**NH BOS FY2022 COC PROGRAM NOFA**

**NEW PROJECT APPLICATION – COORDINATED ENTRY PROJECTS**

Coordinated Entry expansion projects must coordinate with the current coordinated entry lead agency to apply for new funds.

**Project Name:**

**Congressional District(s) for Project Location:**

**Proposed Project:** [ ]  SSO- Coordinated Entry

1. *Supportive Services Only (SSO):* SSO projects provide supportive services to families and individuals experiencing homelessness. The three types of eligible SSO projects are:
	1. SSO- Coordinated Entry: Coordinated Entry (CE). Administers the CoC’s centralized or coordinated entry process to coordinate assessment and referral of individuals and families seeking housing or services, including the use of a comprehensive and standardized assessment tool. See CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (Coordinated Entry Notice) for full information and requirements. If your project is submitted as coordinated entry you must adhere to all requirements in the Rule and Coordinated Entry Notice.

Proposed Start Date:       Proposed End Date:

**Applicant Name:**

**Applicant Type** (State, City, Town, PHA, non-profit):

**Employer or Tax Identification Number:**

**Physical Address**

 Street 1:       Street 2:

 City:       State:       Zip Code:

**Contact Person**

 Name:       Title:

 E-mail Address:       Phone Number:

**If applicable, potential subrecipient information**

**Subrecipient Name:**

**Subrecipient Type** (State, City, Town, PHA, non-profit):

**Subrecipient Contact Person**

 Name:       Title:

 E-mail Address:       Phone Number:

**What is the proposed sub-award amount:**

**If this is a transition grant application please provide the expiring project grant number, operation start and end date and component type AND a brief description of the scope and how no more than 50% of grant funds will be used for originally funded program component.**

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

*Instructions: Describe how your agency and any partner organizations (e.g., developers, key contractors, subcontractors and/or service providers) have successfully utilized federal funds in other projects. Provide concrete examples that illustrate your experience and expertise in the following:*

*1) working with and addressing the target population’s identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation;*

*3) identifying and securing matching funds from a variety of sources; and*

*4) managing basic organization operations including financial accounting systems.*

1. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds.

*Instructions: Include experience with leveraging all Federal, State, local and private sector funds. If the agency has no experience leveraging other funds, include the phrase “No experience leveraging other Federal, State, local, or private sector funds.”*

1. Describe the basic organization and management structure of the applicant and potential subrecipients (if any).

*Instructions: Include 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 for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.*

1. Equity Factors – Agency
2. [ ]  Yes [ ]  No - Do your agency management and leadership staff include people from typically under-represented populations (black, indigenous, people of color, people who identify as LGBTQIA+, etc.)?
3. [ ]  Yes [ ]  No - Does your Board of Directors (or equivalent decision making entity) includes people from typically under-represented populations (black, indigenous, people of color, people who identify as LGBTQIA+, etc.)?
4. [ ]  Yes [ ]  No - Does your Board of Directors (or equivalent decision making entity) include representation from more than one person with lived experience?
5. [ ]  Yes [ ]  No - Does your agency have process for receiving and incorporating feedback from persons with lived experience?
6. [ ]  Yes [ ]  No - Has your agency reviewed internal policies and procedures with an equity lens and has a plan for updating policies that currently center white dominant culture?
7. Are there any unresolved monitoring or audit findings *for any HUD grants* (including ESG) operated by the applicant or potential subrecipients (if any)? [ ]  Yes [ ]  No

*Instructions: Select* ***“Yes”*** *if there are any unresolved HUD Monitoring or OIG Audit findings, regardless of the funding year of the project for which they were originally identified.*

*Select* ***“No”*** *if there are no unresolved HUD Monitoring or OIG Audit findings.*

5a. Describe the unresolved monitoring or audit findings.If you selected **“Yes”** above, provide a brief explanation for why the monitoring or audit finding remains unresolved.

