAt24CFR57853e13AndHasDemonstratedEffectivenessAtHelpingPeopleSuccessfullyExitFromPlacesNotMeantForHumanHabitationToEmergencyShelterTreatmentProgramsTransitionalHousingOrPermanentHousingPrograms = "Yes" } Yes { radiobutton _23DoesTheApplicantHaveExperienceProvidingOutreachServicesConsistentWithTheActivityDescriptionAt24CFR57853e13AndHasDemonstratedEffectivenessAtHelpingPeopleSuccessfullyExitFromPlacesNotMeantForHumanHabitationToEmergencyShelterTreatmentProgramsTransitionalHousingOrPermanentHousingPrograms = "No" } No

24. Describe the applicant's experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13) and demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs (max 1,000 characters).

{_24DescribeTheApplicantsExperienceProvidingOutreachServicesConsistentWithTheActivityDescriptionAt24CFR57853e13AndDemonstratedEffectivenessAtHelpingPeopleSuccessfullyExitFromPlacesNotMeantForHumanHabitationToEmergencyShelterTreatmentProgramsTransitionalHousingOrPermanentHousingProgramsmax1000Characters}

Please describe your agency's experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13) and has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.

25. Will the project provide services that are cost-effective consistent with 2 CFR 200.404?
{ radiobutton _25WillTheProjectProvideServicesThatAreCosteffectiveConsistentWith2CFR200404 = "Yes" } Yes { radiobutton _25WillTheProjectProvideServicesThatAreCosteffectiveConsistentWith2CFR200404 = "No" } No
Link to 2 CFR 200.404

26-31. Service Delivery Plan

Section

{ each Section }

26. Will the proposed project require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h)?

{ radiobutton _26WillTheProposedProjectRequireProgramParticipantsToTakePartInSupportiveServicesegCaseManagementEmploymentTrainingSubstanceUseTreatmentEtcInLineWith24CFR57875h = "Yes" } Yes { radiobutton _26WillTheProposedProjectRequireProgramParticipantsToTakePartInSupportiveServicesegCaseManagementEmploymentTrainingSubstanceUseTreatmentEtcInLineWith24CFR57875h = "No" } No

Select "yes" if the proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h). Applicants that select "yes" are required to attach a sample supportive service agreement (e.g., contract, occupancy agreement, lease, or equivalent).

27. Coordination with Mainstream Programs (max 2,000 characters)

{_27CoordinationWithMainstreamProgramsmax2000Characters}

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) 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);

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

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

28. Increasing Employment Cash Income (max 1,000 characters)

{_28IncreasingEmploymentCashIncomemax1000Characters}

Describe how the project will support participants in increasing employment cash income. Include any employment and training partners (e.g., workforce development, employers, childcare, and other supportive services) the project with work with to prepare participants to increase their skills and become gainfully employed.

29. Transportation Assistance
{ radiobutton _29TransportationAssistance = "Yes" } Yes { radiobutton _29TransportationAssistance = "No" } 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.

30. SSI/SSDI Technical Assistance
{ radiobutton _30SSISSDITechnicalAssistance = "Yes" } Yes { radiobutton _30SSISSDITechnicalAssistance = "No" } No
Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

{ end each }

McKinney-Vento Education Requirements

{ each McKinneyVentoEducationRequirements }

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.

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
{ checkbox Acknowledgement.Contains("Please check the box to acknowledge the project will meet the above requirements if it has any qualifying participants.") } Please check the box to acknowledge the project will meet the above requirements if it has any qualifying participants.

{ end each }

31. 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.

{ each _31ProjectParticipantsPersonsAndHouseholds }

Number of Households w/ at Least One Adult & One Child	Number of Adult Households w/out Children	Number of Households w/ Only Children
{NumberOfHouseholdsWAtLeastOneAdultOneChild}	{NumberOfAdultHouseholdsWoutChildren}	{NumberOfHouseholdsWOnlyChildren}

Total Number of Households
{TotalNumberOfHouseholds}

{ end each }

32-33. Timeliness & Project Milestones

Project Milestones

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.

Note: *To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award.*

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

32. Project Milestone	Days from Execution of Grant Agreement
{ each ProjectMilestones }	
{_32ProjectMilestone}	{DaysFromExecutionOfGrantAgreement}
{ end each }	

33. Project Readiness (max 1,000 characters)

{_33ProjectReadinessmax1000Characters}

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 supportive services are near 100% capacity.

34. Funding Request
CoC Bonus Funding Available: $1,247,152

Projects must apply for the full amount available. ***The information included in this funding request should be for CoC dollars only.*** *If the project will leverage non-CoC resources, indicate this in the budget narrative section.*

{ each _34FundingRequest }

Indirect Cost Rate
{ radiobutton IndirectCostRate = "Yes" } Yes { radiobutton IndirectCostRate = "No" } No
Will this project propose to allocate funds according to an indirect cost rate?

15% De Minimis Rate

{_15DeMinimisRate}

Do you plan to use the 15% de minimis rate?

Indirect Cost Rate Schedule

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

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
{ each IndirectCostRateSchedule }		
{AdministeringDepartmentAgency}	{IndirectCostRate}	{DirectCostBase}
{ end each }		

Rate Approval
{ radiobutton RateApproval = "Yes" } Yes { radiobutton RateApproval = "No" } No
Has this rate been negotiated and approved by your cognizant agency?

Federal Debt
{ radiobutton FederalDebt = "Yes" } Yes { radiobutton FederalDebt = "No" } No
Is the applicant delinquent on any Federal debt?

Federal Debt Explanation

{FederalDebtExplanation}

Funding Request
{ checkbox FundingRequest.Contains("Supportive Services") } Supportive Services   { checkbox FundingRequest.Contains("HMIS") } HMIS

Select the costs for which funding is being requested.

{ end each }

Supportive Services Budget

Supportive Services may include the salary and benefit package of any staff who directly deliver services to program participants, including supervisory staff, as well as the cost of supplies or materials incurred in the direct provision of services.

A quantity AND a description must be entered for each requested cost (no more than 400 characters). Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, supportive services types, etc.,) for each supportive services cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X).

{ each SupportiveServicesBudget }

Supportive Services Budget Detail

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
{ each SupportiveServicesBudgetDetail }		
{EligibleCosts}	{QuantityANDDescriptionmax400Characters}	{AnnualAssistanceRequested}
{ end each }		
		{SupportiveServicesBudgetDetail_AnnualAssistanceRequested_Summary}

Total Supportive Services Funding Requested
{TotalSupportiveServicesFundingRequested}

{ end each }

HMIS Budget

A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X).

{ each HMISBudget }

HMIS Budget Detail

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Funding Requested
{ each HMISBudgetDetail }		
{EligibleCosts}	{QuantityANDDescriptionmax400Characters}	{AnnualFundingRequested}
{ end each }		
		{HMISBudgetDetail_AnnualFundingRequested_Summary}

Total HMIS Funding Requested
{TotalHMISFundingRequested}

{ end each }

35. Match

{ each _35Match }

Program Income as Match
{ radiobutton ProgramIncomeAsMatch = "Yes" } Yes
{ radiobutton ProgramIncomeAsMatch = "No" } No
Will this project generate program income as
described in 24 CFR 578.97 that will be used as
Match for this grant?

Briefly describe the source of the program income (max 1,000 characters)

{BrieflyDescribeTheSourceOfTheProgramIncomemax1000Characters}

Amount of Program Income to be Used for Match

{AmountOfProgramIncomeToBeUsedForMatch}

Estimate the amount of program income that will be used as Match for this project

Sources of Match Detail

Type of Commitment	Type of Source	Name of Source Commitment	Value of Written Commitment
{ each SourcesOfMatchDetail }			
{TypeOfCommitment}	{TypeOfSource}	{NameOfSourceCommitment}	{ValueOfWrittenCommitment}
{ end each }			
			{SourcesOfMatchDetail_ValueOfWrittenCommitment_Summary}

Total Value of Cash Commitments	**Total Value of In-Kind Commitments**
{TotalValueOfCashCommitments}	{TotalValueOfInKindCommitments}

{ end each }

36. Summary Budget

{ each _36SummaryBudget }

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.

Funding available for new projects (CoC Bonus):
$1,247,152

Required Admin: $113,377

Eligible Costs	Total Assistance Requested for Grant Term
{ each SummaryBudget }	
{EligibleCosts}	{TotalAssistanceRequestedForGrantTerm}
{ end each }	

Total Assistance Plus Admin Requested:
{SummaryBudget_TotalAssistanceRequestedForGrantTerm_Summary}

Cash Match	**In-Kind Match**	**Total Match**
{CashMatch}	{InKindMatch}	{TotalMatch}

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

Total Budget (including match)
{TotalBudgetincludingMatch}

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

{BudgetNarrativeOptionalmax2500Characters}

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.

