

2021 CoC Program New Project Proposal Form

The U.S. Department of Housing and Urban Development (HUD) released the FY2021 Notice of Funding Opportunity (NOFO) for homeless assistance through HUD's Continuum of Care Program on August 18, 2021.

As the Collaborative Applicant for the Homeless Coalition of the Alabama Gulf Coast (AL-501), Housing First, Inc. is accepting proposals for new projects that wish to use HUD CoC Program funding for homeless assistance.

The amount of funding to be available is estimated at approximately \$3,902,469 which is the amount of currently funded projects seeking renewal funding plus 10% PPRN (\$576,569) for Domestic Violence Bonus Projects and 6% ARD (\$192,190) for additional Bonus Projects. Newly proposed and renewal projects will compete for available funds.

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To be eligible for CoC Program funding under the FY2021 NOFO, project applicants must meet all statutory and regulatory requirements contained in the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389) as Amended by the HEARTH Act (the Act), the CoC Program Interim Rule (*24 CFR part 578*) (the Rule), the FY2021 CoC Program Competition NOFO and any HUD-published CoC Program guidance for new project applications.

Eligible Project Types:

The following types of project applications are eligible for completion and submission in the FY2021 CoC Program Competition. See "Section V. Eligibility Information, (3) Criteria for Applicants" for further information regarding the project types.

- 1) CoC planning project – for Collaborative Applicants only.
- 2) New Projects created through reallocation or CoC Bonus projects:
 - a. Permanent Housing-Permanent Supportive Housing (PH-PSH) projects
 - b. Permanent Housing-Rapid Rehousing (PH-RRH) projects
 - c. Joint Transitional Housing and Permanent Housing – Rapid Rehousing (Joint TH and RRH component projects
 - d. Dedicated HMIS project for the costs at 24 CFR 578.37(a)(4) that can only be carried out by the HMIS lead.

- e. Supportive Services Only – Coordinated Entry (SSO-CE) project to develop or operate a centralized or coordinated assessment system.
- 3) New Projects for Domestic Violence (DV) Bonus that are dedicated to serving survivors of domestic violence, dating violence, or stalking.
 - a. Permanent Housing-Rapid Rehousing (PH-RRH) projects defined as homeless at 24 CFR 578.3.
 - b. Joint Transitional Housing and Permanent Housing – Rapid Rehousing (Joint TH and PH-RRH) component projects as defined in Section III B.2.q. of the 2021 NOFO.
 - c. Supportive services only-coordinated entry project to implement policies, procedures, and practices that equip the CoC’s coordinated entry to better meet the needs of domestic violence, dating violence, or stalking.
 - 4) Expansion Projects - HUD will allow project applicants to apply for a new expansion project (see Section III.B.2.k of the 2021 NOFO) through reallocation, CoC bonus, DV bonus process to expand existing projects that will increase the number of units, persons served, services provided to existing program participants, or to add additional activities to HMIS and SSO-CE projects.
 - 5) Consolidated Project – Applicants that intend to use the consolidation process to combine two or more eligible renewal projects may do so through the renewal project application.
 - 6) Renewal Grants Per Unit Cost – Applicants requesting renewal of grants for rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR), if the actual rent per unit under lease is less than the FMR.

Proposals must be received by Housing First, Inc. by **4:00 PM on Wednesday, October 13, 2021**. Submit one hard copy of the Grant Application with a *cover letter signed by the organization’s authorized representative*, as follows:

By mail or hand-delivered:

Homeless Coalition of the Alabama Gulf Coast
ATTN: Sharon Murril, CoC Board Chair
279-B N. Washington Ave.
Mobile, AL 36603

In addition to the hard copy submission, please email the completed application and attachments to d.lucious@hfal.org

Please direct any questions to Deloras Lucious at (251)-533-7221 or d.lucious@hfal.org.

This form is based on the “New Project Application” in eSnaps, which the Collaborative Applicant will complete with you, should your proposal be accepted by the CoC. Project Proposals must complete the following items (1 – 7), and include all required attachments to be considered for funding. Note: If your project is selected for submission to HUD, you may be required to provide additional information within a timeframe to be specified by the CoC.

1. AGENCY INFORMATION

Organization Name: Click here to enter text.

