

AGENCY:

PROJECT NAME:

## **2019 Continuum of Care Application**

**Submit 1 original application (hard copy)  
with all required attachments to:**

**Marcie Bragg  
Stark Housing Network  
408 Ninth St. SW  
Canton, OH 44707**

**Also email your application to:  
[mbragg@starkhousingnetwork.org](mailto:mbragg@starkhousingnetwork.org)**

**Applicant:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**DUE: By 4pm on Friday, May 31, 2019**

**\*\*Agencies that consolidated projects during the FY 2018 application should submit an APR for each individual project and one CoC Application for the consolidated project. When the source of information for the scoring criteria is the CoC Application, the score will be determined based on one CoC Application for the consolidated projects. When the source of information for the scoring criteria is the APR, a score for each criterion will be calculated based on the individual APR and the two scores will be averaged.\*\***

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**Homeless Continuum of Care of Stark County (HCCSC)  
2019 Application**

The Homeless Continuum of Care of Stark County (HCCSC) invites new and renewal applications for the 2019 HUD Continuum of Care Program (CoC).

The design of the proposed project must reflect research-based practices to efficiently provide services to residents; connect residents to mainstream resources, benefits and employment; and enable residents to maintain long-term housing stability.

CoC 2019 priorities are as follows:

Continue with roughly the same allocation as the previous year for Permanent Supportive Housing and Rapid Re-Housing, and for new and/or reallocated funding (in no particular order):

- Rapid Re-Housing
- Permanent Supportive Housing
- Coordinated Entry
- Homeless Management Information System (HMIS)

**I. Organization and Grant Information/Threshold Criteria**

Organization Name:

Contact Person:

Phone:

Email:

Fax:

Project Name:

Expiring Grant #:

Agency DUNS #:

**1. Is your organization:**

- An incorporated non-profit organization with IRS 501(c)(3) status
- A public housing authority
- A unit of government

**2. Component Type**

- PH (Permanent Housing - Rapid Re-Housing)
- PSH (Permanent Supportive Housing)
- HMIS
- Coordinated Entry (Supportive Services Only)

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## Threshold Criteria

### **1. Informed Agreement to Comply with the HEARTH Act and with HMIS and Coordinated Entry (CE) Rules**

Please certify with initials in each box indicating that your agency has read and agrees to abide by all of the following Continuum of Care requirements:

Overview of HUD federal regulations for the Continuum of Care Program

<https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/>

HEARTH Act: Continuum of Care Program Interim Final Rule

<https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf>

Homeless Management Information System Policies and Procedures

<https://starkhomeless.starkmhar.org/member-resources/charter-policies/>

Coordinated Entry (CE) Policies & Procedures

<https://starkhomeless.starkmhar.org/member-resources/charter-policies/>

*Only victim service agencies can opt out of participation in HMIS and CE but must maintain a separate and comparable data system that captures all HMIS data elements while maintaining participant security standards for victim service agencies. Victim Service agencies will be required to submit quarterly performance outcomes from an internal data base.*

Is your agency a victim service provider: “A private non-profit organization whose primary mission is to provide services to victims of domestic violence, dating violence, a sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.”

Yes       No

### **2. Compliance with Homeless Definitions**

- a. The HCCSC will be targeting funding toward four types of programs. For each program type, funding is restricted to support for certain activities serving specific categories of homeless persons. (Those categories are defined in the CoC Program Interim Final Rule.) In the charts below, please indicate the program and activities for which you are applying.

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<input type="checkbox"/>	<b>Rapid Re-Housing –HUD is restricting new RRH projects created through reallocation to category 1 and category 4 homeless. New RRH projects can serve families with children and individuals.</b> Rapidly re-housing homeless persons with time-limited rental assistance and support services							
	<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Support Services				
<input type="checkbox"/>	<b>Permanent Supportive Housing – HUD is restricting new PSH projects created through reallocation to chronically homeless individuals and chronically homeless families with children.</b> Providing permanent housing with support services to homeless persons who have disabling conditions that impede their ability to remain stably housed without ongoing support services							
	<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Leasing	<input type="checkbox"/>	Operating	<input type="checkbox"/>	Support Services
<input type="checkbox"/>	<b>HMIS (Homeless Management Information System)</b> Data Collection							
<input type="checkbox"/>	<b>Coordinated Entry</b>							