{ end each }

{ end each }

{ end if }

{ if ProjectDetail._5ProjectType.Contains("Transitional Housing (TH) - New Projects or Transition Grants") }

Transitional Housing (TH) Project Application Transition or New Grant Questionnaire

Transitional Housing (TH) Project Application Transition or New Grant Questionnaire

{ each TransitionalHousingTHProjectApplicationTransitionOrNewGrantQuestionnaire }

Is this application for a New Project or a Transition Grant?

{IsThisApplicationForANewProjectOrATransitionGrant}

Only operators of permanent housing (PH) projects currently funded under the Pasadena CoC are eligible to apply for a transition grant for the opportunity to convert their existing PH project to a transitional housing (TH) project.

Please select the existing permanent housing (PH) project you are applying to convert to a transitional housing (TH) project.

{PleaseSelectTheExistingPermanentHousingPHProjectYouAreApplyingToConvertToATransitionalHousingTHProject}

Explain how the existing PH project will be converted to a TH project over the course of the 2026-2027 project year (max. 3,000 characters)

{ExplainHowTheExistingPHProjectWillBeConvertedToATHProjectOverTheCourseOfThe20262027ProjectYearmax3000Characters}

Transitional housing facilitates the movement of homeless individuals and families to PH within 24 months of entering TH. Currently housed participants of existing PH programs are only eligible for TH if they meet HUD's category 2, category 3, or category 4 definition of homelessness.

Please describe whether the proposed TH project will serve a different number of persons or households than the existing PH project. Describe how current PH program participants will be supported in exiting the existing PH program if they are not eligible for TH as described above.

{ end each }

{ end if }

{ if ProjectDetail._5ProjectType.Contains("Transitional Housing (TH) - New Projects or Transition Grants") }

Transitional Housing (TH) Project Application

Transitional Housing (TH) Project Application

{ each TransitionalHousingTHProjectApplication }

8. Project Name

{_8ProjectName}

Organizations applying to convert an existing PH project to TH should include the words "Transition Grant" in the project title (e.g., Transition Grant-CoC Rental Assistance).

9. Proposed Start Date

{_9ProposedStartDate}

For new projects, the start date must be between 7/1/2026 and 12/1/2026.

For transition grants, the start date should immediately follow the expiration of your current 2025-2026 grant term.

10. Proposed End Date

{_10ProposedEndDate}

The end date should fall in Calendar Year 2027. Grant term must be 12 months.

11. CES Participation

{ radiobutton _11CESParticipation = "Yes" } Yes { radiobutton _11CESParticipation = "No" } 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?

12. HMIS or Comparable Database Participation

{ radiobutton _12HMISOrComparableDatabaseParticipation = "Yes" } Yes { radiobutton _12HMISOrComparableDatabaseParticipation = "No" } 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.

CES Participation Explanation (max 1,000 characters)

{CESParticipationExplanationmax1000Characters}

Please explain why your project will not participate in a CoC Coordinated Entry Process.

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

{HMISOrComparableDatabaseParticipationExplanationmax1000Characters}

Please describe why the project will not participate in HMIS and which comparable database will be utilized to collect client-level data.

13-24. Project Design

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

{_13ProjectDescriptionAndNeedmax3000Characters}

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, faith-based);

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.

14. Target Population

{ checkbox _14TargetPopulation.Contains("Chronically Homeless") } Chronically Homeless

{ checkbox _14TargetPopulation.Contains("Families") } Families

{ checkbox _14TargetPopulation.Contains("Mental Illness") } Mental Illness

{ checkbox _14TargetPopulation.Contains("Veterans") } Veterans

{ checkbox _14TargetPopulation.Contains("Domestic Violence") } Domestic Violence

{ checkbox _14TargetPopulation.Contains("HIV/AIDS") } HIV/AIDS

{ checkbox _14TargetPopulation.Contains("Youth (under 25)") } Youth (under 25)

{ checkbox _14TargetPopulation.Contains("Substance Use") } Substance Use

{ checkbox _14TargetPopulation.Contains("N/A - Project Serves All Subpopulations") } N/A - Project Serves All Subpopulations

{_14TargetPopulation.Except(["Chronically Homeless","Veterans","Youth (under 25)","Families","Domestic Violence","Substance Use","Mental Illness","HIV/AIDS","N/A - Project Serves All Subpopulations"])}

{ checkbox _14TargetPopulation.Except(["Chronically Homeless","Veterans","Youth (under 25)","Families","Domestic Violence","Substance Use","Mental Illness","HIV/AIDS","N/A - Project Serves All Subpopulations"]) }

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

14. Leveraging Housing and Healthcare Resources

{ radiobutton _14LeveragingHousingAndHealthcareResources = "Yes" } Yes { radiobutton _14LeveragingHousingAndHealthcareResources = "No" } No

Will this project utilize housing and/or healthcare resources not funded through the CoC or ESG program? Examples of housing and healthcare resources include those provided by private organizations, state or local government, public housing agencies, and faith-based organizations.

In the case of housing subsidies, the leveraged resources must provide at least 25 percent of the units included in the project.

In the case of healthcare or behavioral health resources, the value of assistance being provided must be at least an amount that is equivalent to 25 percent of the funding being requested by the project.

In the case of an organization that provides substance use disorder treatment or recovery services, the leveraged resource must provide access to all participants who qualify for those services.

*Attachment required. Points will only be awarded to applicants with acceptable forms of documentation which may include letters of commitment, contracts, or other formal documents that demonstrate that commitment.

Leveraged Housing and/or Healthcare Resources (max 1,000 characters

{LeveragedHousingAndorHealthcareResourcesmax1000Characters}

Please describe the housing and/or healthcare resources that will be leveraged for the project including the source of the resources.

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

{_15RapidPermanentHousingPlacementDescriptionmax2000Characters}

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)?

16. Will the proposed project provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing?
{ radiobutton
_16WillTheProposedProjectProvideAndorPartnerWithOtherOrganizationsToProvideEligibleSupportiveServi
cesThatAreNecessaryToAssistProgramParticipantsToObtainAndMaintainHousing = "Yes" } Yes {
radiobutton
_16WillTheProposedProjectProvideAndorPartnerWithOtherOrganizationsToProvideEligibleSupportiveServi
cesThatAreNecessaryToAssistProgramParticipantsToObtainAndMaintainHousing = "No" } No

17. Describe how the proposed project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (max 1,000 characters).

{_17DescribeHowTheProposedProjectWillProvideAndorPartnerWithOtherOrganizationsToProvideEligible
SupportiveServicesThatAreNecessaryToAssistProgramParticipantsToObtainAndMaintainHousingmax100
0Characters}

18. Does the applicant have prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months?
{ radiobutton
_18DoesTheApplicantHavePriorExperienceOperatingTransitionalHousingOrOtherProjectsThatHaveSucce
ssfullyHelpedHomelessIndividualsAndFamiliesExitHomelessnessWithin24Months = "Yes" } Yes {
radiobutton
_18DoesTheApplicantHavePriorExperienceOperatingTransitionalHousingOrOtherProjectsThatHaveSucce
ssfullyHelpedHomelessIndividualsAndFamiliesExitHomelessnessWithin24Months = "No" } No

19. Describe the applicant's prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months (max 1,000 characters).

{_19DescribeTheApplicantsPriorExperienceOperatingTransitionalHousingOrOtherProjectsThatHaveSucc
essfullyHelpedHomelessIndividualsAndFamiliesExitHomelessnessWithin24Monthsmax1000Characters}

20. Does the applicant have a plan in place to ensure that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant?
{ radiobutton
_20DoesTheApplicantHaveAPlanInPlaceToEnsureThatAtLeast50PercentOfParticipantsExitToPermanentH
ousingWithin24MonthsAndAtLeast50PercentOfParticipantsExitWithEmploymentIncomeAsReflectedInHMI
SOrAnotherDataSystemUsedByTheApplicant = "Yes" } Yes { radiobutton
_20DoesTheApplicantHaveAPlanInPlaceToEnsureThatAtLeast50PercentOfParticipantsExitToPermanentH
ousingWithin24MonthsAndAtLeast50PercentOfParticipantsExitWithEmploymentIncomeAsReflectedInHMI
SOrAnotherDataSystemUsedByTheApplicant = "No" } No

21. Describe the applicant's plan to ensure that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant (max 1,000 characters).

