Appendix E. Project Application

Three County Continuum of Care
New and Renewal Project Application Packet 2025

Instructions:
Please complete this application for each project you are applying for. For example, if you are submitting a renewal application and a new application, please submit two applications.

The Three County CoC reserves the right to ask for additional documentation for new applicants to determine threshold eligibility, if needed.

Please return this form and the requested additional documents to Shaundell Diaz via email at sdiaz@communityaction.us by 5:00pm on December 12, 2025.

The Continuum of Care reserves the right not to review late or incomplete applications or those in which applicants don't meet threshold eligibility requirements – though will consider applications that have limited additional needs for completion. All fully complete applications which are eligible will be forwarded to the CoC Ranking and Evaluation Committee for review.

Applicants should carefully read the RFP requirements, the CoC FY25 NOFO, and review the scoring sheet before drafting answers to ensure they are compliant and highlight key areas.

There are no character limits to the questions in the application.

Please email questions regarding the RFP and application to Shaundell Diaz at sdiaz@communityaction.us

I. Agency Information:

Agency Name:	
Primary Contact Name:	
Primary Contact Email address:	
Primary Contact phone number:	
Agency Address:	
Project Name:	

This application is for:

☐ A renewal project

If this is a renewal project and it isn't funded due to the limited availability of funding for renewal projects, are you submitting a new project application also?

☐ Yes ☐ No

☐ A new project (check off below if applicable)

☐ Expansion Grant (Expanding an existing renewal project)

☐ Transition Grant (Transitioning an existing renewal project to a new project)

II. HUD Threshold Criteria

1. Is your organization an eligible project applicant for the CoC Program Competition as found in 24 CFR 578.15 and in the Act, which includes nonprofit organizations, faith-based organizations, local governments, instrumentalities of the state and local governments, Indian Tribes, and TDHE?	☐ Yes ☐ No
2. 2. Match Contribution: 24 CFR 578.73 of the Rule requires that recipients must match all grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources. Are you able to provide a match letter documenting no less than 25 percent of funds from other sources?	☐ Yes ☐ No
4. Does your agency have a SAM.gov registration and valid UEI? *If YES - please provide it:*	☐ Yes ☐ No
5. Does the agency have any outstanding delinquent federal debt? *IF YES- please explain any delinquent federal debt:*	☐ Yes ☐ No

6. Is your agency under debarment or suspension from doing business with the Federal Government and/or on the Federal do not pay list?	☐ Yes ☐ No
7. Has your agency updated its Code of Conduct so that it is compliant with 2 CFR Part 200 and submitted to HUD?	☐ Yes ☐ No
8. Does the agency have an independent financial audit completed within 6 months of the end of the fiscal year or audited financial statements? Did you have any material findings in your most recent audit? *If yes, please explain*	☐ Yes ☐ No
9. Is your organization in compliance with the prohibition against lobbying Section 1352, Title 31, U.S. Code?	☐ Yes ☐ No
10. Does your agency have any unresolved Fair Housing or Civil Rights matters? *IF YES- please explain any unresolved Fair Housing or Civil Rights matters:*	☐ Yes ☐ No
11. Does the project expect to charge indirect costs to the award? If so, you will need to submit the Indirect Cost Rate Certification form (HUD-426) with your application in e-snaps.	☐ Yes ☐ No

III. Three County CoC Threshold Criteria

1. Does the agency have experience receiving federal or state funding to operate similar programming?	☐ Yes ☐ No
2. Will this project serve people experiencing homelessness in Berkshire, Hampshire, or Franklin Counties?	☐ Yes ☐ No
3. Which HUD categories of homelessness will this project serve? Please refer to the list found in the document here- CoC and ESG Homeless Eligibility - Four Categories in the Homeless Definition - HUD Exchange	☐ Literally Homeless (Cat. 1) ☐ Imminent Risk of Homelessness (Cat. 2) ☐ Homeless Under Other Federal Statutes (Cat. 3, requires requesting permission from HUD) ☐ Fleeing/Attempting to Flee Domestic Violence (Cat. 4)
4. Does the agency provide due process to clients who are asked to leave any program?	☐ Yes ☐ No

