**NH BOS FY2022 COC SPECIAL PROGRAM NOFO**

**Unsheltered Set Aside**

**NEW PROJECT APPLICATION**

**Project Name:**

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

**Proposed Project:** (Choose One)

[ ]  RRH or [ ]  PSH or [ ]  Joint TH-PH-RRH

[ ]  HMIS or [ ]  SSO-Coordinated Entry or [ ]  SSO-Street Outreach

 [ ]  SSO-Coordinated Entry or [ ]  SSO-Other [ ]  HMIS

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:**

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 target population(s) to be served, project plan for addressing the identified housing and supportive service 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 provided in this narrative must not conflict with information provided in other parts of the project application. For example, if the project will operate with a commitment to the Housing First approach, the narrative should also indicate a commitment to the Housing First approach.*

6.a. Describe current strategies to regularly engage individuals and families experiencing unsheltered homelessness in the locations where they reside and connect them to low barrier shelter, temporary housing, or permanent housing as available and appropriate:

*1) Current Street Outreach Strategy: Demonstrate street outreach is connected to coordinated entry and how it will incorporate new partners (e.g., business owners, law enforcement, healthcare providers) into its street outreach strategies, how the project will use street outreach to connect unsheltered people with housing resources; and additional steps being taken to ensure that people who are unsheltered or have histories of unsheltered homelessness are able to access housing and other resources in the community, including steps to increase access to identification, providing housing navigation services, and providing access to health care and other supportive services.*

*(2) Current Strategy to Provide Immediate Access to Low Barrier Shelter and Temporary Housing for Individuals and Families Experiencing Unsheltered Homelessness: Describe the current strategy, including use of a Housing First Approach, and demonstrate performance of providing low-barrier and culturally appropriate access to permanent housing to individuals and families who have histories of unsheltered homelessness and the evidence that supports that strategy.*

*(3) Current Strategy to Provide Immediate Access to Low Barrier Permanent Housing for Individuals and Families Experiencing Unsheltered Homelessness: Describe the current strategy, including their use of a Housing First Approach, and demonstrate performance at providing low-barrier and culturally appropriate access to permanent housing to individuals and families who have histories of unsheltered homelessness and the evidence that supports that strategy. Please identify any new practices implemented in the geographic area over the past three years and the lessons learned from implementing those practices.*

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? |       |       |
| Participant enrollment in project begins? |       |       |
| Participants begin to occupy leased unites or structures(s) and supportive services begin? |       |       |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? |       |       |
| Closing on execution of a structure lease? |       |       |
| Start rehabilitation |  |  |
| Complete rehabitliation |  |  |
| Start New Construction |  |  |
| Complete New Construction  |  |  |

1. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), described the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using COC Program funds.

1. Will your project participate in the NHBOS CoC Coordinated Entry System? [ ]  Yes [ ]  No

If no, this project may not be eligible for NH BOS funding. Please explain why your project will not participate in a CoC Coordinated Entry System as required by 24 CFR part 578

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:

**HOUSING FIRST**

Description:

Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold).

It is an approach to:

* Quickly and successfully connect individuals and families experiencing homelessness to permanent housing;
* Without barriers to entry, such as sobriety, treatment or service participation requirements; or
* Without related preconditions that might lead to the program participant’s termination from the project.
* Voluntary supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry; however, participation in supportive services is based on the needs and desires of program participants.
1. Will the project quickly move participants into permanent housing? [ ]  Yes [ ]  No (check one)
2. Please give an expected *average* time frame from participant application to move-in
3. Will the project ensure that participants are not screened out based on the following items?

Select all that apply. By checking all of the first four boxes, this project will be considered low barrier. If all of these barriers to access will exist, select “None of the above.”