{_21DescribeTheApplicantsPlanToEnsureThatAtLeast50PercentOfParticipantsExitToPermanentHousing
Within24MonthsAndAtLeast50PercentOfParticipantsExitWithEmploymentIncomeAsReflectedInHMISOrA
notherDataSystemUsedByTheApplicantmax1000Characters}

22. Will the proposed project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP?
{ radiobutton
_22WillTheProposedProjectBeSupplementedWithResourcesFromOtherPublicOrPrivateSourcesThatMayIn
cludeMainstreamHealthSocialAndEmploymentProgramsSuchAsMedicareMedicaidSSIAndSNAP = "Yes" }
Yes { radiobutton
_22WillTheProposedProjectBeSupplementedWithResourcesFromOtherPublicOrPrivateSourcesThatMayIn
cludeMainstreamHealthSocialAndEmploymentProgramsSuchAsMedicareMedicaidSSIAndSNAP = "No" }
No

23. Describe how the proposed project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP (max 1,000 characters).

{_23DescribeHowTheProposedProjectWillBeSupplementedWithResourcesFromOtherPublicOrPrivateSou
rcesThatMayIncludeMainstreamHealthSocialAndEmploymentProgramsSuchAsMedicareMedicaidSSIAnd
SNAPmax1000Characters}

24. Will the average cost per household served be reasonable, consistent with 2 CFR 200.404?
{ radiobutton _24WillTheAverageCostPerHouseholdServedBeReasonableConsistentWith2CFR200404 =
"Yes" } Yes { radiobutton
_24WillTheAverageCostPerHouseholdServedBeReasonableConsistentWith2CFR200404 = "No" } No
Link to 2 CFR 200.404

Section

{ each Section }

25- 34. Service Delivery Plan

25. Will the proposed project require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h)?
{ radiobutton _25WillTheProposedProjectRequireProgramParticipantsToTakePartInSupportiveServicesegCaseManagementEmploymentTrainingSubstanceUseTreatmentEtcInLineWith24CFR57875h = "Yes" } Yes { radiobutton _25WillTheProposedProjectRequireProgramParticipantsToTakePartInSupportiveServicesegCaseManagementEmploymentTrainingSubstanceUseTreatmentEtcInLineWith24CFR57875h = "No" } No

Select "yes" if the proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with [24 CFR 578.75(h)](#). Applicants that select "yes" are required to attach a sample supportive service agreement (e.g., contract, occupancy agreement, lease, or equivalent).

For Transition Grants Only: if the existing project does not require service participation, answer "yes" if the applicant is willing to require service participation in the new project type.

26. Will the proposed project provide 40 hours per week of customized services for each participant (e.g. case management, employment training, substance use treatment, etc.)?
{ radiobutton _26WillTheProposedProjectProvide40HoursPerWeekOfCustomizedServicesForEachParticipantegCaseManagementEmploymentTrainingSubstanceUseTreatmentEtc = "Yes" } Yes { radiobutton _26WillTheProposedProjectProvide40HoursPerWeekOfCustomizedServicesForEachParticipantegCaseManagementEmploymentTrainingSubstanceUseTreatmentEtc = "No" } No

Note: *The 40 hours per week may be reduced proportionately for participants who are employed, and;*

*The 40 hours per week **does not** apply to participants over age 62 or who have a physical disability/impairment or a developmental disability ([24 CFR 582.5](#)) not including substance use disorder.*

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

{_27RapidPermanentHousingPlacementDescriptionmax2000Characters}

Please describe:

1. The actions that will be taken to assist program participants with securing permanent housing that is safe and accessible in a manner that fits their needs within 24 months of enrollment in TH;

2. For applicants that have experience operating transitional housing projects, what is the average length of time between project enrollment and permanent housing move-in date? If applicant does not have
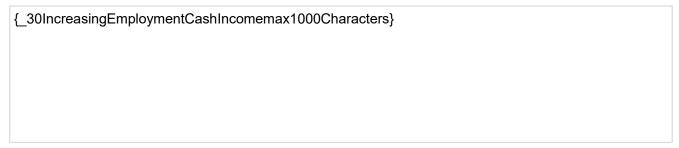
experience operating transitional housing projects, provide data for other project types that place participants into permanent housing (e.g., emergency shelter, bridge housing, etc.); and

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

28. Reducing Recidivism (max 2,000 characters)

{_28ReducingRecidivismmax2000Characters}

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 adminsitered similar to that being proposed in the application.

29. Coordination with Mainstream Programs (max 2,000 characters)

{_29CoordinationWithMainstreamProgramsmax2000Characters}

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) 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);

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

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

30. Increasing Employment Cash Income (max. 1,000 characters)

```
{_30IncreasingEmploymentCashIncomemax1000Characters}
```

Describe how the project will support participants in increasing employment cash income. Include any employment and training partners (e.g., workforce development, employers, childcare, and other supportive services) the project with work with to prepare participants to increase their skills and become gainfully employed.

31. Transportation Assistance
{ radiobutton _31TransportationAssistance = "Yes" } Yes { radiobutton _31TransportationAssistance = "No" } 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. SSI/SSDI Technical Assistance
{ radiobutton _32SSISSDITechnicalAssistance = "Yes" } Yes { radiobutton _32SSISSDITechnicalAssistance = "No" } No
Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

{ end each }

McKinney-Vento Education Requirements

{ each McKinneyVentoEducationRequirements }

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.

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
{ checkbox Acknowledgement.Contains("Please check the box to acknowledge the proposed project will meet the above requirements if it has any qualifying participants.") } Please check the box to acknowledge the proposed project will meet the above requirements if it has any qualifying participants.

33. 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
{ each _33AvailableSupportiveServices }		
{SupportiveServices}	{Provider}	{Frequency}
{ end each }		

34. Supportive Services Narrative (max 2,000 characters)

{_34SupportiveServicesNarrativemax2000Characters}

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.

{ end each }

35. Housing Type and Location

{ each _35HousingTypeAndLocation }

Housing Type	**Total Units**	**Total Beds**
{HousingType}	{TotalUnits}	{TotalBeds}
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.*

Project Address

{ProjectAddress.Line1}

Address Line 1

{ProjectAddress.Line2}

Address Line 2

| {ProjectAddress.City} | {ProjectAddress.State} | {ProjectAddress.PostalCode} |
| 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 TH 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.

{ end each }

36. 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.

{ each _36ProjectParticipantsPersonsAndHouseholds }

Number of Households w/ at Least One Adult & One Child	**Number of Adult Households w/out Children**	**Number of Households w/ Only Children**
{NumberOfHouseholdsWAtLeastOneAdultOneChild}	{NumberOfAdultHouseholdsWoutChildren}	{NumberOfHouseholdsWOnlyChildren}

Total Number of Households
{TotalNumberOfHouseholds}

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.

Household Type	Adults over age 24	Persons ages 18-24	Accompanied children under age 18	Unaccompanied children under age 18	Total
{ each _47CharacteristicsOfHouseholds }					

{HouseholdType}	{AdultsOverAge24}	{PersonsAges1824}	{AccompaniedChildrenUnderAge18}	{UnaccompaniedChildrenUnderAge18}	{Total}

{ end each }					
	{_47CharacteristicsOfHouseholds_AdultsOverAge24_Summary}	{_47CharacteristicsOfHouseholds_PersonsAges1824_Summary}	{_47CharacteristicsOfHouseholds_AccompaniedChildrenUnderAge18_Summary}	{_47CharacteristicsOfHouseholds_UnaccompaniedChildrenUnderAge18_Summary}	{_47CharacteristicsOfHouseholds_Total_Summary}

{ end each }

Project Participants - Subpopulations

{ each ProjectParticipantsSubpopulations }

Persons in Households with at Least One Adult and One Child

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

Characteristics	CH	CH Vet	Non-CH Vet	SUD	HIV/AIDS	Mental Illness	Victims of DV	Phys. Disability	Develop. Disability
{ each PersonsInHouseholdsWithAtLeastOneAdultAndOneChild }									
{Characteristics}	{CH}	{CHVet}	{NonCHVet}	{SUD}	{HIVAIDS}	{MentalIllness}	{VictimsOfDV}	{PhysDisability}	{DevelopDisability}
{ end each }									
	{PersonsInHouseholdsWithAtLeastOneA...	{PersonsInHouseholdsWithAtLeastOneA...	{PersonsInHouseholdsWithAtLeastOneAd...	{PersonsInHouseholdsWithAtLeastOneAd...	{PersonsInHouseholdsWithAtLeastOneAd...	{PersonsInHouseholdsWithAtLeastOneAd...	{PersonsInHouseholdsWithAtLeastOneAd...	{PersonsInHouseholdsWithAtLeastOneAdultAndOneChild_PhysDisab...	{PersonsInHouseholdsWithAtLeastOneAdultAndOneChild_DevelopDisability_Summary}

dultAndOneChild_CH_Summary}	dultAndOneChild_CHVet_Summary}	ultAndOneChild_NonCHVet_Summary}	ultAndOneChild_SUD_Summary}	ultAndOneChild_HIVAIDS_Summary}	ultAndOneChild_MentalIllness_Summary}	ultAndOneChild_VictimsOfDV_Summary}	ility_Summary}

