**Appendix F. New Project Application**

Three County Continuum of Care

New Project Application Packet 2023

**Instructions:**

Complete the following form for the Application process and return with the following to the Three County CoC for a complete application (please note that the CoC may request additional documentation relevant to answers within this application):

1. A copy of applicant’s two most recent annual audited financial statements.

2. A Match letter on agency ***letterhead*** and signed by an ***authorized signer***.

Please return this form and the requested additional documents to Katie Dwan via email at [kdwan@communityaction.us](mailto:kpereira@communityaction.us) by 8:00pm on **August 29, 2023.**

* 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 a Project Selection team for review.
* Applicants should carefully read the RFP requirements, the CoC FY23 NOFO, and review the scoring sheet before drafting answers to ensure they are compliant and highlighting key areas.
* Please email questions regarding the RFP and application to Katie Dwan via email at [kdwan@communityaction.us](mailto:kpereira@communityaction.us)
* There are no character limits to the questions in the application.

|  |  |  |
| --- | --- | --- |
| Agency Name: Program Name (If applicable): | | |
| New Project Type: | | |
| **Primary Contact Information for Agency Component** | | |
| Primary Agency Contact Name: | Title: | |
| Email Address: | Phone: | |
| **AGENCY INFORMATION** | | |
| 1. What is your total FY2022 agency budget? | | $ . |
| 2. What percentage of your overall budget is Federal Funding? | | % |

|  |  |
| --- | --- |
| **HUD THRESHOLD** | |
| 1. **Does the agency provide for the participation of MORE than one homeless or formerly homeless individual on the board of directors or other equivalent policymaking entity?** | Yes - Board  Yes - Other  No |
| ***1a. IF “yes, other,”*** *please describe the entity, its nature, and how they participate?*  ***1b. IF NO****- explain how you plan to engage in this expectation?* |  |
| 1. **Does your agency or program have a relational process for receiving and incorporating feedback from persons with lived experience?** | Yes   No |
| ***2a. IF YES-*** *Please explain the process:* |  |
| 1. **Does the agency have an independent financial audit completed within 6 months of the end of the fiscal year?** | Yes  No |
| 1. **Does your agency have a SAM.gov registration? Please list it:** | Yes  No |
| 1. **Does your agency have an active DUNS number? Please list it:** | Yes  No |
| 1. **Does the agency have experience with receiving federal funding to operate similar programming?** | Yes  No |
| ***6a. IF YES-*** *please describe the agency’s experience:* |  |
| 1. **Does the agency have any delinquent federal debt?** | Yes  No |
| ***7a. IF YES****- please explain any delinquent federal debt:* |  |
| 1. **Does the agency provide clients with specialized resources to meet the unique needs of clients with physical, cognitive, or behavioral disabilities and provides reasonable accommodations for clients with linguistic and/or cultural challenges? (I.e. ramps, Spanish language forms, etc.)** | Yes  No |
| ***8a. IF YES****- please explain any specialized resources and reasonable accommodations available:* |  |
| 1. **Will this project serve people experiencing homelessness in Berkshire, Hampshire, or Franklin Counties?** | Yes  No |
| **9a. 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](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/) | 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) |
| 1. **Does the agency provide due process to clients who are asked to leave any program?** | Yes  No |
| 1. **Does the agency comply with Public Law 90-284 referring to the Fair Housing Act (42 USC 3601-20), as amended** | Yes  No |
| 1. **Does your agency have any unresolved Fair Housing or Civil Rights matters?** | Yes  No |
| ***12a. IF YES****- please explain any unresolved Fair Housing or Civil Rights matters:* |  |
| 1. **Has your agency updated its Code of Conduct so that it is compliant with 2 CFR Part 200 and submitted to HUD** | Yes  No |
| 1. **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 |
| 1. **Is your organization in compliance with the prohibition against lobbying Section 1352, Title 31, U.S. Code?** | Yes  No |
| 1. **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 |
| 1. **Does your agency have any other non-HUD funded homeless projects?** | Yes   No |
| 1. **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 |
| 1. **Does the agency agree to prioritize participants for this project through the Coordinated Entry Process?** | Yes  No |

**Additional Threshold Questions For Current or Previous CoC or other Federally or State Funded Projects Applying for New Funding**

*(The following questions will not be included in the decision regarding meeting Threshold requirements, but may be followed up on with interest for further documentation, if your agency is chosen by the project selection team)*