[ ]  Having too little or no income

[ ]  Active or history of substance use

[ ]  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

1. Will the project ensure that participants are not terminated from the program for any of the following?

[ ]  Failure to participate in supportive services

[ ]  Failure to make progress on a service plan

[ ]  Loss of income or failure to improve income

[ ]  Any other activity/reason not covered in a lease agreement typically found for unassisted persons in the projects geographic area

[ ]  None of the above

1. Will the project follow a “Housing First” approach? [ ]  Yes [ ]  No (check one)
2. Will the project request costs under the rental assistance budget line item (BLI)? [ ]  Yes [ ]  No
(check one)

If yes, describe the method for determining the type, amount and duration of rental assistance that participants can receive.

1. Will participant be required to live in a particular structure, unit or locality, at some point during the period of participation? [ ]  Yes [ ]  No (check one)

If yes, explain how and why the project will implement this requirement

1. Will more than 16 persons live in one structure supportive with CoC funding? [ ]  Yes [ ]  No (check one)

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

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?
[ ]  Yes [ ]  No (check one)

**SUPPORTIVE SERVICES FOR PARTICIPANTS:**

1. Are the proposed project policies and practices consistent with the laws (including the McKinney-Vento Act) related to providing education services to individuals and families?

[ ]  Yes [ ]  No [ ]  Not applicable

1a. If yes, Will the proposed project assign staff to ensure that children and youth are enrolled in school and receive educational services, as appropriate?

 [ ]  Yes [ ]  No [ ]  Not applicable

1. Describe how participants will be assisted to obtain and remain in permanent housing. (1000 characters or less).

*Instructions: Describe the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed.*  *Include how you will: determine the right type of housing that fits the needs of program participants (this should match the information entered on screen 4B. Housing Type); work with landlords to address possible issues and challenges; and work with program participants to set goals towards successful retention of permanent housing.*

1. Describe specific plan to coordinate and integrate with other mainstream health, social services, and employment program for which program participants may be eligible?

*Instructions: Describe how this project will help program participants obtain the benefits for which they are eligible. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:*

* *assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities);*
* *the type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI; SSDI; Food Stamps, Veterans benefits);*
* *the type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education); and*
* *access to healthcare benefits and resources (e.g., Medicaid, Medicare, healthcare for the homeless, FQHCs).*

*Note: Education plays an important role in the personal development of program participants and should be considered a strategy to maximize their ability to live independently. In addition, HUD encourages project applicants to explain how education will address the encampment and unsheltered homelessness and survivors of DV.*

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

**Provider:** enter one of the following:

“Applicant” to indicate that the applicant will provide the service;

“Subrecipient” to indicate that the subrecipient(s)

“Partner” to indicate that an organization that is not the recipient or sub recipient of CoC Program funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service; or

“Non-Partner” to indicate that a specific organization with whom no formal agreement has been established but does regularly provide the service to program participants

Frequency: enter one of the following

As needed, Daily, Weekly, Monthly, Quarterly, Annually

|  |  |  |
| --- | --- | --- |
| **Supportive Services** | **Provider** | **Frequency** |
| Assessment of Service Needs |       |       |
| Assistance with Moving Costs |       |       |
| Case Management |       |       |
| Child Care |       |       |
| Education Services |       |       |
| Employment Assistance and Job Training |       |       |
| Food |       |       |
| Legal Services |       |       |
| Life Skills Training |       |       |
| Mental Health Services |       |       |
| Outpatient Health Services |       |       |
| Outreach Services |       |       |
| Substance Abuse Treatment Services |       |       |
| Transportation |       |       |
| Utility Deposits |       |       |
| Operating Costs |       |       |
| Rural Set Aside Only Section 491 Eligible Activities |       |       |

1. Please identify whether the project will include the following activities (check Yes or No):
* Transportation assistance for clients to attend mainstream benefit appointments employment training, or jobs? [ ]  Yes [ ]  No
* Annual follow-ups with participants to ensure mainstream benefits are received and renewed?
[ ]  Yes [ ]  No
* Will project participants have access to SSI/SSDI technical assistance provided by the applicant, sub recipient, or partner agency? [ ]  Yes [ ]  No
* Has your agency staff participated in SOAR training in the past 24 months? [ ]  Yes [ ]  No
1. Leveraging Healthcare Resources[[1]](#footnote-1)
* Do you have formal written agreements with a health care organization? [ ]  Yes [ ]  No
	+ MUST submit agreement with application
* Describe what they are for below

**Supportive Services Only Projects:**

1. Will the coordinated entry process cover the CoC’s entire geographic area? [ ]  Yes [ ]  No
2. Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance? Will the coordinated entry process cover the CoC’s entire geographic area? [ ]  Yes [ ]  No
3. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

32. Will the coordinated entry process use a comprehensive, standardized assessment process?

[ ]  Yes [ ]  No

33. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.