Persons in Households without Children

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

Characteristics	CH	CH Vet	Non-CH Vet	SUD	HIV/AIDS	Mental Illness	Victims of DV	Phys. Disability	Develop. Disability
{ each PersonsInHouseholdsWithoutChildren }									
{Characteristics}	{CH}	{CHVet}	{NonCHVet}	{SUD}	{HIVAIDS}	{MentalIllness}	{VictimsOfDV}	{PhysDisability}	{DevelopDisability}
{ end each }									
	{PersonsInHouseholdsWithoutChildren_CH_Summary}	{PersonsInHouseholdsWithoutChildren_CHVet_Summary}	{PersonsInHouseholdsWithoutChildren_NonCHVet_Summary}	{PersonsInHouseholdsWithoutChildren_SUD_Summary}	{PersonsInHouseholdsWithoutChildren_HIVAIDS_Summary}	{PersonsInHouseholdsWithoutChildren_MentalIllness_Summary}	{PersonsInHouseholdsWithoutChildren_VictimsOfDV_Summary}	{PersonsInHouseholdsWithoutChildren_PhysDisability_Summary}	{PersonsInHouseholdsWithoutChildren_DevelopDisability_Summary}

Persons in Households with Only Children

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

Characteristics	CH	CH Vet	Non-CH Vet	SUD	HIV/AIDS	Mental Illness	Victims of DV	Phys. Disability	Develop. Disability
{ each PersonsInHouseholdsWithOnlyChildren }									
{Characteristics}	{CH}	{CHVet}	{NonCHVet}	{SUD}	{HIVAIDS}	{MentalIllness}	{VictimsOfDV}	{PhysDisability}	{DevelopDisability}
{ end each }									
	{PersonsInHousehold sWith...	{PersonsInHousehold sWith...	{PersonsInHousehold sWith...	{PersonsInHousehold sWith...	{PersonsInHousehold sWith...	{PersonsInHousehold sWith...	{PersonsInHousehold sWith...	{PersonsInHouseholds WithOnlyChildren_Phy...	{PersonsInHouseholdsWithOnly Children_Devel...

	OnlyCh ildren_ CH_Su mmary }	OnlyCh ildren_ CHVet _Sum mary}	OnlyCh ildren_ NonCH Vet_Su mmary }	OnlyCh ildren_ SUD_S ummar y}	OnlyCh ildren_ HIVAID S_Sum mary}	OnlyCh ildren_ MentalI llness_ Summ ary}	OnlyCh ildren_ Victims OfDV_ Summ ary}	sDisability_ Summary}	opDisability_Su mmary}

{ end each }

37-38. Timeliness & Project Milestones (New Projects Only)

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.

Note: *To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award.*

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

37. Project Milestone	Days from Execution of Grant Agreement
{ each ProjectMilestones }	
{_37ProjectMilestone}	{DaysFromExecutionOfGrantAgreement}
{ end each }	

38. Project Readiness (max 1,000 characters)

{_38ProjectReadinessmax1000Characters}

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 placement into TH.

39. Funding Request
Funding available for new projects (CoC Bonus): $1,247,152

Required Admin for new projects: $113,377

New projects must apply for the full amount of CoC Bonus funding available.

Transition grants may apply for up to the amount of funding in the current grant term of their existing PH project that will be converted to TH.

*For both new projects and transition grants, 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.*

{ each _39FundingRequest }

Indirect Cost Rate
{ radiobutton IndirectCostRate = "Yes" } Yes { radiobutton IndirectCostRate = "No" } No
Does this project propose to allocate funds according to an indirect cost rate?

15% De Minimis Rate

{_15DeMinimisRate}

Do you plan to use the 15% de minimis rate?

Indirect Cost Rate Schedule

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

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
{ each IndirectCostRateSchedule }		
{AdministeringDepartmentAgency}	{IndirectCostRate}	{DirectCostBase}
{ end each }		

Rate Approval
{ radiobutton RateApproval = "Yes" } Yes { radiobutton RateApproval = "No" } No
Has this rate been negotiated and approved by your cognizant agency?

Federal Debt
{ radiobutton FederalDebt = "Yes" } Yes { radiobutton FederalDebt = "No" } No
Is the applicant delinquent on any Federal debt?

Federal Debt Explanation

{FederalDebtExplanation}

Funding Request

{ checkbox FundingRequest.Contains("Leased Units (scattered-site and site-based projects)") } Leased Units (scattered-site and site-based projects)

{ checkbox FundingRequest.Contains("Supportive Services (scattered-site and site-based projects)") } Supportive Services (scattered-site and site-based projects)

{ checkbox FundingRequest.Contains("Leased Structures (scattered-site and site-based projects)") } Leased Structures (scattered-site and site-based projects)

{ checkbox FundingRequest.Contains("VAWA (scattered-site and site-based projects)") } VAWA (scattered-site and site-based projects)

{ checkbox FundingRequest.Contains("Operating Costs (scattered-site and site-based projects)") } Operating Costs (scattered-site and site-based projects)

{ checkbox FundingRequest.Contains("HMIS (scattered-site and site-based projects)") } HMIS (scattered-site and site-based projects)

{ checkbox FundingRequest.Contains("Rental Assistance (scattered-site projects only)") } Rental Assistance (scattered-site projects only)

Select the costs for which funding is being requested:

{ end each }

Leased Units Budget

{ each LeasedUnitsBudget }

Leased Units Annual Budget

In the chart below, enter the appropriate values in the "Size of Unit" "Number of units", and "FMR" fields. Input the number 12 under "12 months" column for a full year grant term. Please use the corresponding FMR rate calculated by HUD for the unit size you are applying for: 0 bedroom/efficiency: $1,863; 1 bedroom: $2,085; 2 bedroom: $2,601; 3 bedroom: $3,298.

Size of Unit	Number of Units	FMR (see values above)	12 Months	Total Request
{ each LeasedUnitsAnnualBudget }				
{SizeOfUnit}	{NumberOfUnits}	{FMRseeValuesAbove}	{_12Months}	{TotalRequest}
{ end each }				
	{LeasedUnitsAnnualBudget_NumberOfUnits_Summary}			{LeasedUnitsAnnualBudget_TotalRequest_Summary}

Total Leased Units Funding Requested
{TotalLeasedUnitsFundingRequested}

Total Leased Units
{TotalLeasedUnits}

{ end each }

Leased Structures Budget

{ each LeasedStructuresBudget }

Leased Structures Detail

Enter the name and address of the structure to be rented, if available. If not yet determined, enter N/A in the first two columns.

HUD Paid Rent must be reasonable in relation to rents being charged in the area for comparable space. In addition, the rent paid may not exceed rents currently being charged by the same owner for comparable unassisted space.

Structure Name	Structure Address	HUD Paid Rent (per month)	12 months	Total Funding Requested
{ each LeasedStructuresDetail }				
{StructureName}	{StructureAddress}	{HUDPaidRentperMonth}	{_12Months}	{TotalFundingRequested}
{ end each }				
				{LeasedStructuresDetail_TotalFundingRequested_Summary}

Total Leased Structures Funding Requested
{TotalLeasedStructuresFundingRequested}

{ end each }

Operating Budget

A quantity AND a description must be entered for each requested cost (no more than 400 characters). Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X).

{ each OperatingBudget }

Operating Budget Detail

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
{ each OperatingBudgetDetail }		

{EligibleCosts}	{QuantityANDDescriptionmax400Characters}	{AnnualAssistanceRequested}

{ end each }

	{OperatingBudgetDetail_AnnualAssistanceRequested_Summary}

Total Operating Costs Assistance Requested
{TotalOperatingCostsAssistanceRequested}

{ end each }

Rental Assistance Budget

{ each RentalAssistanceBudget }

Type of Rental Assistance

{TypeOfRentalAssistance}

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

Rental Assistance Annual Budget

In the chart below, enter the appropriate values in the "Size of Unit" "Number of units", and "FMR" fields. Input the number 12 under "12 months" column for a full year grant term. Please use the corresponding FMR rate calculated by HUD for the unit size you are applying for: 0 bedroom/efficiency: $1,863; 1 bedroom: $2,085; 2 bedroom: $2,601; 3 bedroom: $3,298.

