

## Renewal/Expansion Project Supplemental Application

**Project Name:** Click or tap here to enter text.

**Agency Name:** Click or tap here to enter text.

**Project Type:** [ ]  **Permanent Supportive Housing** [ ]  **Rapid Rehousing** [ ]  **Transitional Housing/Rapid Rehousing**

Section I – Threshold Requirements

1. **How many referrals did this project receive from the Coordinated Entry Community Queue during the time period of July 1, 2023 to June 30, 202****4?** Enter #.
	1. **Of those referrals, how many clients were accepted into the project?** Enter #
	2. **Of those referrals, how many were denied due to a reason other than the project not having available openings or not being eligible based on the federal eligibility guidelines?** Enter #
2. **Does this project follow a Housing First and low barrier approach to serving individuals and families?**[ ]  Yes [ ]  No
	1. **If yes, describe how the project utilizes a Housing First and Low Barrier approach and attach a copy of the Housing First Standards Self-Assessment tool conducted within the last 3 months.** Click or tap here to enter text.
3. **Amount of funding requested (cannot exceed FY2023 award amount):** Enter $
4. **Amount of match documented with letters attached to project application in e-snaps:** Enter $
5. **Number of CoC Leadership, Subcommittee, or General Meetings attended July 1, 2023 – June 30, 2024:**

|  |  |
| --- | --- |
| Meeting | Dates Attended |
| CoC Leadership Meetings (Northern Nevada Continuum of Care Leadership Council) | Click or tap here to enter text. |
| Subcommittee Meetings | Click or tap here to enter text. |
| Working Group Meetings | Click or tap here to enter text. |
| General Meetings (RAH General Meetings) | Click or tap here to enter text. |
| Other: (please specify) | Click or tap here to enter text. |

Section II – Local Criteria

Financial Information

1. **HUD grant agreements are often delayed, the organization should have a minimum of three months of operating reserve for each CoC project. How much funding does the organization have in reserve to support the operations for this project? How many months do you estimate this funding will support the uninterrupted operations of the project?**

Click or tap here to enter text.

1. **Estimate the percentage of funding that will be expended by the end of your grant term for the current CoC grant in operation (Based on the eLOCCS report and any unreported draw request):** Enter percentage
2. **Based on the percentage of funding that is estimated to be expended would the organization like to make any funds available for reallocation, if yes how much?** Enter amount available for reallocation
3. **Describe any challenges the organization has faced in executing and implementing the most recent CoC grant and if applicable, steps taken or plan to address those challenges.**

Click or tap here to enter text.

1. **Has the project been monitored by HUD in the last 24 months?** [ ]  Yes [ ]  No  **If so, please attach a copy of the monitoring report provided by HUD.**

Service Population

1. **Please check if the project considers the severity of needs and vulnerabilities of program participants experiencing any of the following: (Check all that apply and respond to the question in italics)**

[ ] **Low or no income**. *Briefly describe your service approach to participants with this need/ vulnerability*

 Click or tap here to enter text.

[ ]  **Current or past substance use or misuse**. *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ] **Criminal record–with the exception of restrictions imposed by federal, state, or local law or ordinance.** *Briefly describe your service approach to participants with this need/ vulnerability.*

 Click or tap here to enter text.

[ ]  **Chronic homelessness.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ]  **History of victimization/abuse, domestic violence, sexual assault, childhood abuse.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ] **Mental Illness**. *Briefly describe your service approach to participants with this need/ vulnerability*

Click or tap here to enter text.

[ ]  **Chronic Health Conditions and/or Physical Disabilities**. *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ] **Developmental Disabilities.** *Briefly describe your service approach to participants with this need/ vulnerability.*

 Click or tap here to enter text.

[ ]  **Unaccompanied Youth under age 18.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ]  **Unaccompanied transition aged youth (TAY) age 18-24 years.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

1. **Is this project the only project of its kind in the CoC’s geographic area serving a special homeless population/subpopulation?** [ ]  Yes [ ]  No
	1. **If yes, please specify:** Click or tap here to enter text.
2. **Do you have a reasonable accommodations policy and form for clients to fill out?**

[ ]  Yes [ ]  No

1. **If yes, describe your policy and how participants are informed of the policy.**

Click or tap here to enter text.

Collaboration and Coordination

1. **Describe any CoC, CDC, HUD, or other training that CoC funded program staff have participated in during the past year.** Click or tap here to enter text.
2. **Does the organization participate in CoC Case Conferencing meetings?** [ ]  Yes [ ]  No
3. **If Yes, describe who on staff participates and how often.** Click or tap here to enter text.
4. **Does the project coordinate and/or collaborate with the following systems of care?**
5. **Foster Care** [ ]  Yes [ ]  No
6. **Health Care** [ ]  Yes [ ]  No
7. **Mental/Behavioral Health Care** [ ]  Yes [ ]  No
8. **Correctional Facilities** [ ]  Yes [ ]  No
9. **Alcohol and/or Substance Abuse Services** [ ]  Yes [ ]  No
10. **Describe how the organization partners with local workforce development centers to improve employment opportunities for program participants.**

Click or tap here to enter text.