34. If the coordinated entry process includes differences in access, entry, assessment or referral for certain populations, are those differences limited only to the five following groups:

(1) adults without children;
(2) adults accompanied by children;
(3) unaccompanied youth;
(4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
(5) persons at risk of homelessness?

[ ]  Yes [ ]  No

35. Will this coordinated entry project refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?

[ ]  Yes [ ]  No

**FOR ANY SSO non-CE project: answer the following questions:**

1. Describe how the street outreach project will develop a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

**HOUSING TYPE AND LOCATION (If Applicable)**

1. Indicate the maximum number of units and beds available for project participants at the selected housing site:

**FOR PSH/ RRH projects, please complete the chart below;**

 [ ]  Total Units:

 [ ]  Total Beds:

 [ ]  Total Dedicated CH Beds:      (PSH only)

**FOR JOINT TH-RRH Projects: Please complete the two charts below:**

TH COMPONENT:

[ ]  Total Units:

 [ ]  Total Beds:

 RRH COMPONENT:

[ ]  Total Units:

 [ ]  Total Beds:

1. **Housing Type and Location Detail**: Report the type of housing structures in which program participants under this project are housed. Each housing type must be listed individually. The housing type options are as follows:
* ***Barracks:*** *Individuals or families sleep in a large room with multiple beds. Also includes large shelters which are traditionally used in the Emergency Solutions Grants Program.*
* ***Dormitory, shared or private rooms****: Individuals or families share sleeping rooms or have private rooms; share a common kitchen, common bathrooms, or both.*
* ***Shared housing****: Shared housing is defined as an arrangement in which two or more unrelated people share a house or an apartment. Each unit must contain private space for each assisted family, plus common space for shared use by the residents of the unit. Common space must be appropriate for shared use by the residents, and private space must contain at least one bedroom for each two persons in the family. A zero or one-bedroom unit may not be used for shared housing.*
* ***Single Room Occupancy (SRO) units****: Each individual has private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.*
* ***Clustered apartments****: Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without any special needs.*
* ***Scattered-site apartments (including efficiencies):*** *Each individual or family has a self-contained apartment. Apartments are scattered throughout the community.*
* ***Single family homes/townhouses/duplexes****: Each individual or family has a self-contained, single-family home, townhouse, or duplex that is dispersed throughout the community.*

[ ]  Barracks [ ]  Dormitory (Shared or Private) [ ]  SRO

[ ]  Clustered Apartments [ ]  Scattered Site Apts. (Including Efficiencies)

[ ]  Shared Housing [ ]  Single Family Homes/Townhouses/Duplexes

Address: Physical Site (use agency site if scattered apartments)

 Street 1:       Street 2:

 City:       State:       Zip Code:

1. Leveraging Housing Commitments[[2]](#footnote-2)
* Do you have a letter of commitment, contract or other formal written documents demonstrating the number of subsidies or units being provided to support this new project from non-CoC or ESG program funding? [ ]  Yes [ ]  No
	+ MUST submit document(s) with application
* Describe what they are for below

1. **PROJECT PARTICIPANTS - HOUSEHOLDS**

*Instructions:*

*List the number of households or persons to be served on a given night when project is a full operational capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term.*

*Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children.*

*Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.*

*Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.*

*Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.*

*Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.*

*Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Households** | **Households with at Least One Adult and One Child** | **Adult Households without Children** | **Households with Only Children** | **Total** |
| Number of Households |       |       |       |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Characteristics** | **Persons in Households with at Least One Adult and One Child** | **Adult Persons in Households without Children** | **Persons in Households with Only Children** | **Total** |
| Adults over age 24 |       |       |       |       |
| Adults ages 18-24 |       |       |       |       |
| Accompanied Children under age 18 |       |       |       |       |
| Unaccompanied Children under age 18 |       |       |       |       |
| Total Persons |       |       |       |       |

1. **PROJECT PARTICIPANTS - SUBPOPULATIONS**

*Instructions:*

*In each field list 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 a year or grant term.*

*Complete each of the three charts on this screen according to household types.*

*Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.*

*Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.*

Persons in Households with at Least One Adult and One Child

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Populations | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Sub Abuse | HIV/AIDS | SMI | DV | Phys Disability | Developmental Disability | Persons not represented by listed subpop |
| Adults overage 24 |       |       |       |       |       |       |       |       |       |       |
| Adults ages18-24 |       |       |       |       |       |       |       |       |       |       |
| Children under age 18 |       |       |       |       |       |       |       |       |       |       |
| Total Persons |       |       |       |       |       |       |       |       |       |       |

Persons in Households without Children

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Populations | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Sub Abuse | HIV/AIDS | SMI | DV | Phys Disability | Developmental Disability | Persons not represented by listed subpop |
| Adults overage 24 |       |       |       |       |       |       |       |       |       |       |
| Adults ages18-24 |       |       |       |       |       |       |       |       |       |       |
| Children under age 18 |       |       |       |       |       |       |       |       |       |       |
| Total Persons |       |       |       |       |       |       |       |       |       |       |

Persons in Households with Only Children

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Populations | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Sub Abuse | HIV/AIDS | SMI | DV | Phys Disability | Developmental Disability | Persons not represented by listed subpop |
| Adults overage 24 |       |       |       |       |       |       |       |       |       |       |
| Adults ages18-24 |       |       |       |       |       |       |       |       |       |       |
| Children under age 18 |       |       |       |       |       |       |       |       |       |       |
| Total Persons |       |       |       |       |       |       |       |       |       |       |

1. Describe the outreach plan to bring these homeless participants into the project.

*Instructions: Describe how the applicant/subrecipient plans to bring homeless persons into the project. Provide for a brief explanation of how program participants will be identified and connected with the offered housing and services. For projects participating in a CoC’s coordinated entry process, simply explain that coordinated entry will provide outreach and access and describe the specific coordination and referral process between coordinated entry and this project.*

**FUNDING REQUEST**

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

September 15, 2024? [ ]  Yes [ ]  No

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 2022 Special NOFO and contact your local HUD office.*

*If “Yes” is selected: Please complete 44A, B and C.*

44A. 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 |
|       |       % |       |
|       |       % |       |
|       |       % |       |

44b. Has this rate been approved by your cognizant agency? [ ]  Yes [ ]  No

44C. 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:

[ ]  Leased Units

 [ ]  Leased Structures

 [ ]  Rental Assistance

[ ]  Supportive Services

[ ]  Operations

[ ]  HMIS

[ ]  Administration – (See summary budget)

1. Will this project include replacement reserves in the Operating Budget? [ ]  Yes [ ]  No

If yes, Please review below:

**Your project has a replacement reserve amount in the budget. In order to move to grant agreement, the repayment schedule, the total amount to be placed in reserve over the grant term and the scheduled payment amount, and the system or systems to be replaced and the useful life/lives of the system(s) must be attached in esnaps, and must be approved by HUD.

FAQ: Scheduled payments to a reserve fund for the repair of major building systems are an eligible cost for recipients of transitional or permanent supportive housing projects where the recipient or subrecipient owns or operates the building(s). The repayment schedule, the total amount to be placed in reserve over the grant term and the scheduled payment amount, the system or systems to be replaced and the useful life/lives of the system(s) must be included as an attachment, submitted as part of your project application and must be approved by HUD. The HUD-approved amount is the limit on how much of your grant funds can be put in reserve. The total amount to be deposited in the reserve and the scheduled payments must be based on the remaining useful life of the system the recipient that will be replaced and the expected replacement cost of that system, reduced by the interest income expected to be earned on the reserve account before the end of the useful life of the system (taking into account expected future deposits and cash disbursements).