Size of Unit	Number of Units	FMR (see values above)	12 Months	Total Assistance Requested
{ each RentalAssistanceAnnualBudget }				
{SizeOfUnit}	{NumberOfUnits}	{FMRseeValuesAbove}	{_12Months}	{TotalAssistanceRequested}
{ end each }				
	{RentalAssistanceAnnualBudget_NumberOfUnits_Summary}			{RentalAssistanceAnnualBudget_TotalAssistanceRequested_Summary}

Total Rental Assistance Request
{TotalRentalAssistanceRequest}

Total Units
{TotalUnits}

{ end each }

Supportive Services Budget

Supportive Services may include the salary and benefit package of any staff who directly deliver services to program participants, including supervisory staff, as well as the cost of supplies or materials incurred in the direct provision of services.

A quantity AND a description must be entered for each requested cost (no more than 400 characters). Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, supportive services types, etc.,) for each supportive services cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X).

{ each SupportiveServicesBudget }

Supportive Services Budget Detail

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
{ each SupportiveServicesBudgetDetail }		
{EligibleCosts}	{QuantityANDDescriptionmax400Characters}	{AnnualAssistanceRequested}
{ end each }		
		{SupportiveServicesBudgetDetail_AnnualAssistanceRequested_Summary}

Total Supportive Services Assistance Requested
{TotalSupportiveServicesAssistanceRequested}

{ end each }

VAWA Budget
The Violence Against Women Act (VAWA) Budget is to facilitate emergency transfers for program participants fleeing domestic violence.

{ each VAWABudget }

Supportive Services Budget Detail
Please refer to pp. 31-32 of the FY 2025 CoC NOFO for VAWA-specific eligible costs.

Eligible Costs	Justification	Funding Requested
{ each SupportiveServicesBudgetDetail }		
{EligibleCosts}	{Justification}	{FundingRequested}
{ end each }		

| | | {SupportiveServices BudgetDetail_Funding Requested_Summary} |

Total VAWA Funding Requested
{TotalVAWAFundingRequested}

{ end each }

HMIS Budget

A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X).

{ each HMISBudget }

HMIS Budget Detail

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
{ each HMISBudgetDetail }		
{EligibleCosts}	{QuantityANDDescriptionmax400Characters}	{AnnualAssistance Requested}
{ end each }		
		{HMISBudgetDetail_ AnnualAssistanceR equested_Summary }

Total HMIS Assistance Requested
{TotalHMISAssistanceRequested}

{ end each }

40. Match

{ each _40Match }

Program Income as Match
{ radiobutton ProgramIncomeAsMatch = "Yes" } Yes
{ radiobutton ProgramIncomeAsMatch = "No" } No
Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?

Briefly describe the source of the program income (max 1,000 characters)

{BrieflyDescribeTheSourceOfTheProgramIncomemax1000Characters}

Amount of Program Income to be Used for Match

{AmountOfProgramIncomeToBeUsedForMatch}

Estimate the amount of program income that will be used as Match for this project

Sources of Match Detail

Type of Commitment	Type of Source	Name of Source Commitment	Value of Written Commitment
{ each SourcesOfMatchDetail }			
{TypeOfCommitment}	{TypeOfSource}	{NameOfSourceCommitment}	{ValueOfWrittenCommitment}
{ end each }			
			{SourcesOfMatchDetail_ValueOfWrittenCommitment_Summary}

Total Value of Cash Commitments	Total Value of In-Kind Commitments
{TotalValueOfCashCommitments}	{TotalValueOfInKindCommitments}

{ end each }

41. Summary Budget

{ each _41SummaryBudget }

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.*

Funding available for new projects (CoC Bonus): $1,247,152

Required Admin for new projects: $113,377

Eligible Costs	Total Assistance Requested for Grant Term
{ each SummaryBudget }	
{EligibleCosts}	{TotalAssistanceRequestedForGrantTerm}
{ end each }	

Total Assistance Plus Admin Requested:
{SummaryBudget_TotalAssistanceRequestedForGrantTerm_Summary}

Cash Match | **In-Kind Match** | **Total Match**

{CashMatch} {InKindMatch} {TotalMatch}

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

Total Budget (including match)
{TotalBudgetincludingMatch}

Budget Narrative (Optional) (max 2,000 characters)

{BudgetNarrativeOptionalmax2000Characters}

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.

{ end each }

{ end each }

{ end if }

{ if ProjectDetail._5ProjectType.Contains("Domestic Violence Bonus - Transitional Housing (DV Bonus - TH) - New Projects Only") }

DV Bonus- Transitional Housing (TH) Project Application

DV Bonus- Transitional Housing (TH) Project Application

{ each DVBonusTransitionalHousingTHProjectApplication }

8. Project Name	**9. Proposed Start Date**	**10. Proposed End Date**
{_8ProjectName}	{_9ProposedStartDate}	{_10ProposedEndDate}
	The start date must be between 7/1/2026 and 12/1/2026.	*The end date should fall in Calendar Year 2027. Grant term must be 12 months.*

11. CES Participation

{ radiobutton _11CESParticipation = "Yes" } Yes { radiobutton _11CESParticipation = "No" } 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?

12. HMIS or Comparable Database Participation

{ radiobutton _12HMISOrComparableDatabaseParticipation = "Yes" } Yes { radiobutton _12HMISOrComparableDatabaseParticipation = "No" } 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.

13. CES Participation Explanation (max 1,000 characters)

{_13CESParticipationExplanationmax1000Characters}

Please explain why your project will not participate in a CoC Coordinated Entry Process.

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

{_14HMISOrComparableDatabaseParticipationExplanationmax1000Characters}

Please describe why the project will not participate in HMIS and which comparable database will be utilized to collect client-level data.

15-18. DV Specific Activities

15. Experience 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 2,000 characters)

{_15ExperienceProvidingHousingToIndividualsAndFamiliesOfPersonsExperiencingTraumaOrALackOfSafetyRelatedToFleeingOrAttemptingToFleeDomesticViolenceDatingViolenceSexualAssaultAndStalkingmax2000Characters}

*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.

16. 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 2,000 characters)

{_16EnsuringSafetyOfIndividualsAndFamiliesExperiencingTraumaOrALackOfSafetyRelatedToFleeingOr AttemptingToFleeDomesticViolenceDatingViolenceSexualAssaultAndStalkingmax2000Characters}

*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 confidentially 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.

17. Inclusion of Victim-Centered Practices (max 3,000 characters)

{_17InclusionOfVictimCenteredPracticesmax3000Characters}

1. Describe how the proposed project will use trauma-informed, victim-centered practices 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.

2. Describe the applicant's experience using victim-centered practices in serving 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. Address all 7 categories below:

a. Prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;

b. 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;

c. Providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;

d. 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;

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

f. 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.

18. Plan to Include DV Survivors with Lived Expertise (max 3,000 characters)

{_18PlanToIncludeDVSurvivorsWithLivedExpertisemax3000Characters}

Please describe:

1. Outreach efforts that will be taken to engage DV survivors with lived expertise in leadership roles and decision making processes;

2. The plan to involve DV survivors with lived expertise in policy and program development through the project's operation to address unique needs; and

3. The plan to gather feedback from program participants receiving transitional housing assistance and the steps that will be taken to address challenges raised by survivors with lived experience.

19-30. Project Design

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

{_19ProjectDescriptionAndNeedmax3000Characters}

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, faith-based);

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.

19. Leveraging Housing and Healthcare Resources

{ radiobutton _19LeveragingHousingAndHealthcareResources = "Yes" } Yes { radiobutton _19LeveragingHousingAndHealthcareResources = "No" } No

Will this project utilize housing and/or healthcare resources not funded through the CoC or ESG program? Examples of housing and healthcare resources include those provided by private organizations, state or local government, public housing agencies, and faith-based organizations.

In the case of housing subsidies, the leveraged resources must provide at least 25 percent of the units included in the project.

In the case of healthcare or behavioral health resources, the value of assistance being provided must be at least an amount that is equivalent to 25 percent of the funding being requested by the project.

In the case of an organization that provides substance use disorder treatment or recovery services, the leveraged resource must provide access to all participants who qualify for those services.

*Attachment required. Points will only be awarded to applicants with acceptable forms of documentation which may include letters of commitment, contracts, or other formal documents that demonstrate that commitment.

