2026 Renewal Projects & Transition Grants Application

Submission Deadline: July 21, 2026 at 5:00 p.m.

Overview

Pasadena Continuum of Care

Renewal Projects and Transition Grants Application

FY 2026 CoC Application

City of Pasadena Department of Housing

Submission Deadline: July 21, 2026 at 5:00 p.m. PST

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

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Homeless Programs Coordinator

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Notice Regarding Disclosure of Contents of Document

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

Note: As HUD has not released the electronic FY 2026 CoC Renewal Projects or Consolidated Applications in the E-SNAPS system, addendums to this application may follow.

Agency Information

Agency Information

Organization Name | **UEI Number** | **Employer/Tax ID Number**

Organization Address | **System for Award Management (SAM) Clearance**

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

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

Contact Person Title

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

Please select the renewal project for which you are applying

PH Renewal Projects

Permanent Housing Renewal Project Application

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

Renewal Project Address

HMIS Data Quality

1. Destination Error Count (3.12)

2. Destination Error Rate (3.12)

3. Income Error Count at Start (4.02)

4. Income Error Rate at Start (4.02)

5. Income Error Count at Annual Assessment (4.02)

6. Income Error Rate at Annual Assessment (4.02)

7. Income Error Count at Exit (4.02)

8. Income Error Rate at Exit (4.02)

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

Grant Utilization and Financial Efficiency

1. Unspent Funds for Most Recent Grant Term

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

2. Grant Spending History

Total Grant Funds Available In Previous Project Year	Total Unspent Grant Funds In Previous Project Year	Percentage of Unspent Funds In Previous Project Year
$0.00	$0.00	

Two Year Average Unspent Funds

0%

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

4. Audit Findings

Please explain your response (max 1,000 characters)

5. Federal Debt

Please explain your response (max 1,000 characters)

Transition Grant Questionnaire

Is your agency applying for a transition grant to convert this renewal permanent housing project to a new transitional housing project?

Explain how the existing permanent housing project will be converted to a transitional housing project over the course of the 2027-2028 project year (max. 2,000 characters)

Additional Renewal Project Details

1. Match Requirement

2. Source of Match

3. Indirect Costs

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

Negotiated Indirect Cost Rate

4. Other Government Assistance

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

5. Interested Parties

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

Bed Utilization

APR Date Range: 10/1/24-9/30/25

Total Units (based on 2025 HIC)	January HH PIT	April HH PIT	July HH PIT	October HH PIT
0	0	0	0	0

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

5. Total Average Utilization
0%

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

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

System Performance Measures

SPM 2: Recidivism

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

1. Number of Persons Who Exited to PH

2. Percent of Returns in < 6 Months

3. Percent of Returns in 6-12 Months

4. Percent of Returns in 13-24 Months

5. Percent of Returns in 2 Years

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

SPM 4.1-3: Income (Stayers)

Change in earned income for adult system stayers during the reporting period. Refer to the column entitled "Current FY" for the following questions (metrics 4.1 - 4.3).

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

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

SPM 4.4-6: Income (Leavers)

Change in income for adult system leavers during the reporting period. Refer to the column entitled "Current FY" for the following questions (metrics 4.4 - 4.6).

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

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

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

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

7. Employment and Income Growth Narrative (max 2,000 characters)

SPM 7b2: Exit to or Retention of Permanent Housing

People in permanent housing projects who exited after moving into housing or who moved into housing and remained in the project during the reporting period.

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

2. Percent of Successful Exits/Retention

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

Service Delivery

1. Target Population (select all that apply)

RRH Projects Serving Families with Children (max. 1,000 characters)

2. 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)?

3. Will the proposed project provide on-site behavioral healthcare?

4. Will the proposed project have on-site substance use treatment available?

5. Does the proposed project have a policy for assessing program participant need for higher level of care (e.g., assisted living, residential treatment)?

6. Does the proposed project have a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing?

7. In accordance with 24 CFR 578.93(b)(5), will the proposed project operate as "sober housing," excluding persons who refuse to sign an occupancy agreement or lease that prohibits program participants from possessing, using, or being under the influence of illegal substances and/or alcohol on the premises?

8. Available Supportive Services

Supportive Services	Provider	Frequency

Program Design

1. Previously Unsheltered Program Participants

2. Serving People with the Longest Experiences of Homelessness

3. Rapid Move In

4. Minimizing Negative Program Exits

5. Inclusion of People with Lived Expertise of Homelessness in Service Delivery and Decision Making (max 1,000 characters).

Policies and Procedures

6. McKinney-Vento Education Requirements

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

Projects In Operation for Less than 1 Year

Projects in Operation for Less than 1 Year Renewal Application

Responses provided below should be specific to 's (Pasadena CoC-funded Agency & Project Name Here) renewal project.