- b. Will the project **exclusively** serve those who fall into the categories of homeless specified below? *(Check the box appropriate for project type.)*

Please refer to the Recipient and Sub-Recipient Record-keeping Requirements <https://starkhomeless.starkmhar.org/wp-content/uploads/sites/3/2016/06/F.10-Recordkeeping.pdf>

RRH - Category 1 or 4     yes     no

PSH - Category 1 or 4     yes     no

HMIS - Not Applicable

Coordinated Entry– Not Applicable

- c. **RENEWALS ONLY** - Please indicate if your project was funded through a NOFA which imposes stricter eligibility requirements on whom a project may serve than those imposed by the CoC Interim Final Rule by checking appropriate box(es):

Must serve 100% chronically homeless

Cannot serve participants coming from Transitional Housing

Cannot serve Category 4 unless they also meet Category 1 definition

- d. Describe how your agency will ensure and document compliance with HUD’s definition of “homeless,” as applicable to your project type and any additional NOFA restrictions (max. characters 700)

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**Note:** Only projects that serve qualifying participants are eligible for funding consideration.

### 3. Match Documentation

Agencies must be able to document committed and/or pending match sources in order to meet threshold requirements. Continuum of Care Grants require a 25% match on all funding except for funding requested for “leasing.” Eligible sources for matching funds must meet requirements identified in CoC Interim Final Rule. (The link to those regulations is provided on page 3). Budget and match tables must be completed later in the application and requested documentation must be submitted in order to meet threshold criteria.

**Renewal Projects:** If the application is for a renewal project, the applicant must certify, following the budget and match tables later in the application, that all previous sources of match funding are secure for the renewal grant and/or that alternative sources of match have been secured and that letters of commitment will be attached to the application in *esnaps* if the project is approved for the Priority Listing.

**New Projects:** If the application is for a new project, documentation of committed and/or pending match funding must be included with this application as detailed below:

- **Committed match sources - signed grant agreements, award letters/notifications or letters of commitment covering the match to be received for the project and expended during the operating year of the FY2019 CoC grant if awarded (The 12-month operating year should begin sometime in 2020 and end in 2021.).**
- **Pending match sources - written and dated correspondence with the source of the pending match, which specifies amount being requested and confirms that the pending match is being requested for the project applying for CoC funds and for use during the operating year of the FY2019 CoC grant if awarded.**

### 4. In good standing with Department of Housing and Urban Development with capacity to administer a CoC Grant.

- a. Has your agency had any prior findings, audit findings and/or recapture of HUD funds?

yes  no

If yes, briefly explain: (max. characters 700)

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- b. Are there any other local or state prior findings related to this project or other programs of the agency?

Yes  No

- i. Has your agency had any findings, audit findings and/or recapture of state or local funds?

yes  no

If “yes,” briefly explain: (max. characters 700)

- c. Please describe your previous experience with HUD and/or experience in administering other federal, state or local grants. (max. characters 700)

### **Additional Scoring Elements**

*(Please note that some sections are applicable to **NEW PROJECTS ONLY**, some to **RENEWAL PROJECTS ONLY** and others to **ALL PROJECTS**. Please read directions carefully.)*

## **II. Populations to be served – Except HMIS and Coordinated Entry**

### **ALL PROJECTS**

Specify total number of persons to be served during the grant operating year.

Total Persons

Total Adults (18 and older)

Total Children

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**NEW PROJECTS ONLY -**

**1.a** If your project intends to target any of the sub-populations listed below please identify the number of participants that the project intends to serve in each of the targeted sub-populations that are applicable. (Select all that apply with the number to be served.)

Chronically Homeless	<input type="text"/>
Veterans	<input type="text"/>
Transitional Age Youth (18-24)	<input type="text"/>
Families with Minor Children ( <i>total number of persons within the families</i> )	<input type="text"/>

**1.b** Indicate specialized services you will provide to meet the needs of the populations indicated above. (max. 1,000 characters)

**NEW PROJECTS ONLY (UNLESS a renewal project has revised numbers since previous award)- (2.a, 2.b)**

**2.a** Indicate the total number of households, homeless persons and subpopulations that will be served by the project, at a particular point in time (*when the project is at full capacity*):

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Number of Households</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

  

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adults over age 24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adults ages 18-24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accompanied Children under age 18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unaccompanied Children under age 18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Persons</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**2.b** In each non-shaded field below, enter the number of persons served at maximum project capacity according to their age group, disability status, and membership in 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. (Please note that a single individual may fall into more than one category and, therefore, the total number of persons reflected in the bottom row of the table below may exceed the total number served by the project as reflected in the table above.)