Leveraged Housing and/or Healthcare Resources (max 1,000 characters

{LeveragedHousingAndorHealthcareResourcesmax1000Characters}

Please describe the housing and/or healthcare resources that will be leveraged for the project including the source of the resources.

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

{_20RapidPermanentHousingPlacementDescriptionmax2000Characters}

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)?

21. Will the proposed project provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing?

{ radiobutton _21WillTheProposedProjectProvideAndorPartnerWithOtherOrganizationsToProvideEligibleSupportiveServicesThatAreNecessaryToAssistProgramParticipantsToObtainAndMaintainHousing = "Yes" } Yes { radiobutton _21WillTheProposedProjectProvideAndorPartnerWithOtherOrganizationsToProvideEligibleSupportiveServicesThatAreNecessaryToAssistProgramParticipantsToObtainAndMaintainHousing = "No" } No

22. Describe how the proposed project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (max 1,000 characters).

{_22DescribeHowTheProposedProjectWillProvideAndorPartnerWithOtherOrganizationsToProvideEligibleSupportiveServicesThatAreNecessaryToAssistProgramParticipantsToObtainAndMaintainHousingmax1000Characters}

23. Does the applicant have prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months?

{ radiobutton _23DoesTheApplicantHavePriorExperienceOperatingTransitionalHousingOrOtherProjectsThatHaveSuccessfullyHelpedHomelessIndividualsAndFamiliesExitHomelessnessWithin24Months = "Yes" } Yes { radiobutton _23DoesTheApplicantHavePriorExperienceOperatingTransitionalHousingOrOtherProjectsThatHaveSuccessfullyHelpedHomelessIndividualsAndFamiliesExitHomelessnessWithin24Months = "No" } No

24. Describe the applicant's prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months (max 1,000 characters).

{_24DescribeTheApplicantsPriorExperienceOperatingTransitionalHousingOrOtherProjectsThatHaveSuccessfullyHelpedHomelessIndividualsAndFamiliesExitHomelessnessWithin24Monthsmax1000Characters}

25. Does the applicant have a plan in place to ensure that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant?

{ radiobutton
_25DoesTheApplicantHaveAPlanInPlaceToEnsureThatAtLeast50PercentOfParticipantsExitToPermanentHousingWithin24MonthsAndAtLeast50PercentOfParticipantsExitWithEmploymentIncomeAsReflectedInHMISOrAnotherDataSystemUsedByTheApplicant = "Yes" } Yes { radiobutton
_25DoesTheApplicantHaveAPlanInPlaceToEnsureThatAtLeast50PercentOfParticipantsExitToPermanentHousingWithin24MonthsAndAtLeast50PercentOfParticipantsExitWithEmploymentIncomeAsReflectedInHMISOrAnotherDataSystemUsedByTheApplicant = "No" } No

26. Describe the applicant's plan to ensure that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant (max 1,000 characters).

{_26DescribeTheApplicantsPlanToEnsureThatAtLeast50PercentOfParticipantsExitToPermanentHousingWithin24MonthsAndAtLeast50PercentOfParticipantsExitWithEmploymentIncomeAsReflectedInHMISOrAnotherDataSystemUsedByTheApplicantmax1000Characters}

27. Will the proposed project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP?

{ radiobutton
_27WillTheProposedProjectBeSupplementedWithResourcesFromOtherPublicOrPrivateSourcesThatMayIncludeMainstreamHealthSocialAndEmploymentProgramsSuchAsMedicareMedicaidSSIAndSNAP = "Yes" } Yes { radiobutton
_27WillTheProposedProjectBeSupplementedWithResourcesFromOtherPublicOrPrivateSourcesThatMayIncludeMainstreamHealthSocialAndEmploymentProgramsSuchAsMedicareMedicaidSSIAndSNAP = "No" } No

28. Describe how the proposed project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP (max 1,000 characters).

{_28DescribeHowTheProposedProjectWillBeSupplementedWithResourcesFromOtherPublicOrPrivateSources ThatMayIncludeMainstreamHealthSocialAndEmploymentProgramsSuchAsMedicareMedicaidSSIAnd SNAPmax1000Characters}

29. Will the average cost per household served be reasonable, consistent with 2 CFR 200.404?
{ radiobutton _29WillTheAverageCostPerHouseholdServedBeReasonableConsistentWith2CFR200404 = "Yes" } Yes { radiobutton _29WillTheAverageCostPerHouseholdServedBeReasonableConsistentWith2CFR200404 = "No" } No
Link to 2 CFR 200.404

Section

{ each Section }

29 - 36. Service Delivery Plan

30. Will the proposed project require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h)?
{ radiobutton _30WillTheProposedProjectRequireProgramParticip antsToTakePartInSupportiveServicesegCaseManag ementEmploymentTrainingSubstanceUseTreatment EtcInLineWith24CFR57875h = "Yes" } Yes { radiobutton _30WillTheProposedProjectRequireProgramParticip antsToTakePartInSupportiveServicesegCaseManag ementEmploymentTrainingSubstanceUseTreatment EtcInLineWith24CFR57875h = "No" } No
Select "yes" if the proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h). Applicants that select "yes" are required to attach a sample supportive service agreement (e.g., contract, occupancy agreement, lease, or equivalent).

31. Will the proposed project provide 40 hours per week of customized services for each participant (e.g. case management, employment training, substance use treatment, etc.)?
{ radiobutton _31WillTheProposedProjectProvide40HoursPerWee kOfCustomizedServicesForEachParticipantegCase ManagementEmploymentTrainingSubstanceUseTre atmentEtc = "Yes" } Yes { radiobutton _31WillTheProposedProjectProvide40HoursPerWee kOfCustomizedServicesForEachParticipantegCase ManagementEmploymentTrainingSubstanceUseTre atmentEtc = "No" } No
***Note:** The 40 hours per week may be reduced proportionately for participants who are employed, and;*

*The 40 hours per week **does not** apply to participants over age 62 or who have a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder.*

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

{_32RapidPermanentHousingPlacementDescriptionmax2000Characters}

Please describe:

1. The actions that will be taken to assist program participants with securing permanent housing that is safe and accessible in a manner that fits their needs within 24 months of enrollment in TH;

2. For applicants that have experience operating transitional housing projects, what is the average length of time between project enrollment and permanent housing move-in date? If applicant does not have experience operating transitional housing projects, provide data for other project types that place participants into permanent housing (e.g., emergency shelter, bridge housing, etc.); and

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

33. Reducing Recidivism (max 2,000 characters)

{_33ReducingRecidivismmax2000Characters}

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 adminsitered similar to that being proposed in the application.

34. Coordination with Mainstream Programs (max 2,000 characters)

{_34CoordinationWithMainstreamProgramsmax2000Characters}

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) 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);

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

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

35. Increasing Employment Cash Income (max. 1,000 characters)

{_35IncreasingEmploymentCashIncomemax1000Characters}

Describe how the project will support participants in increasing employment cash income. Include any employment and training partners (e.g., workforce development, employers, childcare, and other supportive services) the project with work with to prepare participants to increase their skills and become gainfully employed.

36. Transportation Assistance
{ radiobutton _36TransportationAssistance = "Yes" } Yes { radiobutton _36TransportationAssistance = "No" } 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.

37. SSI/SSDI Technical Assistance
{ radiobutton _37SSISSDITechnicalAssistance = "Yes" } Yes { radiobutton _37SSISSDITechnicalAssistance = "No" } No
Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

{ end each }

McKinney-Vento Education Requirements

{ each McKinneyVentoEducationRequirements }

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.

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

{ checkbox Acknowledgement.Contains("Please check the box to acknowledge the proposed project will meet the above requirements if it has any qualifying participants.") } Please check the box to acknowledge the proposed project will meet the above requirements if it has any qualifying participants.

38. 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
{ each _38AvailableSupportiveServices }		
{SupportiveServices}	{Provider}	{Frequency}
{ end each }		

39. Supportive Services Narrative (max 2,000 characters)

{_39SupportiveServicesNarrativemax2000Characters}

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.

{ end each }

40. Housing Type and Location

{ each _40HousingTypeAndLocation }

Housing Type	Total Units	Total Beds
{HousingType}	{TotalUnits}	{TotalBeds}
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.*

Project Address

{ProjectAddress.Line1}

Address Line 1

{ProjectAddress.Line2}

Address Line 2

{ProjectAddress.City}	{ProjectAddress.State}	{ProjectAddress.PostalCode}
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 TH 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.***

{ end each }

41. 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.