**PROJECT DESCRIPTION:**

1. Provide a description that addresses the entire scope of the proposed project. (1000 character limit)

*Instructions: Provide a detailed description of the scope of the project including the project plan for addressing coordinated entry needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of this application.*

*If this new SSO-CE project application is applying for DV Bonus funds, the description must be tailored to include how eligible program participants (paragraph 4 of the homeless definition in 24 CFR 578.3) will be assisted to obtain and remain in permanent housing that addresses their particular needs and includes trauma-informed, victim-centered approaches.*

* *Trauma-informed*: Approaches delivered with an understanding of the vulnerabilities and experiences in trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on reassuring the survivor's feelings of safety, choice, and control.
* *Victim-centered*: Placing priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims' feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; ensuring that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.

1. 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. Complete a column for each location or structure proposed. (If the project is scattered site then just complete one column)

*Instructions: Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.*

|  |  |  |
| --- | --- | --- |
| **Project Milestones** | **Days from Execution of Grant Agreement** | **Days from Execution of Grant Agreement** |
|  | Location or Structure A | Location or Structure B |
| Begin hiring staff or expending funds ? |       |       |

1. How will you gather and submit HMIS Data?

NHBOSCOC HMIS [ ]

HMIS Comparable Database (victim service providers only [ ]

Will not utilize either option [ ]

If you chose “will not utilize”, this project may not be eligible for NH BOS funding. Please explain why your project will not participate in HMIS data collection as required by 24 CFR part 578

1. Equity Factors – Outcomes
2. [ ]  Yes [ ]  No - Have you reviewed participant outcomes in your current projects with an equity lens? (including disaggregation of data by race, ethnicity, gender identify, and/or age)
3. [ ]  Yes [ ]  No - Have you identified programmatic changes needed to make participant outcomes more equitable and developed a plan to make those changes?
4. [ ]  Yes [ ]  No - Will you work with the CoC’s HMIS Lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identify, and/or age?
5. Identify the project’s specific population focus

[ ]  Chronic Homeless [ ]  Veterans [ ]  Youth (under 25) [ ]  Families

[ ]  DV [ ]  Substance Abuse [ ]  Mental Illness [ ]  HIV/AIDS

[ ]  Other: Provide Description:

1. What area will this coordinated entry process cover? (enter count(ies) below)

1. Describe the advertising strategy for the coordinated entry process and how it is designed to reach those with the highest barriers?

1. Will your project use the CoC’s comprehensive, standardized assessment process?

[ ]  Yes [ ]  No (check one)

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?
[ ]  Yes [ ]  No (check one)

If yes,

What is

Grant PIN Number:

Grant Project Name:

Will this expansion increase the Coordinated Entry process?

[ ]  Yes [ ]  No (check one)

**FUNDING REQUEST**

1. Will it be feasible for the project to be under grant agreement by

September 30, 2023? [ ]  Yes [ ]  No

1. What type of funds is the project seeking?

*(Note – this is your preference for your project funding but the scoring committee will determine final funding type)*

[ ]  Reallocation Funding

[ ]  CoC Bonus

[ ]  Both Reallocation and CoC Bonus

1. Does this project propose to allocate funds according to an indirect cost rate? [ ]  Yes [ ]  No

*Instructions: Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2021 NOFA and contact your local HUD office.*

*If “Yes” is selected: Please complete 30A, B and C.*

30A. Please complete the indirect cost rate schedule below:

*Instructions: Complete at least one row using information from either your approved plan or your proposal.*

|  |  |  |
| --- | --- | --- |
| Administering Department/Agency | Indirect Cost Rate | Direct Cost Base |
|       |       % |       |
|       |       % |       |
|       |       % |       |

30b. Has this rate been approved by your cognizant agency? [ ]  Yes [ ]  No

30C. Do you plan to use the 10% de-minimis rate? [ ]  Yes [ ]  No

1. Select a grant term: [ ]  1 Year [ ]  2 Year [ ]  3 Year
2. Select the costs for funding being requested:

[ ]  Supportive Services

[ ]  Administration – (See summary budget)