*Persons in Households with at Least One Adult and One Child*

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AI D S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represe nted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

*Persons in Households without Children*

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AI D S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represe nted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

*Persons in Households with Only Children*

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AI D S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represe nted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0



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**III. Project Detail – Except HMIS and Coordinated Entry**

**ALL PROJECTS:**

**1. a. Total Units:**

Total Units for Individuals:

Total Units for Families with Children:

**b. Total Beds:**

**c. Total Dedicated CH Beds:** *(In family CH units, all beds in the units are considered CH beds):*

**d. At turnover, % of non-dedicated beds that will be prioritized for CH:**

**2. a.** Have you adopted a Housing First model?  Yes  No

**b.** Does the project ensure that participants are NOT screened out based on the following items? *(Check any boxes that include reasons participants are found to be ineligible for the project.)*

**Having too little or no 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. a.** Have you adopted “Low Barriers” practices?  Yes  No

**b.** Does the project terminate participants for any of the following reasons? *(Check any boxes that include grounds for termination from the project.)*

**Failure to participate in supportive services** *(This does not include the required monthly case management visits within a RRH project.)*

**Failure to make progress on a service plan**

**Loss of income or failure to improve income**

**Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area**

**None of the above**

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4. Does the project do any of the following to link participants to mainstream benefits or resources, using either its own staff or services provided by partnering entities? (Please check all boxes that apply)
- a. **Provide transportation assistance to participants to attend mainstream benefit appointments, employment training, or jobs?**
  - b. **Conduct at least annual follow-ups with participants to ensure mainstream benefits are received and renewed?**
  - c. **Provide project participants access to SSI/SSDI technical assistance?**
  - d. **Ensure that the person providing the SSI/SSDI technical assistance has completed SOAR training in the past 24 months?**

**IV. Performance Outcomes**

**RENEWAL PROJECTS ONLY:**

1. Scoring for performance will be based on data reported in your most recent APR in the SAGE HMIS Reporting Repository system, which you should provide in the appropriate place below, or data that the Collaborative Applicant will collect directly from HMIS.

**Please indicate the FY and operating dates of the APR being used to report on the following performance outcomes:**

**Most recently submitted APR: FY                      Operating Start & End Dates**

- a. **Housing Stability (from APR):**  
For PSH: Percentage that remained in PSH or exited to other PH during grant year: \_\_\_\_\_%  
For other project types: Percentage that exited to PH during grant year: \_\_\_\_\_%  
*(Use data from Q.23a - determine positive destinations over 90 days and Q.23b - determine positive destinations less than 90 days. Add Q.23.a and Q.23.b together for total positive exits for leavers and divide by the number of total project participants found in data from Q05a: Report Validations Table.)*
- b. **Employment Income (from APR):**  
Percentage of adults who gained or increased income from employment from entry to exit/follow up: \_\_\_\_\_%  
Q19a3: Client Cash Income Change - Income Source - by Start and Latest Status/Exit  
*(Use data from Q19a3: Client Cash Income Change - Income Source - by Start and Latest Status/Exit, "Number of Adults with Earned Income" row, last column.)*
- c. **Non-Employment Income (from APR):**  
Percentage of adults who gained or increased income from other sources (non-employment) from entry to exit/follow up: \_\_\_\_\_%  
*(Use data from Q19a3: Client Cash Income Change - Income Source - by Start and Latest Status/Exit, "Number of Adults with Other Income" row, last column.)*