1. **Have you returned any funds to HUD (or other federal government agency) or the state on any existing grants in the last two years?** 
   1. Yes  No
   2. ***IF YES****- how much has been returned?*
   3. ***AND*** *what is the reason that the funds have been returned?*
   4. ***AND*** *what actions are you taking to ensure full spending****?***
2. **Do you have any outstanding obligation to HUD, other federal or state agencies that is in arrears or for which a payment schedule has not been agreed upon?** 
   1. Yes  No
   2. ***IF YES-*** *how much has been returned?*
   3. ***AND*** *what is the reason that the funds have been returned?*
   4. ***AND*** *what actions are you taking to ensure full spending?*
3. **(If applicable) Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years?** 
   1. Yes  No
   2. ***IF NO-*** *what is the reason that the funds have not been drawn down?*
   3. ***AND*** *what actions are you taking to ensure timely draw down?*
4. **(If applicable) Have you submitted on time Annual Progress Reports (APRs) for all HUD CoC grants in the last two years?** 
   1. Yes  No
   2. **IF NO-** what is the reason that APRs were late?
   3. ***AND*** *what actions are you taking to ensure timely submission?*
5. **Attachments:**
   1. **Submit 1 copy of the applicant’s two most recent annual financial statements prepared by an Independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP) (USA).** Each copy shall include all applicable financial statements, auditor's reports, management letters, and corresponding reissued components.
   2. **Submit a match letter with the following: Amount of cash or in-kind to be provided to the recipient for the project and the source; specific date the cash will be made available; The actual grant and fiscal year to which the cash match will be contributed; Time period during which funding will be available; and Allowable activities to be funded by the cash match.** - *Please note: In general, program participant mainstream benefits are not considered match in the CoC Program because the benefits are not committed to the recipient/subrecipient for the activities funded through the project. Instead, benefits are provided to the program participant and are based on program participant eligibility for that program.*

**After reading the following link, are there any additional disclosures your agency should provide in response? Please include those in the space below**. <https://www.hud.gov/sites/dfiles/SPM/documents/ELIG-REQS-GRANTS-2018v2.pdf>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Agency Representative Date

|  |  |
| --- | --- |
| 1. **New Project Application - Funding Request** | |
| 1. **Will it be feasible for the project to enter grant agreement between July 1, 2024 and September 15, 2025?** | Yes   No |
| 1. **What type of CoC funding is this project applying for in this CoC Program Competition?** | CoC Bonus  DV Bonus  Reallocation  Reallocation & CoC Bonus |
| 1. **Does this project propose to allocate funds according to an indirect cost rate?** |  Yes   No |
| 1. **Select the costs for which funding is requested, see the chart of “Possible Component Types and Eligible Activities” below for eligible activities by component type:** | Leased Units  Leased Structures  Rental Assistance  Supportive Services  Operating  HMIS  Acquisition/Rehabilitation/New Construction |
| 1. **Is your organization a victim service provider defined in 24 CFR 578.3?** | Yes  No |
| 1. **Will the funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** | Yes  No |
| 1. **Will this project include replacement reserves in the Operating budget?** | Yes  No |
| 1. **Are you requesting CoC Program funds for construction costs in this application?** | Yes  No |
| 1. **Is this a “Project Expansion” of an eligible renewal project?** | Yes  No |
| 1. **Is this project 100% Dedicated or DedicatedPLUS?** | 100% Dedicated  DedicatedPLUS |

**Possible Component Types and Eligible Activities**

|  |  |  |
| --- | --- | --- |
| **PH (PSH)** | **PH (RRH)** | **Joint TH/PH-RRH** |
| Acquisition/ Rehabilitation/New Constructions |  |  |
| Leased Units |  | Leased Units |
| Leased Structures |  | Leased Structures |
| Rental Assistance | Rental Assistance | Rental Assistance |
| Supportive Services | Supportive Services | Supportive Services |
| Operations |  | Operations |
| HMIS | HMIS | HMIS |

**Acquisition/ Rehabilitation/New Construction Budget Detail**

*For each structure, enter the following information:*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Structure** | **Street Address 1** | **Street Address 2** | **City** | **State** | **Zip Code** | **Acquisition Assistance Requested** | **Rehabilitation Assistance Requested** | **New Construction Assistance Requested** | **Total Assistance Requested** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Leased Units Budget Detail**