Renewal Project Address

2. Audit Findings

Please explain your response (max 1,000 characters)

HMIS or Comparable Database

1. HMIS or Comparable Database Participation

2. HMIS or Comparable Database Data Entry

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

Coordinated Entry System Participation

1. CES Participation

CES Participation Explanation (max 1,000 characters)

Project Readiness

Confidentiality Agreement

Grievance Process

Certification of Completion of NSPIRE Training

Staff Capacity

1. Hired Staff

2. Staffing Narrative (max 2,000 characters)

Transition Grant Questionnaire

Is your agency applying for a transition grant to convert this renewal permanent housing project to a new transitional housing project?

Explain how the existing permanent housing project will be converted to a transitional housing project over the course of the 2027-2028 project year (max. 2,000 characters)

Additional Renewal Project Details

1. Match Requirement

Source of Match

3. Federal Debt

Please explain your response (max 1,000 characters)

4. Indirect Costs

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

Rate approved by federal cognizant agency

5. Other Government Assistance

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

6. Interested Parties

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

Service Delivery

1. Target Population (select all that apply)

RRH Projects Serving Families with Children (max. 1,000 characters)

2. 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)?

3. Will the proposed project provide on-site behavioral healthcare?

4. Will the proposed project have on-site substance use treatment available?

5. Does the proposed project have a policy for assessing program participant need for higher level of care (e.g., assisted living, residential treatment)?

6. Does the proposed project have a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing?

7. In accordance with 24 CFR 578.93(b)(5), will the proposed project operate as "sober housing," excluding persons who refuse to sign an occupancy agreement or lease that prohibits program participants from possessing, using, or being under the influence of illegal substances and/or alcohol on the premises?

8. Available Supportive Services

Supportive Services	Provider	Frequency

9. Inclusion of People with Lived Expertise of Homelessness in Service Delivery and Decision Making (max 1,000 characters).

Transitional Housing (TH) Project Application

Transitional Housing (TH) Project Application

1. Project Name **2. Proposed Start Date** **3. Proposed End Date**

4. CES Participation **5. HMIS or Comparable Database Participation**

CES Participation Explanation (max 500 characters)

HMIS or Comparable Database Participation Explanation (max 500 characters)

6-12. Project Design

6. Project Description (max 3,000 characters)

7. Target Population

Projects Serving Families with Children (max. 1,000 characters)

8. Describe your organization'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)

9. Describe how the proposed project will ensure that at least 50% of participants will exit homelessness within 24 months. (max. 1,000 characters)

10. Describe how the proposed project will ensure that at least 50% of participants will exit with employment income. (max. 2,000 characters)

11. Describe how the proposed project will support participants to prevent returns to homelessness after participants have entered permanent housing. (max. 2,000 characters)

12. 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. 500 characters)

13. Inclusion of People with Lived Expertise of Homelessness in Service Delivery and Decision Making (max 1,000 characters).

14-25. Service Delivery Plan

14. 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 (i.e., case management, behavioral healthcare, employment training, etc.). (max. 1,000 characters)

15. 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)?

16. Will the proposed project provide program participants individualized services that will result in at least 20 hours per week of engagement in services, activities, or employment?

17. Describe how the proposed project will assess the service needs of program participants. (max. 1,000 characters)

18. Will the proposed project create service plans for each program participant?

19. Connection to mental health services, local crisis system of care, and outpatient mental and substance use treatment (max. 2,000 characters)

20. Will the proposed project have on-site substance use treatment available?

21. In accordance with 24 CFR 578.93(b)(5), will the proposed project operate as "sober housing" by excluding persons who refuse to sign an occupancy agreement or lease that prohibits program participants from possessing, using, or being under the influence of illegal substances and/or alcohol on the premises?

22.McKinney-Vento Education Requirements

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

23. Available Supportive Services

Supportive Services	Provider	Frequency

24. Additional Supportive Services Narrative (Optional) (max. 1,000 characters)

25. Housing Type and Location

Housing Type	Total Units	Total Beds

Project Address

26-27. Project Milestones & Timeliness

26. Project Milestones

Project Milestone	Days from Execution of Grant Agreement

27. Project Readiness (max 1,000 characters)

28-32. Budget

28. Funding Request

Indirect Cost Rate **15% De Minimis Rate**

Negotiated Indirect Cost Rate

Funding Request

Leased Units Budget

Leased Units Budget Detail

Size of Unit	Number	FMR (see values above)	12 Months	Total Request
			12	
	0			**$0.00**