Organization Type: Click here to enter text.

EIN/TIN#: Click here to enter text.

DUNS#: Click here to enter text.

Congressional District(s):Click here to enter text.

Is this a faith-based organization? YES NO

Has the organization ever received a Federal grant, either directly or through a State/local agency? YES NO

Funding Amount Requested: Click here to enter text.

Address: Click here to enter text.

Name of Authorized Signatory: Click here to enter text.

Name of Contact Person: Click here to enter text.

Contact Email: Click here to enter text.

Contact Phone Number: Click here to enter text.

2. CAPACITY AND EXPERIENCE

1. Describe the experience of the Project Applicant in effectively utilizing federal funds and performing activities proposed in the application, given funding and time limitations.

Click here to enter text.

2. Describe the experience of the Project Applicant in leveraging other Federal, State, local, and private sector funds.

Click here to enter text.

3. Describe the basic organization and management structure of the Project Applicant. Include evidence of internal and external coordination and an adequate financial accounting system.

Click here to enter text.

4. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant? YES NO

If “yes” – describe any unresolved monitoring or audit findings.

Click here to enter text.

3. **PROJECT INFORMATION**

Project Name: [Click here to enter text.](#)

Project Component Type: Choose an eligible component type below:

- Permanent Housing
- Joint Transitional Housing and Permanent Housing-Rapid Rehousing
- Supportive Services Only
- HMIS

Project Description: The purpose of this section is to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term being requested.

1. Provide a description that addresses the entire scope of the proposed project.

[Click here to enter text.](#)

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work (1-year grant term).

[Click here to enter text.](#)

3. Will the project participate in the Coordinated Entry process?

YES NO

If “no” above, please explain why your project will not participate in a CoC Coordinated Entry Process.

[Click here to enter text.](#)

Population to be served:

- Chronic Homeless
- Veterans
- Youth (under 25)
- Families
- Domestic Violence
- Substance Abuse
- Mental Illness
- HIV/AIDS
- Other (provide an explanation)[Click here to enter text.](#)

If “none of the above”, please explain.[Click here to enter text.](#)

Note – Permanent Supportive Housing (PSH) projects are required to serve 100% chronic homeless or populations listed under DedicatedPLUS definition as outlined in Section III.C.2.g. of the FY2021 NOFO.

Number of households and number of persons to be served over one (1) year term:

Households: [Click here to enter text.](#)

Persons: [Click here to enter text.](#)

Housing First Model:

1. Will the project quickly (an average of 15-30 days) move participants into permanent housing? YES NO

2. Does the project ensure that participants are not screened out based on the following items? Select all that apply.
 - Having too little or little income
 - Active or history of substance abuse
 - Having a criminal record (with exceptions for state-mandated restrictions)
 - History of victimization (e.g., domestic violence, sexual assault, childhood abuse)
 - None of the above

3. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.
 - Failure to participate in supportive services
 - Failure to make progress on a service plan
 - Loss of income or failure to increase income
 - Being a victim of domestic violence
 - Any other activity not covered in a lease agreement typically found in the project’s geographic area
 - None of the above

Housing:

1. If applicable, provide a description of the proposed development (construction or rehabilitation) activities and the responsibilities that the applicant will have in developing, operating, and maintaining the property.

Click here to enter text.

2. Will participants be required to live in a particular structure, unit, or locality?

YES NO

If “yes”, provide a description of how and why the project will implement this requirement.

Click here to enter text.

3. Will there be more than 16 persons living in one structure?

YES NO

If “yes”, provide a description of the local market conditions that necessitate a project of this size and how the project will be integrated into the neighborhood.

Click here to enter text.

4. SUPPORTIVE SERVICES, HOUSING, and HMIS

Supportive Services:

1. School age children: If applicable, the project must have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate. Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing.

Click here to enter text.

2. Describe the supportive services that will be provided to help project participants obtain and remain in permanent housing.

Click here to enter text.

3. For all supportive services available to participants, indicate who will provide them (applicant, partner, non-partner) and how often the services will be provided (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi- annually, annually, or as needed). If your project participants will not have access to an item on the list below, indicate “N/A.”

