# HUD CoC Program

# 2024-2025 Funding Cycle – 2024-2025 HUD Renewal

**Agency Name:** _____

**Program Title:** _____

## General Agency Information

**Agency Name:** _____

**Executive Director Name:** _____

**Agency Address:** _____

**Agency Phone:** _____

**Agency Email:** _____

## Organizational Information

**Agency Mission Statement:**

**Agency Overview and Focus:**

# Renewal Project Information

**CoC Program:** _____

**Briefly describe the project for which funds are requested.**

**Amount requested: $_____**

# 1. CoC Compliance - maximum 10 points

**Has the applicant successfully submitted on time the previous year's (ending 6/30/2023) Annual Progress Report?**

**If not, please explain.**

**Does the recipient have any unresolved HUD monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project?**

**If yes, provide an explanation.**

**Once funds became available did the recipient maintain consistent quarterly drawdowns for the most recent grant term related to this renewal project?**


**If no, please explain.**




**Does the applicant agency or organization actively participate in the CoC? (i.e. attends meetings at least 3 times a year, is part of a work group or official committee of the CoC)?**


**If no, please explain.**




**Did the agency or organization contribute to the Point in Time and/or Housing Inventory Chart?**


**If no, please explain.**




**Have any funds been recaptured by HUD for the most recently expired grant term (7/2023-6/2024)?**


**If funds have been recaptured, please provide the percentage and explain how the project will address this.**

## 2. Project Details - maximum 6 points

**Provide a description that addresses the entire scope of the proposed project. Include a description of supportive services and how they are accessed by participants.**

**Does this project participate in the CoC Coordinated Entry process?**

**If no, please explain.**

**Does the project provide transportation assistance to attend mainstream benefits appointments, (employment or training, for example)?**

**If not, please explain.**

**Does the project have a designated staff person ensuring children are enrolled in school and receiving educational services?**

**If not, please explain.**

## 3. Housing First - maximum 9 points

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry such as sobriety, treatment and service participation requirements.

**Identify barriers which will prohibit potential participants from being accepted into this project, if any (ex. history of substance abuse, having little or no income, etc.):**

**Identify what is used to exit participants from this project (ex. failure to participate in supportive services, loss of income or failure to improve income):**

## 4. HMIS Data Quality - maximum 5 points

Projects will be scored based on the project's participation in HMIS. For victim service providers, an HMIS comparable database must be used for all persons served for each grant and should be able to generate an Annual Performance Report.

**Choose the UDE's with more than 5% missing or null data. Choose None of the Above if all UDE error rates are less than 5% or less.**

> **Name**
> **Social Security Number**
> **Date of Birth**
> **Race**
> **Ethnicity**
> **Gender**
> **Veteran Status**
> **Disabling Condition**
> **Project Start Date**
> **Project Exit Date**
> **Destination**
> **Relationship to Head of Household**
> **Client Location**
> **Housing Move-in Date**
> **Living Situation**
> **None of the Above**

## 5. Severity of Needs Criteria - maximum 35 points

**How many adults with no or very low income (30% AMI or less) did the project serve during the most recently completed grant year (7/1/23 - 6/30/24)?**

> 1-25 adults
> 26-50 adults
> More than 50 adults

**How many chronically homeless adults did the project serve in the most recently completed grant year (7/1/23- 6/30/24)?**

> 1-25 adults
> 26-50 adults
> More than 50 adults

**How many adults with a history of or were fleeing domestic violence did the project serve during the most recently completed grant year (7/1/23 - 6/30/24)?**

> 1-25 adults
> 26-50 adults
> More than 50 adults

**If you provide services to survivors of domestic violence, how does your project improve safety?**

**What steps have been taken to eliminate barriers to participation faced by people of different races and ethnicities?**

# 6. 2024-2025 CoC Project Budget & Narrative - maximum 5 points

Rental Assistance Budget

| Activity | Prior Year Award | Requested Funding | Other Funding | Total Project Cost |
|---|---|---|---|---|
| Acquisition | | | | |
| New Construction | | | | |
| Rehabilitation | | | | |
| Leasing | | | | |
| Rental Assistance | | | | |
| Operating Cost | | | | |
| HMIS | | | | |
| Project Administration | | | | |
| Other (Specify): | | | | |
| | | | | |
| Total: | | | | |

Supportive Services Budget

| Activity | Prior Year Award | Requested Funding | Other Funding | Total Project Cost |
|---|---|---|---|---|
| Assessment of Service Needs | | | | |
| Assistance with Moving Costs | | | | |
| Case Management | | | | |
| Childcare | | | | |
| Employment Assistance | | | | |
| Food | | | | |
| Housing Counseling | | | | |
| Legal Services | | | | |
| Life Skills | | | | |
| Mental Health Services | | | | |
| Outpatient Health Services | | | | |
| Substance Abuse Treatment | | | | |
| Transportation | | | | |
| Utility Deposits | | | | |
| Operating Costs | | | | |
| Other (Specify): | | | | |
| | | | | |
| Total: | | | | |

**Total Budget**

| | Requested Funding | Other Funding | Total Project Cost |
|---|---|---|---|
| | | | |

**Budget Narrative**

**Please provide a brief description of the budget, including explaining any changes from the prior year.**

## 7. 2024 - 2025 CoC Renewal Project Performance Measures - maximum 30 points

Applicants must choose to report on 2 performance measures. The performance measures data can be accessed on your APR submitted through SAGE. Please refer to the following questions:
1. Average Days to Permanent Housing Source: Q22c, Q22e
2. Exit Destination Source: SAGE – Q23c
3. Maintain or Increase Income Source: SAGE – Q16
4. Length of Stay/Retention of Permanent Housing Source: SAGE – Q22a1

**HUD Performance Measure**

**ACTIVITY STATEMENT: _____**

### Indicators

|  | 23/24 Projected # Achieving | 23/24 # Achieving | 23/24 Avg # of Days Actual | 24/25 Projected # Achieving | 24/25 Projected Avg. # of Days |
|---|---|---|---|---|---|
| Average # of days from program entry to housing move in date. |  |  |  |  |  |
| Exits to permanent housing |  |  |  |  |  |
| Length of stay more than 180 days |  |  |  |  |  |
| Stayers and leavers who maintained or increased income from any source. |  |  |  |  |  |
|  |  |  |  |  |  |

**Performance Measure Narratives**
**Findings and Conclusions: Describe what the results tell you about your interventions and provide/cite data from your reporting to support your statements.**