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- d. Benefit Sources (from APR – calculated by Collaborative Applicant):  
Percentage of adults and children, leavers and stayers, that had either MEDICAID Health Insurance, MEDICARE Health Insurance, State Children’s Health Insurance or VA Medical Services.  
*(Collaborative Applicant will use data from Q21: Health Insurance)*
- e. Returns to Homelessness (calculated by HMIS):
- i. Percentage that exited your project during federal fiscal year October 1, 2017 - September 30, 2018 and returned to ES, TH, RRH or PSH within 0 - 6 months (0 – 180 days) of their exit.
  - ii. Percentage that exited your project during federal fiscal year October 1, 2016 - September 30, 2017 and returned to ES, TH, RRH or PSH within 6 – 12 months (181 – 365 days) of their exit.
  - iii. Percentage that exited your project during federal fiscal year October 1, 2015 - September 30, 2016 and returned to ES, TH, RRH or PSH within 13 – 24 months (366 -730 days) of their exit.

2. Check any significant changes that you are proposing in the project since the last funding approval.

- Number of persons to be served: from \_\_\_\_\_ to \_\_\_\_\_
- Number of units: from \_\_\_\_\_ to \_\_\_\_\_
- Location of project sites
- Line item or cost category budget changes more than 10%.
- Change in target population
- Change in project sponsor
- Change in component type
- Other: (list)

Please explain any proposed changes: (max. 1,000 characters)

**NEW PROJECTS ONLY: – *Except HMIS and Coordinated Entry***

**Housing Stability**

What will be your agency’s strategy for ensuring that participants receive the individualized assistance they need to achieve housing stability? (max. characters 700)

**Assistance with Increasing Employment Income**

Describe how your agency will assist program participants with access to necessary training, skill development and employment opportunities. (max. characters 700)

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### **Linking to Mainstream Services**

Describe how your agency will ensure that program participants are assisted in obtaining mainstream services and eligible financial assistance, including health insurance, social services, education, and youth programs for which participants may be eligible. (max. characters 700)

*Examples include Social Security Income, Social Security Disability Income, SNAP assistance (food stamps), Section 8, etc. If your agency serves homeless families with children or unaccompanied youth, also describe how your agency ensures that children are enrolled in school, connected to appropriate services, and aware of their eligibility for McKinney-Vento education services.*

### **Implementation of Housing First Principles**

Describe how your agency is implementing principles of Housing First into your program. (max. characters 700)

## **ALL PROJECTS:**

### **Statement of Work (Includes HMIS and Coordinated Entry)**

Provide a Statement of Work that defines project specific (not agency-wide) activities and deliverables. If multiple sub-populations are served by the project, describe specific activities and deliverables based on the different sub-populations. (max. characters 3000)

Include the following, when applicable:

- Housing and service activity plan of action to be provided (including whether services will be provided by project staff or by partnering entities).
- Staff who will be involved in the project implementation.
- Explanation of how your organization will involve homeless persons, to the maximum extent practicable, in the operations of the CoC-funded project.
- If your agency does not currently participate in the HCCSC's HMIS and Coordinated Entry System, please detail where your agency is currently at in the process of becoming a user/partnering agency.

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**V. BUDGET**

**RENEWAL PROJECTS ONLY**

**Per TWO most recently submitted APRs identify total funding award and total expended at grant end. (NOTE: For 5 year S+C grants FY may not align with 2013 or 2014 but please include total funds expended as reported on APRs submitted for operating years ending in CY2016 and CY2017):**

FY2015 (operating end date in CY2017): Total Funding Award:  
Total Funds Expended:

FY2016 (operating end date in CY2018): Total Funding Award:  
Total Funds Expended:

**ALL PROJECTS**

**1. PROJECT TYPE AND SUMMARY BUDGET**

	<b>CoC Funding</b>	<b>Other Sources</b>	<b>Total</b>
<b>Leasing</b>	\$	\$	\$
<b>Rental Assistance</b>	\$	\$	\$
<b>Operating</b>	\$	\$	\$
<b>Supportive Services</b>	\$	\$	\$
<b>HMIS</b>	\$	\$	\$
<b>Administration</b>	\$	\$	\$
<b>Total</b>	\$	\$	\$

**2. COST PER PERSON SERVED**

CoC Funding Request	
Total Project Budget	
CoC Request as % of Project Budget (item 1 divided by item 2)	
Unduplicated # of Participants to be Served	
Total Project Costs Per Participant (item 2 divided by item 4)	
Total CoC Cost Per Participant (item 1 divided by item 4)	