Supportive Services	Provider (Applicant/Subrecipient/ Partner/Non-Partner)	Frequency (Daily/Weekly/Bi-Weekly/ Quarterly/Semi-Annually/ Annually/As Needed)
Assessment of services needs	Click here to enter text.	Click here to enter text.
Assistance with moving costs	Click here to enter text.	Click here to enter text.
Case management	Click here to enter text.	Click here to enter text.
Child care	Click here to enter text.	Click here to enter text.
Education services	Click here to enter text.	Click here to enter text.
Employment assistance & job training	Click here to enter text.	Click here to enter text.
Food	Click here to enter text.	Click here to enter text.
Housing search & counseling services	Click here to enter text.	Click here to enter text.
Legal services	Click here to enter text.	Click here to enter text.
Life skills training	Click here to enter text.	Click here to enter text.
Mental health services	Click here to enter text.	Click here to enter text.
Outpatient health services	Click here to enter text.	Click here to enter text.
Outreach services	Click here to enter text.	Click here to enter text.
Substance abuse treatment services	Click here to enter text.	Click here to enter text.
Transportation	Click here to enter text.	Click here to enter text.
Utility deposits	Click here to enter text.	Click here to enter text.

4. Will the project provide transportation assistance to clients to enable them to attend mainstream benefits appointments, employment training, or jobs?
 YES NO
5. Will the project use a single application form for four or more mainstream programs?
 YES NO
6. Will the project follow-up at least annually with participants to ensure mainstream benefits are renewed and received?
 YES NO
7. Do project participants have access to Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) technical assistance provided by the applicant or a partner agency?
 YES NO
 If “yes” – has the staff person who will provide the technical assistance completed SSI/SSDI Outreach Access and Recovery (SOAR) training in the past 24 months?
 YES NO

Housing Type:

For each project type list the number of housing **units** and the number of **beds** to be maintained/assisted at project capacity by **location** (Mobile or Baldwin County) and **housing type** (Barracks, single room occupancy [SRO] units, shared housing, clustered apartments, scattered-site apartments, or single-family homes/townhomes/duplexes). For proposed projects of the Joint TH-RRH Component type, please complete for both RRH and TH.

Unit/Bed Type	# Units	# Beds	Location	Type
Permanent Supportive Housing:	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Rapid Re-Housing:	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Transitional Housing (for Joint TH-RRH):	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
TOTALS:	Click here to enter text.	Click here to enter text.		

5A. Participants – Households

Using the table below, list the number of households or persons to be served at maximum program capacity. The numbers in this section are intended to reflect a single point in time at maximum capacity and **not** the number served over the course of the grant term.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Characteristics	Persons in Households with at Least One Adult & One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	Click here to enter text.	Click here to enter text.		Click here to enter text.
Adults ages 18-24	Click here to enter text.	Click here to enter text.		Click here to enter text.
Accompanied Children under age 18	Click here to enter text.		Click here to enter text.	Click here to enter text.
Unaccompanied Children under age 18			Click here to enter text.	Click here to enter text.
Total Persons	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

5B. Subpopulations

Using the table below, indicate the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and **not** the number served over the course of the grant term.

Characteristics	Adults over age 24	Adults ages	Children under age 18
Chronically Homeless Non-Veterans	Click here to enter	Click here to	Click here to enter text.
Chronically Homeless Veterans	Click here to enter	Click here to	
Non-Chronically Homeless Veterans	Click here to enter	Click here to	
Chronic Substance Abuse	Click here to enter	Click here to	Click here to enter text.
Persons with HIV/AIDS	Click here to enter	Click here to	Click here to enter text.
Severely Mentally Ill	Click here to enter	Click here to	Click here to enter text.
Victims of Domestic Violence	Click here to enter	Click here to	Click here to enter text.
Physical Disability	Click here to enter	Click here to	Click here to enter text.
Developmental Disability	Click here to enter	Click here to	Click here to enter text.
Persons not represented by listed subpopulations	Click here to enter	Click here to	Click here to enter text.

5C. Outreach for Participants

Enter the percentage of project participants who will be coming from each of the following locations:

Directly from the street or other locations not meant for human habitation:	Click here to enter text.
Directly from emergency shelters:	Click here to enter text.
Directly from Safe Havens:	There are no Safe Havens in this community.
Persons fleeing domestic violence:	Click here to enter text.
Total of above percentages:	Click here to enter text.