5. Does the agency comply with Public Law 90-284 referring to the Fair Housing Act (42 USC 3601-20), as amended?	☐ Yes ☐ No
6. Does your organization comply with HUD directives regarding Equal Access to Housing Docket Number: HUD-2015- 0104; Docket Name: FR–5863–P–01?	☐ Yes ☐ No
7. Does your agency comply with the Violence Against Women Act requirements in the Housing Chapter of VAWA, 34 U.S.C. 12491-12496, 24 CFR part 5, subpart L, and program-specific regulations, if applicable?	☐ Yes ☐ No
8. Does the agency agree to collect/enter the data from funded homeless projects into the local HMIS and provide required information for reporting to HUD? (Or for VSPs, a comparable database)	☐ Yes ☐ No
9. Does the agency agree to participate in and coordinate all program referrals for this project through the Coordinated Entry Process?	☐ Yes ☐ No

_____ _____

Signature of Agency Representative Date

IV. Project Application

1. Please describe the project you are applying for. Include whether it is a renewal or new project, the location of the project, the which component you are applying for (PH-PSH, PH-RRH, Joint Component, Transitional Housing, Supportive Services Only Stand alone or Street Outreach) and any special populations (YHDP, DV). Include the number of households and beds the project anticipates to serve. Describe the extent of need for this type of project for the proposed populations it will serve and demonstrate how this project will fill that gap. Include performance measures for housing and income that are objective, measurable, trackable and meet or exceed established HUD or CoC benchmarks. Please attach a summary budget for the project using the Budget Template in Appendix H.

2. Describe your organization's experience in effectively utilizing federal funds and performing the activities proposed in the application. Please include details on your organization's experience in working with the proposed population and in providing housing and services similar to those proposed in the application. For example, DV Bonus project applicants should demonstrate successful performance in serving survivors of domestic violence, dating violence, sexual assault, or stalking, and ability to house survivors and meet safety outcomes.

3. Will this project utilize the Coordinated Entry system for all program participant referrals and maintain a commitment to equity in housing placement and participants served?

   ☐ Yes ☐ No

4. Will the project coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

   ☐ Yes ☐ No

5. Will program participants be assisted in increasing employment and/or income and maximizing their ability to live independently?

   ☐ Yes ☐ No

6. Will program participants be assisted in obtaining and remaining in permanent housing that is safe, affordable, accessible, and acceptable to their needs?

   ☐ Yes ☐ No

7. Will the project require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment in line with 24 CFR 578.75(h)? *A copy of the supportive service agreement will be required prior to e-snaps submission*.

   ☐ Yes ☐ No

8. Will the project have substance use treatment available on-site?

   ☐ Yes ☐ No

9. Will the project require program participants to take part in substance use treatment services as a condition of continued participation in the program?

   ☐ Yes ☐ No

V. Questions for New Projects Only

1. New Transitional Housing projects must describe how the project will meet the criteria set forth in the NOFO Section V.A.4.a.and described in Appendix B, Part B.

2. New Supportive Services projects must describe how the project will meet the criteria set forth in the NOFO Section V.A.4.b. or V.A.4.c. and described in Appendix B, Part B.

3. If this is a Transition grant, describe how the project will utilize the CoC's Move-On policy to transition existing participants into non-CoC permanent housing, and the plan to effectively transition to the new project component within 12 months.

4. If this is a new grant, please describe the plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant.

5. Will this project leverage housing resources with housing subsidies or units not funded through the CoC or ESG program?

☐ Yes ☐ No

6. Will this project leverage health resources, including a partnership commitment with a healthcare organization?

☐ Yes ☐ No