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**Detailed Budget Tables** (All budget tables include a 12-month period)

**3. LEASING BUDGET DETAIL**

*To be completed only if requesting leasing funds*

	Number of Units/Structures	Funds Requested (1 year)
Leased Units		
Leased Structures		

**Project Location:** List the addresses of each of the leased units/structures

# Units	Size of unit (efficiency, 1 bedroom, etc)	Location

**4. OPERATING BUDGET**

*To be completed only if requesting operating funds*

	Eligible Costs	Explanation of Line Item (limit 400 characters)	CoC Request 1 Year
1	Maintenance/Repair		
2	Property taxes and insurance		
3	Replacement Reserve		
4	Building security		
5	Electricity, gas, water		
6	Furniture		
7	Equipment ( <i>lease/buy</i> )		
	<b>Total OPERATING Request</b>		

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**5. SUPPORTIVE SERVICES BUDGET**

*To be completed only if requesting supportive services funds*

	<b>Eligible Costs</b>	<b>Explanation of Line (limit 400 characters)</b>	<b>CoC Request 1 year</b>
1	Assessment of Service Needs		
2	Assistance with Moving Costs		
3	Case Management		
4	Child Care		
5	Education Services		
6	Employment Assistance		
7	Food		
8	Housing/Counseling Services		
9	Legal Services		
10	Life Skills		
11	Mental Health Services		
12	Outpatient Health Services		
13	Outreach Services		
14	Substance Abuse Treatment Services		
15	Transportation		
16	Utility Deposits		
17	Operating Costs		
	<b>Total Supportive Service request</b>		

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**6. CONTINUUM OF CARE PROGRAM SUMMARY BUDGET**

<b>Eligible Costs</b>	<b>Annual Assistance Requested</b>
1a. Leased Units	
1b. Leased Structures	
2. Short-term/Medium-term Rental Assistance (RRH)	
3. Long-term Rental Assistance (PSH)	
4. Supportive Services	
5. Operating Assistance	
6. HMIS	
7. Sub-total Costs Requested (equals #1 - #6)	
8. Admin (Up to 10%)	
9. Total CoC Assistance plus Admin Requested (equals #7 + #8)	
10. Cash Match	
11. In-Kind Match	
12. Total Match (equals #10 + #11)	
13. Total Budget (equals #9 + #12)	
14. Total Leverage Funding	

**7. Project Match:** *(Must be 25% of total being applied for, minus leasing but including admin)*

<b>Type of Contribution</b>	<b>Activities Covered</b> (NOTE: Must be eligible CoC Program activities)	<b>Source of Contribution</b>	<b>(G) Government or (P) Private</b>	<b>Value of Commitment</b>	<b>Cash or In-Kind</b>
<b>Example: Guest Presenters</b>	<b>Example: Life Skills</b>	<b>Handy-maids</b>	<b>P</b>	<b>\$1,000</b>	<b>In-Kind</b>
<b>Total</b>					



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**Match Documentation to Be Submitted with either Local and/or Esnaps Application:**

**ALL PROJECTS -**

- HUD has typically required letters of match commitment to be dated within 60 days of the CoC application deadline and attached to project applications within esnaps.
- Letters of commitment should also be kept on file for HUD/CoC monitoring, and financial records MUST document that sources of match were received and that they were expended on eligible CoC Program activities applicable to the project.
- Please note that for any In-Kind Match sources a Memorandum of Understanding (MOU) must be in place, prior to grant execution, which meets all HUD requirements as outlined in 24 CFR part II 578.73 (c).

**RENEWAL PROJECTS ONLY:**

Applicant must certify, by signing in box below, that all previous sources of match funding are secure for the renewal grant and/or alternative sources of match have been secured and that letters of commitment will be attached to the application in esnaps if the project is approved for the Priority Listing.

***Signature Required -***

**NEW PROJECTS ONLY:**

Applicant must submit documentation of committed and/or pending match funding with this application as detailed below:

- **Committed match sources** - signed grant agreements, award letters/notifications, or letters of commitment covering the match to be received for the project and expended during the operating year of the FY2019 CoC grant if awarded (The 12-month operating year should begin sometime in 2019 and end in 2020.).
- **Pending match sources** - written and dated correspondence with source of pending match, which specifies amount being requested (as identified above) and confirms that the pending match is being requested for the project applying for CoC funds and for use during the operating year of the FY2019 CoC grant if awarded.