*Please enter the number of units of each bedroom size for which the project is requesting leased units assistance and the rent to be paid by the CoC Program grant each month per unit. This “HUD Paid Rent” column cannot exceed the FMR amount (FMR by location can be identified at this link:* [FY 2023 $fmrtype$ Fair Market Rents Documentation System — Select Geography (huduser.gov)](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2023_code/select_Geography.odn)

|  |  |  |  |
| --- | --- | --- | --- |
| **Size of Units** | **Number of units** | **HUD Paid Rent** | **Total Request = number of units \* HUD Paid Rent \* 12** |
| **SRO** |  |  |  |
| **0 Bedroom** |  |  |  |
| **1 Bedroom** |  |  |  |
| **2 Bedroom** |  |  |  |
| **3 Bedroom** |  |  |  |
| **4 Bedroom** |  |  |  |
| **5 Bedroom** |  |  |  |
| **6 Bedroom** |  |  |  |
| **7 Bedroom** |  |  |  |
| **8 Bedroom** |  |  |  |
| **9 Bedroom** |  |  |  |

**Rental Assistance Budget Detail**

**Type of Rental Assistance:**

Project-Based

Tenant-Based

Sponsor-Based

*Please enter the number of units of each bedroom size for which the project is requesting rental assistance and the rent to be paid by the CoC Program grant each month per unit. This “HUD Paid Rent” column cannot exceed the FMR amount (FMR by location can be identified at this link:* [FY 2023 $fmrtype$ Fair Market Rents Documentation System — Select Geography (huduser.gov)](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2023_code/select_Geography.odn)

|  |  |  |  |
| --- | --- | --- | --- |
| **Size of Units** | **Number of units** | **FY2023 FMR** | **Total Request = number of units \* FMR \* 12** |
| **SRO** |  |  |  |
| **0 Bedroom** |  |  |  |
| **1 Bedroom** |  |  |  |
| **2 Bedroom** |  |  |  |
| **3 Bedroom** |  |  |  |
| **4 Bedroom** |  |  |  |
| **5 Bedroom** |  |  |  |

**Supportive Services Budget Detail**

*Please complete the following table describing the quantity and description of any supportive services for which assistance is requested. For a description of the categories listed in this table, please review the CoC Program interim rule at* [2016-22589.pdf (govinfo.gov)](https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22589.pdf):

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity AND Description** | **Annual Assistance Requested** |
| **Assessment of Service Needs** |  |  |
| **Assistance with Moving Costs** |  |  |
| **Child Care** |  |  |
| **Education Services** |  |  |
| **Employment Assistance** |  |  |
| **Food** |  |  |
| **Housing/Counseling Services** |  |  |
| **Legal Services** |  |  |
| **Life Skills** |  |  |
| **Mental Health Services** |  |  |
| **Outreach Services** |  |  |
| **Substance Abuse Treatment Services** |  |  |
| **Transportation** |  |  |
| **Utility Deposits** |  |  |
| **Operating Costs** |  |  |
| **Total Annual Assistance Requested** |  |  |

**Operating Budget Detail**

*Please complete the following table describing the quantity and description of any operating items for which assistance is requested. For a description of the categories listed in this table, please review the CoC Program interim rule at* [2016-22589.pdf (govinfo.gov)](https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22589.pdf)**:**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity AND Description** | **Annual Assistance Requested** |
| **Maintenance/Repair** |  |  |
| **Property Taxes and Insurance** |  |  |
| **Replacement Reserve** |  |  |
| **Building Security** |  |  |
| **Electricity, Gas, and Water** |  |  |
| **Furniture** |  |  |
| **Equipment (lease, buy)** |  |  |
| **Total Annual Assistance Requested** |  |  |

**HMIS Budget Detail**

*Please complete the following table describing the quantity and description of any HMIS items for which assistance is requested. For a description of the categories listed in this table, please review the CoC Program interim rule at* [2016-22589.pdf (govinfo.gov)](https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22589.pdf)**:**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity AND Description** | **Annual Assistance Requested** |
| **Equipment** |  |  |
| **Software** |  |  |
| **Services** |  |  |
| **Personnel** |  |  |
| **Space & Operations** |  |  |
| **Total Annual Assistance Requested** |  |  |

**Sources of Match**

**Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?**

Yes  No

***IF YES-*** *Briefly describe the source of the program income AND estimate the amount of program income that will be used as Match for this project:*

**Match Detail (25% of overall budget, less any leasing funds)-** For each source, please enter the following information (must be for eligible activities):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Source (Be as specific as possible)** | **Cash or In-Kind?** | **Private or Government Contribution?** | **Amount of Written Commitment ($)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Summary Budget**