If the total is less than 100 percent, identify how the persons assisted meet HUD's definition of homelessness and the project type eligibility requirements:

[Click here to enter text.](#)

Describe the outreach plan to bring homeless participants into the project:

[Click here to enter text.](#)

6. Budget Information

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

YES NO

2. Is the project applying for funds through the DV Bonus?

YES NO

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

YES NO

4. Select a grant term:

- 1-Year
- 2-Years
- 3-Years
- 4-Years
- 5-Years
- 15-Years

5. Select the costs for which funding is being requested:

- Acquisition/Rehabilitation/New Construction
- Leased units
- Leased Structures
- Rental Assistance
- Supportive Services
- Operating Costs
- HMIS

Complete the budget summary below and attach all applicable budget forms.

Eligible Costs	Total Assistance Requested
Acquisition	Click here to enter text.
Rehabilitation	Click here to enter text.
New Construction	Click here to enter text.
Leased Units (Joint TH/PH-RRH Only)	Click here to enter text.
Leased Structures (Joint TH/PH-RRH Only)	Click here to enter text.
Rental Assistance (PH(RRH), Joint TH/PH-RRH Only)	Click here to enter text.
Supportive Services (PH(RRH), Joint TH/PH-RRH, SSO-CE)	Click here to enter text.
Operations (Joint TH/PH-RRH Only)	Click here to enter text.
HMIS (PH(RRH), Joint TH/PH-RRH, HMIS)	Click here to enter text.
Sub-total Costs Requested:	
Cash Match	Click here to enter text.
In-Kind Match	Click here to enter text.
Total Match (25% of budget minus leasing)	Click here to enter text.
Total Budget (Sub-total Costs + Total Match)	Click here to enter text.

7. Attachments (Please attach the following items with your application):

- Non-profit documentation: IRS 501(c)(3) designation letter
 - Most recent independent audit
 - Most recent IRS 990
 - Current board roster, including at least one homeless or formerly homeless member
 - Copies of budget for last year, this year, and next year if available
 - Copies of cost of conduct/ethics, conflict of interest policy, and personnel, procurement, and accounting procedures
 - Agreement to participate in HMIS
 - Fair Housing and Equal Opportunity Certification
 - Budget forms
 - Match commitments (dated between 08/18/2021 – 10/13/2021)
- Match equals 25% of total requested funding (minus Leasing, if applicable) Commitment letters must identify the source (agency, grant, partner, etc.), the type (cash or in-kind), and the dollar amount from each source.
- Cash Match Example: Department of Labor (DOL) provides reimbursement of employment training at \$350.00 per participant for 50 participants. Total match = \$17,500. Documentation of commitment is a letter from the agency receiving the DOL grant stating that \$17,500 will be provided to project participants for activities which would be eligible expenses under the CoC Program.
 - In-Kind Example: University provides two interns to provide Life Skills Training for 4 hours a week at \$10.00 per hour – for half a year. Total match (2interns x 4hours x \$10/hr x 26weeks) equals \$2,080. Documentation of commitment is a letter from the University, on their letterhead, stating the intention to provide the interns for four hours a week over the course of half a year.
 - Commitment letters must be on letterhead.

Post Award Information

Once HUD conditionally funds project applications, the Collaborative Applicant (Housing First, Inc.) will be notified of any issues and/or conditions of the award.

HUD will notify conditionally selected applicants in writing which may include request for additional documentation to show the project is financially feasible. This documentation must be a firm commitment (letter or contract) from the source of cash match or a Memorandum of Understanding (MOU) with the source of in-kind match. HUD will require the submission of the additional project information no later than 30 days after the date of the letter, except as otherwise provided in 24 CFR 578.21(c)

All funding awards are granted to the sub-recipient on a reimbursement basis. Eligible expenses for reimbursement and matching expenses must be recorded in accordance with General Accounting Principles. Requests for reimbursement will be made to the Collaborative Applicant/grant recipient – Housing First, Inc. – on a monthly basis. This will be completed using a provided format and supported by adequate documentation of all eligible expenses. Sub-recipient projects will be reimbursed within 10 business days from the date a complete request for reimbursement is validated.