*Further guidance on match can be found below.*

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Eligible sources of match are specifically referenced in the General Section of HUD's FY2018 NOFAs, available on HUD's website at: **www.hudexchange.info**

Applicants must provide a match for all CoC funds for which they are applying (including funds to cover administrative expenses), except those requested for support of leasing expenses. The required match must be satisfied by cash or in-kind contributions of 25 percent of the CoC funds requested (excluding leasing funds). The matching contributions may come from any source, including any other federal source with the exception of other Continuum of Care Program funds, as well as state, local, and private sources, provided that no statute prohibits use of the funds as a match. It is the responsibility of the recipient to ensure that any funds used to satisfy the matching requirements are eligible for such use. Furthermore, the recipient acknowledges that the matching funds noted above are to be used solely to satisfy Continuum of Care Grant match requirements and will not be used as a match for any other grants.

Renewal projects will be required to have new written commitment letters on file each time they are renewed. Every commitment letter must be signed and dated by an authorized representative of the organization making the commitment, and contain, at minimum, the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and sponsor organization to which the contribution will be given; and the date the contribution will be available.

Written agreements could include signed letters, memoranda of agreement, memoranda of understanding, and other documented evidence of a commitment. **The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project and cannot be claimed again in another year.**

By signing below, I, \_\_\_\_\_ (name/job title), affirm that I am an authorized representative of \_\_\_\_\_, and hereby verify that I have read and understand all eligibility guidelines and applicable laws mentioned above regarding the use of matching funds.

ACCEPTED AND AGREED BY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

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**VI. Participation with the HCCSC and Commitment to Staff Development**

1. Please identify staff involved in this project? (Please list names below)
  
2. Describe agency and staff related to this project’s membership on HCCSC, committees and/or other relevant workgroups in the community.
  
3. Check all of the HMIS hosted trainings that were attended by at least one relevant staff person working on this project:

Project Type Meetings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff who attended: _____
Agency Meetings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff who attended: _____
Privacy and Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff who attended: _____
SPDAT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff who attended: _____
Local Administrator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff who attended: _____

4. Please briefly describe any other trainings relevant to the project that project staff attended between CY2018-CY2019. (max. 1,000 characters)

By signing below, I, \_\_\_\_\_ (name/job title), affirm that I am an authorized representative of \_\_\_\_\_, and hereby verify that I have read and understand all eligibility guidelines and applicable laws mentioned above in this application. By signing and submitting this application, I certify that the statements / information contained in this application are true, complete, and accurate to the best of my knowledge. **I am aware that any false, fictitious, or fraudulent statements or claims may result in the application being withdrawn from the FY2019 CoC Application.**

ACCEPTED AND AGREED BY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

2019 CONTINUUM OF CARE LOCAL APPLICATION COMPETITION

AGENCY:

PROJECT NAME:

**Please complete and return to Marcie Bragg by  
4pm on Friday, May 31, 2019  
along with the following:**

**NEW PROJECTS ONLY (if agency does not hold a current CoC grant)**

- Most recent audited financials and Form 990 that are available
- When audited financials and Form 990 do not account for most recently completed fiscal year, also submit unaudited financial statements for that most recently completed fiscal year.
- A table of organization for your agency and any sub-grantees
- A list of the agency's board members and position in the community
- The Agency's board meeting schedule for the previous year that notes which board members attended

**RENEWAL PROJECTS ONLY**

- Most recently submitted APR
- All amendments to a renewal project requested/approved since the submission of the 2018 CoC application
- A list of the agency's board members and position in the community
- The Agency's board meeting schedule for the previous year that notes which board members attended
- Past and/or current programmatic audits (at local, state, and/or federal levels) and/or documentation for corrective actions to programmatic audits
  - ✓ Please provide documentation of funders approval of corrective actions outlined in the programmatic audit

**Information included in this application must be accurately reflected in the FY2019 application to HUD in eSnaps if approved by the HCCSC. Failure to do so will be seen as fraudulent and may result in the application being withdrawn from the FY2019 CoC Application.**