Recipients must draw down these funds from LOCCS in accordance with the HUD-approved repayment schedule included in the application. Payments must be scheduled no less frequently than quarterly, as required by 24 CFR 578.85(c)(3). A recipient must maintain separate accounting records for the reserve (e.g., an accounting “fund”) that will segregate the accounting for deposit of grant funds and expenditure of amounts held in the reserve for replacement of the asset). When the major system for which the reserve was created must be replaced (e.g., the HVAC system), the recipient may use funds in the reserve account to pay for the replacement without prior approval from HUD, but must maintain documentation to support the expenditure of funds and the replacement of the system.**

If requesting Rental Assistance (RA), a Fair Market Rent (FMR) funding request, based on the FY2022 FMRs, for the total term of the grant must be completed. Choose the Type of RA requested as follows: Tenant Based Rental Assistance (TBRA), Sponsor Based Rental Assistance (SBRA), Project-Based Rental Assistance (PBRA); complete for each number of bedrooms per unit.

If requesting Leasing, a Fair Market Rent (FMR), based on the FY2022 FMRs, or applicant FMR funding request for the total term of the grant must be completed. Complete for each number of bedrooms per unit.

|  |
| --- |
| **FMR Area**      **For RA projects: Type of assistance requested TBRA, SBRA, PBRA:**       |
| **Type of RA requested** | **FMR area 1** | **Total units Requested** | **Total dollar amount of request per unit** |
| 1 bedroom unit | $      X 12 | X      units | $       |
| 2 bedroom unit | $      X 12 | X       units | $       |
| 3 bedroom unit | $      X 12 | X       units | $       |
| 4 bedroom unit | $      X 12 | X       units | $       |
| Total Units and Dollar amount  |  |       | $       |

|  |
| --- |
| **FMR Area**      **For RA projects: Type of assistance requested TBRA, SBRA, PBRA:**       |
| **Type of RA requested** | **FMR area 2** | **Total units Requested** | **Total dollar amount of request per unit** |
| 1 bedroom unit | $      X 12 | X       units | $       |
| 2 bedroom unit | $      X 12 | X       units | $       |
| 3 bedroom unit | $      X 12 | X       units | $       |
| 4 bedroom unit | $      X 12 | X       units | $       |
| Total Units and Dollar amount |  |       | $       |

**If more than 2 FMR areas will be served, please attach a separate sheet.Supportive Services 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** |
| 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.*Operation 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** |
| Maintenance/Repair |       |       |
| Property Taxes and Insurance |       |       |
| Replacement Reserve |       |       |
| Building Security |       |       |
| Electricity, Gas, Water |       |       |
| Furniture |       |       |
| Equipment (lease, buy) |       |       |
|  |       |       |
| Total Annual Assistance Requested |  |       |
| Grant Term |  |       |
| Total Request for Grant Term |  |       |

**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** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**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)** |
| 4. Leased Units |       |       |       |
| 5. Leased Structures |       |       |       |
| 6. Rental Assistance |       |       |       |
| 7. Supportive Services |       |       |       |
| 8. Operating |       |       |       |
| 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 18, and November 12, 2021)
1. *Note: NH BoSCoC is looking for projects that can show: access to treatment or recovery services for all program participants who qualify and choose services* ***OR*** *25% of funding being requested for the project will be covered by the healthcare organization. Partial points may be awarded for commitments that are to less than the above description.* [↑](#footnote-ref-1)
2. *Note: NH BoSCoC is looking for projects that can show the following: PSH projects where at least 25 percent of units included in projects are funded with funds other than CoC or ESG* ***OR*** *RRH projects 25 percent of the participants anticipated to be served will be housed with funds other than CoC or ESG. Partial points may be awarded for commitments that are less than the above description.* [↑](#footnote-ref-2)