Total Leased Units Funding Requested
$0.00

Leased Structures Budget

Leased Structures Budget Detail

Structure Name	Structure Address	HUD Paid Rent (per month)	12 Months	Total Request
			12	$0.00
				$0.00

Total Leased Structures Funding Requested
$0.00

Operating Costs Budget Detail

Operating Budget Detail

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

Total Operating Costs Assistance Requested
$0.00

Supportive Services Budget Detail

Supportive Services Budget Detail

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

Total Supportive Services Assistance Requested
$0.00

VAWA Budget

VAWA Budget Detail

Eligible Costs	Justification	Funding Requested
		$0.00

Total VAWA Funding Requested
$0.00

HMIS Budget

HMIS Budget Detail

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

Total HMIS Assistance Requested
$0.00

29. Match

Sources of Match Detail

Type of Commitment	Type of Source	Name of Source Commitment	Value of Written Commitment
			$0.00

Total Value of Cash Commitments

Total Value of In-Kind Commitments

Program Income as Match

Briefly describe the source of the program income. (max 500 characters)

Amount of Program Income to be Used for Match

30-34. Summary Budget

30. Budget Detail

Eligible Costs	Total Assistance Requested for Grant Term

Total Assistance Plus Admin Requested: $0.00

Cash Match	In-Kind Match	Total Match
		$0.00

Total Budget (including match)
$0.00

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

32. Will the average cost per household served be reasonable, consistent with 2 CFR 200.404?

33. Other Government Assistance

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

34. Interested Parties

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

CES Renewal Projects

Coordinated Entry System Renewal Project Application

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

1. HMIS Implementation

2. Coordinated Entry System Participation

HMIS Implementation Explanation

CES Participation Explanation

3. Target Population (select all that apply)

HMIS Data Quality

1. Destination Error Count (3.12)

2. Destination Error Rate (3.12)

3. Income Error Count at Start (4.2)

4. Income Error Rate at Start (4.2)

5. Income Error Count at Annual Assessment (4.2)

6. Income Error Rate at Annual Assessment (4.2)

7. Income Error Count at Exit (4.2)

8. Income Error Rate at Exit (4.2)

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

Coordinated Entry System Project Access

1. Access to Coordinated Entry (CE) Project Narrative (max. 2,000 characters)

2. CES Project Reach (max. 2,000 characters)

3. CES Referral Process (max. 2,000 characters)

5. Inclusion of People with Lived Expertise of Homelessness (max. 2,000 characters)

Screening and Assessment

1. Standardized Assessment

2. Assessment Tool by Household Type

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

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

5. Rapid Obtainment of Permanent Housing Narrative (max. 2,000 characters)

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

Grant Utilization and Financial Efficiency

1. Unspent Funds for Most Recent Grant Term

Total Grant Funds Available in Most Recent Grant Term	Total Unspent Grant Funds in Most Recent Grant Term	Total Grant Funds Available In Previous Project Year
$0.00	$0.00	0.00%

2. Grant Spending History

Total Grant Funds Available In Previous Project Year	Total Unspent Grant Funds In Previous Project Year	Percentage of Unspent Funds In Previous Project Year
$0.00	$0.00	

Two Year Average Unspent Funds

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

4. Match Requirement

5. Source of Match

6. Audit Findings

Please explain your response (max. 1,000 characters)

7. Federal Debt

Please explain your response (max. 1,000 characters)

8. Indirect Costs

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

Rate approved by federal cognizant agency

9. Other Government Assistance

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

10. Interested Parties

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

HMIS Renewal Project

HMIS Renewal Application

Responses provided below should be specific to 's HMIS renewal project.

Grant Utilization and Financial Efficiency

1. Unspent Funds for Most Recent Grant Term

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

2. Grant Spending History

Total Grant Funds Available In Previous Project Year	Total Unspent Grant Funds In Previous Project Year	Percentage of Unspent Funds In Previous Project Year
$0.00	$0.00	

Two Year Average Unspent Funds

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

Policies and Procedures

1. Data Quality

2. Data Quality Standards

3. Project Set Up

4. Training

5. Configuration

6. Agency Agreement

7. User Agreement

8. HMIS Implementation (max 2,000 characters)

Compliance with HUD Requirements

1. Report Generation

2. Longitudinal Systems Analysis (LSA)

3. System Performance Measures (SPMs)

4. Point-in-Time (PIT)

5. Housing Inventory Count (HIC)

6. HMIS Access

Attachments

Attachments

HUD 50070 Drug Free Workplace **Proof of SAM Clearance**

Negotiated Indirect Cost Rate Agreement (Optional)

Review

Does Everything Look Right?

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

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

Certification and Submit

Renewal Application Certification

Authorization

Name of Authorized Representative **Title**

Signature of Authorized Representative **Date**