1. **PROJECTS THAT SERVE HOUSEHOLDS WITH CHILDREN**

**Describe how the organization collaborates with youth education providers, local education agencies, and school districts to support the educational needs of youth experiencing homelessness.**

Click or tap here to enter text.

Equity and Representation

1. **Does the organization have underrepresented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions?** [ ]  Yes [ ]  No
2. **Does the organization’s board of directors include representation from someone with lived experience of homelessness?** [ ]  Yes [ ]  No
3. **Does the organization have a process for receiving and incorporating feedback from persons with lived experience?** [ ]  Yes [ ]  No
4. **If yes, how?** Click or tap here to enter text.
5. **Has the organization reviewed internal program policies and procedures with an equity lens? ☐ Yes ☐ No**
6. **If yes, has a plan been developed to implement or has the organization implemented equitable policies that do not impose undue barriers? Please Describe.**

 Click or tap here to enter text.

1. **Has the organization reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender, gender identity, sexual orientation, age, and other underserved populations to identify barriers to participation (e.g., lack of outreach faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population).** Click or tap here to enter text.
2. **What steps has the organization taken or will you take to lower or eliminate the identified barriers?** Click or tap here to enter text.
3. **Does your agency have materials in languages other than English and/or staff with bilingual capability?** [ ]  Yes [ ]  No
	1. **If yes, detail any staff with bilingual capability and materials that are available in other languages.** Click or tap here to enter text.

System Performance

**For this section the CoC Rating and Ranking Committee will use the Annual Performance Report (APR) from the most recently completed grant period in SAGE.**

**The CoC will review this report and score the project for information related to HUD’s System Performance Measures, which include but are not limited to:**

* **Length of time from project start to residential move-in (housing placement)**
* **New or increased employment and/ or nonemployment income**
* **Clients remaining in and/ or exiting to permanent housing destinations**
1. **Describe any program improvements in the past year that have had a positive effect on the project’s overall performance.** Click or tap here to enter text.

Application Attachments

[ ]  **Most recent audit and management letter (if any)**

[ ]  **Most recent HUD monitoring letter, if received in the last 24 months**

**Assurances- Renewal/Expansion Grant Applicants**

Please review and certify that your organization meets the following criteria. **You must check either Yes or No for each question; do not leave any questions blank.**

|  |
| --- |
| [ ] **Yes** [ ] **No** 1. Applicant has Active SAM registration with current information.  |
| [ ] **Yes** [ ] **No** 2. Applicant has Valid DUNS number in application. |
| [ ] **Yes** [ ] **No** 3. Applicant has no Outstanding Delinquent Federal Debts- It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds, unless:(a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or(b) Other arrangements satisfactory to HUD are made before the award of funds by HUD. |
| [ ] **Yes** [ ] **No** 4. Applicant has no Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government. |
| [ ] **Yes** [ ] **No** 5. Applicant has disclosed any violations of Federal criminal law - Applicants must disclose in a timely manner, in writing to HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures as provided in 24 CFR 200.113 can result in any of the remedies described in 2 CFR §200.339, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds. Remedies for noncompliance, including suspension or debarment. (See also 2 CFR parts 180 and 2424, 31 U.S.C. 3321 note; and 41 U.S.C. 2313.) |
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| [ ] **Yes** [ ] **No** 6. Applicant has submitted the required certifications as specified in the NOFA. |
|  |  |  |  |  |  |  |  |
| [ ] **Yes** [ ] **No** 7. Applicant has demonstrated the population to be served meets program eligibility requirements as described in the Act, and project application clearly establishes eligibility of project applicants. This includes any additional eligibility criteria for certain types of projects contained in the NOFA. |
| [ ] **Yes** [ ] **No** 8. Applicant has agreed to Participate in HMIS - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards. While not prohibited from using HMIS, legal services providers may use a comparable database that complies with federal HMIS data and technical standards, if deemed necessary to protect attorney client privilege. |
|  |  |  |  |  |  |  |  |
| [ ] **Yes** [ ] **No** 9. Applicant has met HUD Expectations - When considering renewal projects for award, HUD will review information in eLOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and single audit reports as applicable, and performance standards on prior grants. HUD will also assess renewal projects using the following performance standards in relation to the project's prior grants:(a) Whether the project applicant's performance met the plans and goals established in the initial application, as amended;(b) Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;(c) The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; and,(d) Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site. |
|  |  |  |  |  |  |  |  |
| [ ] **Yes** [ ] **No** 10. Applicant has met HUD financial expectations – If a project applicant has previously received HUD grants, the organization must have demonstrated its ability to meet HUD’s financial expectations. If any of the following have occurred, the project applicant would NOT meet this threshold criteria:(a) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;(b) Audit finding(s) for which a response is overdue or unsatisfactory;(c) History of inadequate financial management accounting practices;(d) Evidence of untimely expenditures on prior award;(e) History of other major capacity issues that have significantly affected the operation of the project and its performance;(f) History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and(g) History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes. |