**Please complete the following table describing the funding requested for each year of the grant term:**

|  |  |
| --- | --- |
| **Eligible Costs** | **Total Assistance Requested for Grant Term** |
| **Acquisition** |  |
| **Rehabilitation** |  |
| **New Construction** |  |
| **Leased Units** |  |
| **Leased Structures** |  |
| **Rental Assistance** |  |
| **Supportive Services** |  |
| **Operating** |  |
| **HMIS** |  |
| **Sub-total Costs Requested** |  |
| **Admin** |  |
| **Total Assistance Plus Admin Requested** |  |
| **Cash Match** |  |
| **In-Kind Match** |  |
| **Total Match** |  |
| **Total Budget** |  |

**See below for additional rating criteria that will be included for New Projects in terms of meeting threshold expectations. Keep in mind as you complete the following questions.**

**HUD’s New Project Rating**

**Permanent Supportive Housing or Rapid Rehousing**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Response Found** | **HUD’s Point Structure\*** |
| Demonstrates type of housing proposed, including the number of configuration and units, will fit the needs of program participants (e.g., two or more bedrooms for families). | *Three County CoC New Project Application – C1a, C1b* | 1 |
| Demonstrates that the type of supportive services offered to program participants will ensure successful retention in or help in obtaining PH, including all supportive services regardless of funding source. | *Three County CoC New Project Application – C1c* | 1 |
| Plan for ensuring program participants will be individually assessed to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply meet the needs of program participants (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education, etc.) | *Three County CoC New Project Application – C1d, C12, C13, C14* | 1 |
| Demonstrates program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g. provides the participants with some type of transportation to access needed services, safety planning, case management, and additional assistance to ensure retention of PH). | *Three County CoC New Project Application – C10* | 1 |

\*As identified in the NOFO

**Joint Transitional Housing/Rapid Re-Housing**

|  |  |  |
| --- | --- | --- |
| **Criteria (in addition to all criteria listed in the PSH/RRH chart above)** | **Response Found** | **HUD’s Point Structure\*** |
| Demonstrates that the proposed project will provide enough rapid rehousing assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing. This may be demonstrated by identifying a budget that has twice as many resources for the rapid rehousing portion of the project than the TH portion, by having twice as many PHRRH units at a point in time as TH units, or by demonstrating that the budget and units are appropriate for the population being served by the project. | *Three County CoC New Project Application – C19* | 1 |
| The project adheres to a housing first model as defined in Section III.B.2.o of this NOFO. | *Three County CoC New Project Application – C5, C6* | 1 |

\*As identified in the NOFO

1. **Experience**
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.**

Response:

1. **Describe your organization’s experience in leveraging Federal, State, local and private sector funds.**

Response:

1. **Describe your organization’s financial management structure.**

Response:

1. **Describe experience with using a Housing First approach**. Include: 1) Eligibility criteria; 2) Process for accepting new clients; and 3) Process and criteria for exiting clients. *Must demonstrate there are no preconditions to entry, allowing entry regardless of past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.*

Response:

1. **Design and Capacity of Housing and Supportive Services**
2. **Provide a description that addresses the entire scope of the proposed project. Please be sure to describe the extent to which this project:**
   1. Demonstrates understanding of the needs of the clients to be served;
   2. Demonstrates that type, scale and location of the housing fits the needs of the clients to be served.
   3. Demonstrates that the type and scale of all the supportive services, regardless of funding source, meets the needs of clients to be served;
   4. Demonstrates how clients will be assisted in obtaining mainstream benefits;
   5. Establishes performance measures for housing and income that are objective, measurable, trackable and meet or exceed established HUD or CoC benchmarks;
   6. Demonstrates coordination in creation of housing or services;

Response:

1. **Will the project move participants quickly into permanent housing (within 30 days)? (CoC Local Priority)**

Yes  No

**2a. IF YES- Explain how participants will be moved into permanent housing quickly. Some examples of strategies include agreements with landlords or housing authorities, housing units included in project design, and projects which use a current inventory for housing.**

Response:

1. **If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the agency to develop and maintain the property using CoC Program funds.**