**Supportive Services Budget**

*Instructions: Quantity AND Detail: Enter the quantity in detail (e.g. .75 FTE hours @ rate of; per month/annual and fringe 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. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.*

*Be sure to review eligible activities under each category to avoid charging expenses to the wrong activity.*

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity and Description****(400 characters or less)** | **Annual Assistance Requested** |
| Assessment of Service Needs |       |       |
| Assistance with Moving Costs |       |       |
| Case Management |       |       |
| Child Care |       |       |
| Education Services |       |       |
| Employment Assistance |       |       |
| Food |       |       |
|  |       |       |
| Legal Services |       |       |
| Life Skills |       |       |
| Mental Health Services |       |       |
| Outpatient Health Services |       |       |
| Outreach Services |       |       |
| Substance Abuse Treatment Services |       |       |
| Transportation |       |       |
| Utility Deposits |       |       |
| \*Operating Costs |       |       |
|  |       |       |
| Total Annual Assistance Requested |  |       |
| Grant Term |  |       |
| Total Request for Grant Term |  |       |

***\*Applicants may only include Operating Costs (maintenance, repair, building security, furniture, utilities, and equipment) in the Supportive Services budget if the costs are for a facility that is used to provide supportive services for program participants.***

**HMIS Budget (If applicable)**

*Instructions:**Quantity AND Detail: Enter the quantity in detail (e.g. .75 FTE hours @ rate of; per month/annual and fringe 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. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.*

*Be sure to review eligible activities under each category to avoid charging expenses to the wrong activity.*

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity and Description****(400 characters or less)** | **Annual Assistance Requested** |
| Equipment |       |       |
| Software |       |       |
| Services |       |       |
| Personnel |       |       |
| Space & Operations |       |       |
| Total Annual Assistance Requested |  |       |
| Grant Term |  |       |
| Total Request for Grant Term |  |       |

**Sources of Match**

**Instructions:**

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs.

Type of source

Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources.

Name the Source of the Commitment:

Be as specific as possible (e.g. HHS, PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment

Enter the date of the written contribution.

Value of written commitment

Enter the total dollar value of the contribution.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Match** | **Cash or In-kind** | **Source** | **Contributor: Name of Source of Commitment:** *Be as specific as possible and include the office or grant program as applicable* | **Date of Written Commitment** | **Value of Written Commitment** |
|       |       |       |       |       |       |
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**SUMMARY BUDGET:**

*Instructions:*

* *Admin (up to 10%): Enter the amount ($) of requested administration funds.*
* *Cash Match: Enter the total amount of funds ($) that the applicant will use for the project provided by sources other than the CoC program grant.*
* *In-Kind Match: Enter the total dollar value of non-cash resources that the applicant will use for the project provided by sources other than the CoC program.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Costs** | **Annual Assistance Requested****(Applicant)** | **Grant Term****(Applicant)** | **Total Assistance****Requested****for Grant Term****(Applicant)** |
| 7. Supportive Services |       |       |       |
| 8.  |       |       |       |
| 9. HMIS |       |       |       |
| 10. Sub-total Costs Requested |       |       |       |
| 11. Admin (Up to 10%) |  |  |       |
| 12. Total Assistance plus Admin Requested |  |  |       |
| 13. Cash Match |  |  |       |
| 14. In-Kind Match |  |  |       |
| 15. Total Match |  |  |       |
| 16. Total Budget |  |  |       |

**ATTACHMENTS REQUIRED AT THE TIME OF APPLICATION SUBMISSION**:

* 501©3 Non-Profit Status (if not already on file with BHS)
* Match letter equal to at least 30% of requested funding on CoC match template (signed and dated between August 9th and August 22nd, 2022)