{ each _41ProjectParticipantsPersonsAndHouseholds }

Number of Households w/ at Least One Adult & One Child	**Number of Adult Households w/out Children**	**Number of Households w/ Only Children**
{NumberOfHouseholdsWAtLeastOneAdultOneChild}	{NumberOfAdultHouseholdsWoutChildren}	{NumberOfHouseholdsWOnlyChildren}

Total Number of Households
{TotalNumberOfHouseholds}

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.

Household Type	Adults over age 24	Persons ages 18-24	Accompanied children under age 18	Unaccompanied children under age 18	Total

{ each _47CharacteristicsOfHouseholds }

{HouseholdType}	{AdultsOverAge24}	{PersonsAges1824}	{AccompaniedChildrenUnderAge18}	{UnaccompaniedChildrenUnderAge18}	{Total}

{ end each }					
	{_47CharacteristicsOfHouseholds_AdultsOverAge24_Summary}	{_47CharacteristicsOfHouseholds_PersonsAges1824_Summary}	{_47CharacteristicsOfHouseholds_AccompaniedChildrenUnderAge18_Summary}	{_47CharacteristicsOfHouseholds_UnaccompaniedChildrenUnderAge18_Summary}	{_47CharacteristicsOfHouseholds_Total_Summary}

{ end each }

Project Participants - Subpopulations

{ each ProjectParticipantsSubpopulations }

Persons in Households with at Least One Adult and One Child

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

Characteristics	CH	CH Vet	Non-CH Vet	SUD	HIV/AIDS	Mental Illness	Victims of DV	Phys. Disability	Develop. Disability
{ each PersonsInHouseholdsWithAtLeastOneAdultAndOneChild }									
{Characteristics}	{CH}	{CHVet}	{NonCHVet}	{SUD}	{HIVAIDS}	{MentalIllness}	{VictimsOfDV}	{PhysDisability}	{DevelopDisability}
{ end each }									
	{PersonsInHouseholdsWithAtLeastOneA	{PersonsInHouseholdsWithAtLeastOneA	{PersonsInHouseholdsWithAtLeastOneAd	{PersonsInHouseholdsWithAtLeastOneAd	{PersonsInHouseholdsWithAtLeastOneAd	{PersonsInHouseholdsWithAtLeastOneAd	{PersonsInHouseholdsWithAtLeastOneAd	{PersonsInHouseholdsWithAtLeastOneAd	{PersonsInHouseholdsWithAtLeastOneAdultAndOneChild_DevelopDi

dultAndOneChild_CH_Summary}	dultAndOneChild_CHVet_Summary}	ultAndOneChild_NonCHVet_Summary}	ultAndOneChild_SUD_Summary}	ultAndOneChild_HIVAIDS_Summary}	ultAndOneChild_MentalIllness_Summary}	ultAndOneChild_VictimsOfDV_Summary}	ultAndOneChild_PhysDisability_Summary}	sability_Summary}

Persons in Households without Children

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

Characteristics	CH	CH Vet	Non-CH Vet	SUD	HIV/AIDS	Mental Illness	Victims of DV	Phys. Disability	Develop. Disability
{ each PersonsInHouseholdsWithoutChildren }									
{Characteristics}	{CH}	{CHVet}	{NonCHVet}	{SUD}	{HIVAIDS}	{MentalIllness}	{VictimsOfDV}	{PhysDisability}	{DevelopDisability}
{ end each }									
	{PersonsInHouseholdsWithoutChildren_CH_Summary}	{PersonsInHouseholdsWithoutChildren_CHVet_Summary}	{PersonsInHouseholdsWithoutChildren_NonCHVet_Summary}	{PersonsInHouseholdsWithoutChildren_SUD_Summary}	{PersonsInHouseholdsWithoutChildren_HIVAIDS_Summary}	{PersonsInHouseholdsWithoutChildren_MentalIllness_Summary}	{PersonsInHouseholdsWithoutChildren_VictimsOfDV_Summary}	{PersonsInHouseholdsWithoutChildren_PhysDisability_Summary}	{PersonsInHouseholdsWithoutChildren_DevelopDisability_Summary}

Persons in Households with Only Children

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

Characteristics	CH	CH Vet	Non-CH Vet	SUD	HIV/AIDS	Mental Illness	Victims of DV	Phys. Disability	Develop. Disability
{ each PersonsInHouseholdsWithOnlyChildren }									
{Characteristics}	{CH}	{CHVet}	{NonCHVet}	{SUD}	{HIVAIDS}	{MentalIllness}	{VictimsOfDV}	{PhysDisability}	{DevelopDisability}
{ end each }									
	{PersonsInHouseholdsWith dsWith	{PersonsInHouseholdsWith dsWith	{PersonsInHouseholdsWith dsWith	{PersonsInHouseholdsWith dsWith	{PersonsInHouseholdsWith dsWith	{PersonsInHouseholdsWith dsWith	{PersonsInHouseholdsWith dsWith	{PersonsInHouseholdsWith dsWith	{PersonsInHouseholdsWithOnlyChildren_Deve ildren_Deve

OnlyCh ildren_ CH_Su mmary}	OnlyCh ildren_ CHVet _Sum mary}	OnlyCh ildren_ NonCH Vet_Su mmary}	OnlyCh ildren_ SUD_S ummar y}	OnlyCh ildren_ HIVAID S_Sum mary}	OnlyCh ildren_ MentalI llness_ Summ ary}	OnlyCh ildren_ Victims OfDV_ Summ ary}	OnlyCh ildren_ PhysDi sability _Sum mary}	lopDisability _Summary}

{ end each }

42-43. Timeliness & Project Milestones

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.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award.

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

42. Project Milestone	Days from Execution of Grant Agreement
{ each ProjectMilestones }	
{_42ProjectMilestone}	{DaysFromExecutionOfGrantAgreement}
{ end each }	

43. Project Readiness (max 1,000 characters)

{_43ProjectReadinessmax1000Characters}

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 placement into TH.

44. Funding Request
Funding available for DV CoC Bonus: $300,135

Required Admin: $27,285

Applicants must apply for the full amount of DV Bonus funding available.

*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.*

{ each _44FundingRequest }

Indirect Cost Rate
{ radiobutton IndirectCostRate = "Yes" }
Yes { radiobutton IndirectCostRate = "No" }
No
Does this project propose to allocate funds according to an indirect cost rate?

15% De Minimis Rate
{_15DeMinimisRate}

Do you plan to use the 15% de minimis rate?

Indirect Cost Rate Schedule

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

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
{ each IndirectCostRateSchedule }		
{AdministeringDepartmentAgency}	{IndirectCostRate}	{DirectCostBase}
{ end each }		

Rate Approval
{ radiobutton RateApproval = "Yes" } Yes { radiobutton RateApproval = "No" } No
Has this rate been negotiated and approved by your cognizant agency?

Federal Debt
{ radiobutton FederalDebt = "Yes" } Yes { radiobutton FederalDebt = "No" } No
Is the applicant delinquent on any Federal debt?

Federal Debt Explanation
{FederalDebtExplanation}

Funding Request

{ checkbox FundingRequest.Contains("Leased Units (scattered-site and site-based projects)") } Leased Units (scattered-site and site-based projects)

{ checkbox FundingRequest.Contains("Supportive Services (scattered-site and site-based projects)") } Supportive Services (scattered-site and site-based projects)

{ checkbox FundingRequest.Contains("Leased Structures (scattered-site and site-based projects)") } Leased Structures (scattered-site and site-based projects)

{ checkbox FundingRequest.Contains("VAWA (scattered-site and site-based projects)") } VAWA (scattered-site and site-based projects)

{ checkbox FundingRequest.Contains("Operating Costs (scattered-site and site-based projects)") } Operating Costs (scattered-site and site-based projects)

{ checkbox FundingRequest.Contains("HMIS (scattered-site and site-based projects)") } HMIS (scattered-site and site-based projects)

{ checkbox FundingRequest.Contains("Rental Assistance (scattered-site projects only)") } Rental Assistance (scattered-site projects only)

Select the costs for which funding is being requested:

{ end each }

Leased Units Budget

{ each LeasedUnitsBudget }

Leased Units Annual Budget

In the chart below, enter the appropriate values in the "Size of Unit" "Number of units", and "FMR" fields. Input the number 12 under "12 months" column for a full year grant term. Please use the corresponding FMR rate calculated by HUD for the unit size you are applying for: 0 bedroom/efficiency: $1,863; 1 bedroom: $2,085; 2 bedroom: $2,601; 3 bedroom: $3,298.

Size of Unit	Number of Units	FMR (see values above)	12 Months	Total Request
{ each LeasedUnitsAnnualBudget }				
{SizeOfUnit}	{NumberOfUnits}	{FMRseeValuesAbove}	{_12Months}	{TotalRequest}
{ end each }				
	{LeasedUnitsAnnualBudget_NumberOfUnits_Summary}			{LeasedUnitsAnnualBudget_TotalRequest_Summary}

Total Leased Units Funding Requested
{TotalLeasedUnitsFundingRequested}

Total Leased Units
{TotalLeasedUnits}

{ end each }

Leased Structures Budget

{ each LeasedStructuresBudget }

Leased Structures Detail

Enter the name and address of the structure to be rented, if available. If not yet determined, enter N/A in the first two columns.

HUD Paid Rent must be reasonable in relation to rents being charged in the area for comparable space. In addition, the rent paid may not exceed rents currently being charged by the same owner for comparable unassisted space.

Structure Name	Structure Address	HUD Paid Rent (per month)	12 months	Total Funding Requested
{ each LeasedStructuresDetail }				
{StructureName}	{StructureAddress}	{HUDPaidRentperMonth}	{_12Months}	{TotalFundingRequested}
{ end each }				
				{LeasedStructuresDetail_TotalFundingRequested_Summary}

Total Leased Structures Funding Requested
{TotalLeasedStructuresFundingRequested}

{ end each }

Operating Budget

A quantity AND a description must be entered for each requested cost (no more than 400 characters). Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X).

{ each OperatingBudget }

Operating Budget Detail

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
{ each OperatingBudgetDetail }		
{EligibleCosts}	{QuantityANDDescriptionmax400Characters}	{AnnualAssistanceRequested}
{ end each }		

{OperatingBudgetDetail_AnnualAssistanceRequested_Summary}

Total Operating Costs Assistance Requested
{TotalOperatingCostsAssistanceRequested}

{ end each }

Rental Assistance Budget

{ each RentalAssistanceBudget }

Type of Rental Assistance

{TypeOfRentalAssistance}

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

Rental Assistance Annual Budget

In the chart below, enter the appropriate values in the "Size of Unit" "Number of units", and "FMR" fields. Input the number 12 under "12 months" column for a full year grant term. Please use the corresponding FMR rate calculated by HUD for the unit size you are applying for: 0 bedroom/efficiency: $1,863; 1 bedroom: $2,085; 2 bedroom: $2,601; 3 bedroom: $3,298.

Size of Unit	Number of Units	FMR (see values above)	12 Months	Total Assistance Requested
{ each RentalAssistanceAnnualBudget }				
{SizeOfUnit}	{NumberOfUnits}	{FMRseeValuesAbove}	{_12Months}	{TotalAssistanceRequested}
{ end each }				

{RentalAssistanceAnnualBudget_NumberOfUnits_Summary}   {RentalAssistanceAnnualBudget_TotalAssistanceRequested_Summary}

Total Rental Assistance Request   **Total Units**
{TotalRentalAssistanceRequest}   {TotalUnits}

{ end each }

Supportive Services Budget

Supportive Services may include the salary and benefit package of any staff who directly deliver services to program participants, including supervisory staff, as well as the cost of supplies or materials incurred in the direct provision of services.

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

requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X).

{ each SupportiveServicesBudget }

Supportive Services Budget Detail

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
{ each SupportiveServicesBudgetDetail }		
{EligibleCosts}	{QuantityANDDescriptionmax400Characters}	{AnnualAssistanceRequested}
{ end each }		
		{SupportiveServicesBudgetDetail_AnnualAssistanceRequested_Summary}

Total Supportive Services Assistance Requested
{TotalSupportiveServicesAssistanceRequested}

{ end each }

VAWA Budget
The Violence Against Women Act (VAWA) Budget is to facilitate emergency transfers for program participants fleeing domestic violence.

{ each VAWABudget }

Supportive Services Budget Detail
Please refer to pp. 31-32 of the FY 2025 CoC NOFO for VAWA-specific eligible costs.

Eligible Costs	Justification	Funding Requested
{ each SupportiveServicesBudgetDetail }		
{EligibleCosts}	{Justification}	{FundingRequested}
{ end each }		
		{SupportiveServicesBudgetDetail_FundingRequested_Summary}

Total VAWA Funding Requested
{TotalVAWAFundingRequested}

{ end each }

HMIS Budget

A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X).

{ each HMISBudget }

HMIS Budget Detail

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
{ each HMISBudgetDetail }		
{EligibleCosts}	{QuantityANDDescriptionmax400Characters}	{AnnualAssistanceRequested}
{ end each }		

{HMISBudgetDetail_AnnualAssistance Requested_Summary}

Total HMIS Assistance Requested
{TotalHMISAssistanceRequested}

{ end each }

45. Match

{ each _45Match }

Program Income as Match
{ radiobutton ProgramIncomeAsMatch = "Yes" } Yes { radiobutton ProgramIncomeAsMatch = "No" } No
Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?

Briefly describe the source of the program income (max 1,000 characters)

{BrieflyDescribeTheSourceOfTheProgramIncomemax1000Characters}

Amount of Program Income to be Used for Match

{AmountOfProgramIncomeToBeUsedForMatch}

Estimate the amount of program income that will be used as Match for this project

Sources of Match Detail

Type of Commitment	Type of Source	Name of Source Commitment	Value of Written Commitment
{ each SourcesOfMatchDetail }			
{TypeOfCommitment}	{TypeOfSource}	{NameOfSourceCommitment}	{ValueOfWrittenCommitment}
{ end each }			

{SourcesOfMatchDetail_ValueOfWrittenCommitment_Summary}

Total Value of Cash Commitments	Total Value of In-Kind Commitments
{TotalValueOfCashCommitments}	{TotalValueOfInKindCommitments}

{ end each }

46. Summary Budget

{ each _46SummaryBudget }

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.*

Funding available for DV Bonus: $300,135

Required Admin for new projects: $27,285

Eligible Costs	Total Assistance Requested for Grant Term
{ each SummaryBudget }	
{EligibleCosts}	{TotalAssistanceRequestedForGrantTerm}
{ end each }	

Total Assistance Plus Admin Requested:
{SummaryBudget_TotalAssistanceRequestedForGrantTerm_Summary}

Cash Match

{CashMatch}

In-Kind Match

{InKindMatch}

Total Match

{TotalMatch}

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

Total Budget (including match)

{TotalBudgetincludingMatch}

Budget Narrative (Optional) (max 2,000 characters)

{BudgetNarrativeOptionalmax2000Characters}

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.

{ end each }

{ end each }

{ end if }

Attachments

Attachments

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

{ each Attachments }

SAM Registration

{ each SAMRegistration }
{Name}

{ end each }

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

Nonprofit Documentation

{ each NonprofitDocumentation }
{Name}

{ end each }

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

HUD 50070 Drug Free Workplace

{ each HUD50070DrugFreeWorkplace }
{Name}

{ end each }

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

Leveraging Housing and Healthcare Resources

{ each LeveragingHousingAndHealthcareResources }
{Name}

{ end each }

All projects that intend to leverage housing and/or healthcare resources must attach letters of commitment, contracts, or other formal written documents that demonstrate the number of subsidies or units being provided to support the project.

For housing resources, leveraged resources must account for at least 25% of the total units.

For healthcare resources, the value of leveraged resources must be equivalent to at least 25 percent of the CoC funding being requested for the project. If the source of leveraged healthcare resources is a substance use disorder treatment or recovery provider, documentation must indicate that it will provide access to treatment or recovery services for all program participants who qualify for and choose those services.

Supportive Service Agreement

{ each SupportiveServiceAgreement }
{Name}

{ end each }

All projects that will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with [24 CFR 578.75(h)](#) are required to attach a sample supportive service agreement (e.g., contract, occupancy agreement, lease, or equivalent).

{ end each }

Negotiated Indirect Cost Rate (if applicable)

{ each NegotiatedIndirectCostRateifApplicable }
{Name}

{ end each }

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

Review

Certification

{ each 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
{ checkbox ApplicantCertification.Contains("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)") } 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)

{ end each }

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

{ each RenewalApplicationCertification }

Authorization
{ checkbox Authorization.Contains("The above-named applicant hereby submits a project application for inclusion in the City of Pasadena FY 2025 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.") } The above-named applicant hereby submits a project application for inclusion in the City of Pasadena FY 2025 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**
{NameOfAuthorizedRepresentative.First}	{NameOfAuthorizedRepresentative.Last}	{Title}
First	Last

Signature of Authorized Representative	**Date**
{SignatureOfAuthorizedRepresentative}	{Date}

{ end each }