Response:

|  |  |
| --- | --- |
| 1. **Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)** | |
| N/A – Project Serves All Subpopulations  Veterans  Youth (under 25)  Families  Domestic Violence | Substance Abuse  Mental Illness  HIV/AIDS  Chronic Homelessness  Other  If Other, please explain: |
| 1. **Will the project enroll program participants who have the following barriers? (Select ALL that apply)** | |
| Having too little or little 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 prevent program participant termination for the following reasons? (Select ALL that apply)** | |
| 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 not covered in a lease agreement typically found for unassisted persons in the project’s geographic area  None of the above |

1. **Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?**

Yes  No

***7a. IF YES*** *– Explain how and why the project will implement this requirement.*

Response:

1. **Will more than 16 persons live in a single structure?**

Yes  No

***8a. IF YES-*** *Describe the local market conditions that necessitate a project of this size:*

***8b. AND*** *Describe how the project will be integrated into the neighborhood:*

1. **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.**

Response:

1. **Describe how program participants will be assisted to rapidly obtain and remain in permanent housing that is safe, affordable, accessible, and acceptable to their needs.**

Response:

1. **Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.**

Response:

1. **Will the project include:**
   1. **Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?**

Yes  No

* 1. **Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?**

Yes  No

1. **Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?**

Yes  No

***13a. IF YES*** *- Has the staff person technical assistance completed SOAR training in the past 24 months?*

Yes  No

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

Response:

1. **Please describe how this project leverages housing resources with housing subsidies or units not funded through the CoC or ESG program. (HUD Priority)**

Response:

1. **Please describe how this project leverages health resources, including a partnership commitment with a healthcare organization. (HUD Priority)**

Response:

|  |  |
| --- | --- |
| 1. **Indicate the maximum number of units and beds available for program participants.** | |
| **Total Units:** | **Total Beds:** |

1. **How many of the beds entered above are dedicated to persons experiencing chronic homelessness?**

**Total CH Dedicated Beds:**

1. **FOR JOINT TH-RRH APPLICATIONS ONLY- (HUD Priority)** *Joint TH-RRH projects must be able to accommodate client choice of entering TH or RRH, and for anyone in TH to move to RRH if they would like. This means that Joint Component TH-RRH Projects must have twice the RRH capacity as TH.* ***Please indicate the inventory available for each portion:***

|  |  |
| --- | --- |
| **Transitional Housing Units:** | **Rapid Re-Housing Beds:** |
| **Transitional Housing Beds:** |  |

1. **Timeliness**
2. **Following the plan for Project Milestones identified in the New Project application on *esnaps*, please describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant.**

Response:

1. **Equity Factors – Agency Leadership, Governance, and Policies**
2. **Please describe how this project will include under-represented individuals in managerial and leadership positions.**

Response:

1. **Please describe the scope of representation of people with lived in experience in this project, including Board of Director’s Representation and the process for receiving and incorporating feedback from persons with lived experience.**

Response:

1. **Describe agency efforts that demonstrate agency policies and procedures have been evaluated with an equity lens/have developed anti-discrimination practices that demonstrate racial equity measures in service delivery; and which have been introduced in order to ensure safety, privacy, respect, and access regardless of gender identity or sexual orientation for LGBTQ+ persons (HUD & Local Priority):**

Response:

1. **Equity Factors – Program Participant Outcomes**
2. **Please describe the plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.**

Response:

**1a. *Does the agency agree to work with the HMIS Lead to review HMIS data with disaggregation by race, ethnicity, gender identity, and/or age?***

**Yes  No**

1. **Please describe a plan to review whether programmatic changes are needed to make program participant outcomes more equitable. If already implementing plan, describe findings from review.**

Response:

1. **Please share how this project will utilize the Coordinated Entry system for all program participant referrals and maintain a commitment to equity in housing placement and participants served.**

Response:

1. ***\*For DV Bonus Projects Only***
2. *(This question is informational only – provider/applicant does not HAVE to be a VSP)* **Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and use a comparable HMIS database that collects the same data elements? *If yes, what is the name of the database? If no, what is the plan for acquiring a database?***

Response:

1. **Demonstrate how the project will include victim-centered practices.** Points awarded will be based on the quality of the project’s plan to address the housing and safety needs of survivors by adopting victim-centered practices (e.g., Housing First, Trauma-Informed Care, Confidentiality) in operating their project and strategies identified to address and improve safety measures for this population. Full points will be awarded to project applicants that can demonstrate they are already adopting victim-centered practices.

Response:

1. **Demonstrate the project’s plan to include survivors with lived expertise in policy and program development.** Points awarded will be based on the project’s ability to demonstrate its plan to involve survivors in policy and program development throughout the project’s operation.

Response: