# Western PA CoC FY2024 New Project Preliminary Application (Annual CoC NOFO)

## Instructions

### ****Western PA Continuum of Care, PA-601********FY2024 CoC NOFO:  Preliminary New Project Application****

### ****Instructions:****

### Please complete all required questions within this survey to be considered for new project funding through the FY2024 CoC funding process of the Western PA Continuum of Care.

### *****NOTE: Only questions that apply to your selected project type will be displayed.*****

### You may click “Save and Continue” in the upper right-hand corner at any time to save your responses and return to complete at a later time- a link will be emailed to you to return to your responses. If you do not receive an email with link, email westerncoc@pennsylvaniacoc.org. HOWEVER, we highly recommend that you work on a hard copy of your responses first prior to entering your responses in Alchemer -- in case of a technical issue we do not want you to lose your work. A link to a hard copy of the application can be found in the RFP.

### Upon submission, a copy of your responses will be emailed to you for your records.

### If I have questions about this who should I contact? Send an e-mail to westerncoc@pennsylvaniacoc.org with the Subject Line “Question about New Project RFP” and staff from Diana T. Myers and Associates (DMA) will get back to you as quickly as possible.

## Preliminary Application

### ****Pre-Application Questions****

#### Did you attend or watch recording of the 2-part CoC New Project Training series in April 2024? <https://pennsylvaniacoc.org/resources/coc-new-project-training-sessions-april-2024-easternwestern-pa-cocs>\*

( ) Yes

( ) No

#### Did your organization participate in (optional) new project technical assistance with DMA (CoC consultant)?\*

( ) Yes

( ) No

### ****Applicant Information****

### 1. Agency Name\*

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

#### 2. Applicant Type:\*

( ) Non-profit organization

( ) State or local government

( ) Instrumentality of local government

( ) Public Housing Authority

( ) Other - Write In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 3. Contact Person\*

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

### 4. Phone Number\*

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### 5. Email Address\*

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

#### ****6. Counties your organization currently serves:****\*

[ ] Armstrong

[ ] Butler

[ ] Cameron

[ ] Clarion

[ ] Clearfield

[ ] Crawford

[ ] Elk

[ ] Forest

[ ] Fayette

[ ] Greene

[ ] Indiana

[ ] Jefferson

[ ] Lawrence

[ ] McKean

[ ] Mercer

[ ] Potter

[ ] Venango

[ ] Warren

[ ] Washington

[ ] Westmoreland

[ ] All of the above

[ ] None of the above

#### ****7. What type of project are you applying for?****

( ) Permanent Supportive Housing (PSH)

( ) Rapid Re-Housing (RRH)

( ) Transitional Housing/ Rapid Re-Housing Joint Component (TH-RRH)

#### ****8. Does the geography of the proposed project cover:****\*

( ) Single County

( ) Multiple Counties

( ) Entire RHAB

( ) Entire CoC

#### ****9. Specifically, which county/ies will the proposed project cover?  Check all that apply.****\*

[ ] Armstrong

[ ] Butler

[ ] Cameron

[ ] Clarion

[ ] Clearfield

[ ] Crawford

[ ] Elk

[ ] Fayette

[ ] Forest

[ ] Greene

[ ] Indiana

[ ] Jefferson

[ ] Lawrence

[ ] McKean

[ ] Mercer

[ ] Potter

[ ] Venango

[ ] Warren

[ ] Washington

[ ] Westmoreland

[ ] All of the above

#### ****10. This project must serve households that meet**** [Category 1 or 4 of HUD's Homeless Definition](https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf)****.  Do you intend to limit your program to any of the following subpopulations as part of your funding request (i.e., only serve the populations below in your project)?  Check below if you intend to limit your program to any of these subpopulations:**** \*

[ ] Veterans

[ ] Families (households with children)

[ ] Individuals/ Couples (households without children)

[ ] Youth (under age 25)

[ ] Domestic Violence

[ ] Substance Use

[ ] Mental Illness

[ ] HIV/ AIDS

[ ] None of the above – will serve all household types and subpopulations

### ****Expansions Grants and Transition Grants****

#### ****11. Are you applying for an expansion of a CoC grant that you are currently operating?****Only existing CoC grantees are eligible to apply for an expansion of an existing project. \*

( ) Yes

( ) No

**EXPANSIONS ONLY**

### ****11a. If yes, what program are you expanding? (Program Name and Grant Number)****\*

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**EXPANSIONS ONLY**

#### ****11b. What component of the program are you seeking to expand?****\*

[ ] Number of housing units

[ ] Supportive services

[ ] Other

**EXPANSIONS ONLY**

#### ****11c. If seeking to expand number of housing units/beds, please provide the following information:****(This question corresponds with esnaps screen 3C).\*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current Project** | **New Expansion (proposed numbers)** | **Total Current + Expansion** |
| Number of persons |  |  |  |
| Number of units |  |  |  |
| Number of beds |  |  |  |

**EXPANSIONS ONLY**

### ****11d. What is the justification for this expansion? Please include local quantitative data in response.****\*

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**EXPANSIONS ONLY**

#### ****11e. If seeking to expand supportive services, please indicate whether the expansion of supportive services includes the following:****\*

[ ] Increase number of or expand supportive services provided

[ ] Increase frequency or intensity of existing supportive services

**EXPANSIONS ONLY**

### ****11f. Please provide more detail regarding the supportive services expansion request, including a justification for this expansion, local quantitative data to support the request and relevant case management ratios.****2,000 character limit(This question corresponds with esnaps screen 3C).\*

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**EXPANSIONS ONLY**

### ****11g. If seeking to expand a component other than number of housing units or supportive services, please explain what you are seeking to expand, the justification for this expansion and local quantitative data to support the requested expansion.****\*

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**EXPANSIONS ONLY**

#### ****11h. What amount of additional funds are you applying for?****Please fill out chart below with existing budget (from [FY24 GIW](https://www.hud.gov/program_offices/comm_planning/coc/competition/giws); or if you submitted a GIW change please input information based on the revised budget information), new expansion budget line items, and TOTAL new budget (current budget + expanded funds)\*

#### Current Budget Line Items (from FY24 GIW , or revised info if you submitted a GIW change)

#### Proposed new budget line items (expansion funds)

#### TOTAL COMBINED AMOUNTS)

**EXPANSIONS ONLY**

### ****11i. Any additional information you wish to share about your expansion request, including how you believe these changes will improve the project for households receiving assistance:****\*

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#### ****12. Are you applying for a transition grant (to transition your current CoC project to a new project component)?****Only existing CoC grantees to apply for a transition grant.\*

( ) Yes

( ) No

**TRANSITIONS ONLY**

### ****12a. If yes, please provide the following information:****\*

Grant # (for project you wish to transition): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name (for project you wish to transition): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Type (current project type of this grant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSITIONS ONLY**

#### ****12b. If yes, what project component do you wish to transition to?****\*

( ) PSH

( ) RRH

( ) TH-RRH Joint Component

**TRANSITIONS ONLY**

### ****12c. If yes, please describe why you wish to transition your grant to this new project component and include local data to support the change in project types.****Your response should inform the CoC as to how/why the new project component will BETTER serve clients in your community than the existing project.\*

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### ****Organizational Capacity****

#### ****13. Will this project have a subrecipient(s)? If so, please specify the identified subrecipient.**** \*

( ) Yes - please write in name of subrecipient(s). If not yet identified, write in "Not yet identified": \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) No

### ****NOTE: If your project will have a subrecipient(s), please ensure that you include information about the subrecipient(s) experience in the questions below related to organizational capacity.****

### ****14. Provide your organization’s experience administering other federal, state, local and/or private sector grants. Be specific and explain what the funding was used for, grant management requirements, etc.****2,000 character limit \*

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### ****15. Provide a description of the program management and financial accounting system that will be used to administer the grant. Response must include the accounting system used, your organization's system of checks and balances, and overall structure of how your organization will provide fiscal oversight to this grant.****2,000 character limit(this question corresponds to esnaps Screen 3b, question 3)\*

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### ****16. Provide your organization’s experience regarding compliance with public funding sources:****For example: Do you invoice in a timely manner? Do you have any grants with 100% drawdowns? Are you on time with reporting requirements?2,000 character limit(this question corresponds to esnaps Screen 3b, question 1)\*

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#### ****17. Does your organization have any unresolved monitoring or audit findings for any grants from HUD, the CoC, and/or DCED (including ESG)?****\*

( ) Yes

( ) No

### ****17a. If yes, please explain:****\*

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### 18. ****Provide your organization's experience working with households experiencing homelessness, and with the target subpopulation you identified (if applicable)****

### ****Describe your experience working with households that meet Category 1 and 4 of HUD's homeless definition, including and any partners you work with in the community to serve them.****

### ****If you are targeting a specific subpopulation (those with serious mental illness, substance use disorder, veterans, fleeing DV, youth, etc.), describe your experience serving the subpopulation(s).  (If not applicable, write N/A for this part of the question)****

### ****Describe the performance outcomes for other projects you operate that serve people experiencing homelessness****

### Please respond to all parts of the question (include numbering that corresponds with numbering above).\*

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### ****19. If proposing to serve multiple/ surrounding counties, please describe your organization's capacity to operate the project throughout those surrounding counties and/or throughout the entire RHAB.**** Include in the description information about:

### relationships you have with providers in the other counties

### your ability or the ability of partners to identify landlords throughout the geographic area

### your experience operating regional projects, if applicable

### Please respond to all parts of the question (include numbering that corresponds with numbering above).\*

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### ****20. Please describe the following:****

### ****Your organization's experience serving and improving outcomes for communities that have historically been marginalized (e.g. people of color, LGBTQ+, people that do not speak English as their primary or first language)****

### ****Your organization's experience delivering culturally responsive services for participants from diverse backgrounds and experiences.****

### ****How the project design and delivery of services are designed to promote racial equity****

### Please respond to all parts of the question (include numbering that corresponds with numbering above). \*

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### ****21. Please describe your organization's capacity to promote racial equity in the following ways:****

### ****within leadership, operations, contracting and/or hiring practices;****

### ****through any financial commitments made by your organization to improve the organization's efforts to address diversity, equity and inclusion.****

### \*

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### ****22. Provide your organizations' experience in using a Housing First Model/implementing Housing First principles.****For more information on Housing First, see <https://www.usich.gov/solutions/housing/housing-first/>.NOTE: Your response should go beyond repeating the definition of Housing First. Instead, the CoC wants to better understand HOW your organization implements Housing First, with specific examples. If your organization has not implemented Housing First in the past, please explain how you will work to do so for this project. \*

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### ****23. Describe:********a) your organization's experience in partnering with persons with lived experience around project design and delivery, and********b) how you plan to incorporate persons with lived experience into the proposed project design and delivery (e.g. what role will persons with lived experience have in designing the project and evaluating the effectiveness of the project)**** \*

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#### ****24. What is your current relationship with the Western PA CoC?****  Please check any of the following ways you participate in the CoC:\*

[ ] Refer clients you serve to the CoC’s Coordinated Entry System

[ ] Attend RHAB meetings

[ ] Attend CoC meetings (twice per year)

[ ] Participate on a Committee/Sub-Committee. Which:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

[ ] Participate in the planning of the annual point-in-time count

[ ] Provide data for the annual point-in-time count

[ ] Other. Please describe:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

### ****Project Design****

### ****25. Name of the proposed project (if known):****\*

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

### ****26. Provide a general description of your proposed project.  This should include a clear and concise description of the scope of the project and should be consistent with the information that you have provided in other parts of this application. The following information should be included in your description:****

### Scope of project.  Please clearly state the following:

### the project type;

### the household type(s) to be served;

### any target subpopulation(s) to be served;

### the number of beds, units, people and households to be served both annually AND at a given point in time.

### How/why the type of housing proposed, including the number and configuration of units, will fit the needs of the project participants.

### Project plan for addressing the identified housing and supportive service needs, including any agencies that you plan to partner/coordinate with to provide additional expertise.  Community partners should be referenced, by name, including a) your experience working with this partner, and b) a description of their role in the success of the project and the households served (e.g., employment, transportation, child care).

### Projected project outcomes (outcomes should focus on housing stability, increase in income, connection to mainstream resources and benefits, connection to healthcare, etc.)

### How the CoC Program funding will be used.

### This should include staffing to be provided through the project (for ex., 1 case manager at 40 hours/week, 1 housing locator at 20 hours/week, etc.) and the activities of those staff positions.

### 3,000 character limit (NOTE: HUD's esnaps application limits this question to 3,000 characters, so applicants must address all items above within 3,000 characters)Please respond to all parts of the question (include numbering that corresponds with numbering above).(This question corresponds to esnaps screen 3B question 1) \*

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### ****27. Please describe how this project meets a specific need in the proposed geographical area. Please include data to support the need for this project.****Note: Please review and reference data presented in the 2024 Gaps Analysis and 2024 Point in Time Count data (links in introduction above). \*

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#### ****28. Will the project be site-based (all participants residing in one site) or scattered-site (participants residing in different units within the community)?****NOTE: RRH projects must be scattered-site. PSH projects may be scattered-site or site-based. TH-RRH projects may have both site-based and scattered-site units depending on project design. \*

( ) Site-Based

( ) Scattered-Site

( ) Both (TH-RRH Only)

#### ****29. Please indicate which of the following requirements you commit to follow (must commit to all of the following):****\*

[ ] Use a Housing First approach. Note: For more information on Housing First, see HUD's Housing First Assessment Tool (linked above).

[ ] Comply with all CoC policies and HUD regulations and notices. This includes compliance with Fair Housing; Prohibition against involuntary family separation; designate a staff person to ensure children are engaged with educational programming (for projects that serve families); HUD’s Equal Access to Housing Rule and Equal Access in Accordance with Gender Identity Final Rule; and any other terms and conditions within the CoC Program NOFA.

[ ] Participate in the Western PA CoC Coordinated Entry System

[ ] Follow the CoC’s written standards for providing assistance, including prioritization for program enrollment from the Coordinated Entry By Name List and minimum case management requirements (linked in the instructions above)

[ ] Provide ongoing case management for all participants, following the guidance as outlined in the Written Standards. A minimum of monthly case management meetings are required as part of the Rapid Re-Housing program.

[ ] Provide program participants with assistance securing Mainstream Benefits and health insurance

[ ] Enter data into PA-HMIS (or DV comparable database, if victim services provider)

[ ] Participate in and attend meetings of the RHAB and CoC, and Coordinated Entry By Name List (BNL) meetings (if applicable)

[ ] Programs serving youth and young adults will coordinate with Advocates for Change, the CoC's Youth Action Board (YAB), in order to provide high quality services to youth and young adults

#### ****30. Please indicate if you will assist participants with Mainstream Benefits in the following ways (to be considered for this funding, must provide all of the following):****\*

[ ] Provide transportation assistance to attend mainstream benefit appointments, employment training or jobs

[ ] Use a single application form for four or more mainstream programs (example DHS’s COMPASS)

[ ] Conduct annual follow-up appointments with participants to ensure mainstream benefits are received and renewed

[ ] Provide access to SSI/SSDI technical assistance provided by the applicant, a subrecipient or partner agency

[ ] Utilize a SOAR trained individual to provide technical assistance related to accessing SSI/SSDI

### ****31. Please describe your plan for providing case management to participants, and your organization's approach to case management.****If applicable this should include details of how you incorporate the following approaches when providing case management:

### person-centered services

### housing-focused services

### trauma-informed care approach

### Housing First Approach

### progressive engagement

### \*

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#### ****32. Do you anticipate hiring a case manager to provide services to the population being served, and/or utilizing existing staff to provide case management for this project?****\*

( ) Yes

( ) No

### ****32a. If yes, provide the number of FTE (Full Time Employee) Case Managers.****Please include:

### Total number of FTEs to staff this project

### Total number of FTEs to be supported/paid for with CoC Program Funds (this may be the same as bullet above, but may be different if FTE will be supported by other funding streams in addition to Coc Program Funds)

### \*

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### ****32b. If yes, provide the expected case management ratio to be used:****(How many households will each case manager have on their caseload at a given time? This should align with your budget request related to total number of units/households requested and total number of case managers included in your supportive services budget)\*

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### ****33. Describe how program participants will be assisted to obtain and remain in permanent housing. The description should include:****

### how you will determine the right type of housing that fit the needs of program participants;

### if you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges;

### the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management; housing counseling, employment resources); and

### how you will work with program participants to set goals towards successful retention of permanent housing.

### If this project will exclusively assist victims of domestic violence, the description must include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing (if not applicable, mark part 5 as n/a).

### Please respond to all parts of the question (include numbering that corresponds with numbering above).3,000 character limit(This question corresponds to esanps Screen 4A, question 1)\*

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**Scattered-site projects only**

### 34. Scattered-site projects: ****Please describe how you will support participants with housing search and location.****Example:

### What supports will your project provide to households to identify units in the community?

### Does your organization have existing relationships with landlords? If so, describe. If not, how will you recruit landlords and build landlord relationships?

### \*

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### ****35. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. The description should include:****

### how your project will assist 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

### how your project will assist program participants with access to healthcare benefits and resources (e.g., Medicaid, Medicare, healthcare for the homeless, FQHCs).

### Please respond to all parts of the question (include numbering that corresponds with numbering above).1,500 character limit(This question corresponds to esnaps Screen 4A, question 2) \*

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#### ****36. For all supportive services available to participants, indicate who will provide them.****

#### “Applicant” indicates your organization will provide the supportive service. *****NOTE: For all supportive services where “Applicant” is selected, there must also be a corresponding entry for that service in the Supportive Services budget.*****

#### Subrecipient” indicates that a formal subrecipient(s) will provide the service

#### “Partner” indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) will be signed to provide the service

#### “Non-Partner” indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants

#### N/A - will not be provided/offered. This should only be selected if the service will not be available/offered to participant at all, even through a community partnership/referral.

#### (This question corresponds to esnaps Screen 4A, question 3)\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Applicant** | **Subrecipient** | **Partner** | **Non-Partner** | **N/A** |
| Assessment of Service Needs |  |  |  |  |  |
| Assistance with Moving Costs |  |  |  |  |  |
| Case Management |  |  |  |  |  |
| Childcare |  |  |  |  |  |
| Education Services |  |  |  |  |  |
| Employment Assistance and Job Training |  |  |  |  |  |
| Food |  |  |  |  |  |
| Housing Search and Counseling Services |  |  |  |  |  |
| Legal Services |  |  |  |  |  |
| Life Skills Training |  |  |  |  |  |
| Mental Health Services |  |  |  |  |  |
| Outpatient Health Services |  |  |  |  |  |
| Substance Abuse Treatment Services |  |  |  |  |  |
| Transportation |  |  |  |  |  |
| Utility Deposits |  |  |  |  |  |

### ****Housing/Healthcare Leveraging****

**PSH ONLY**

#### 37. HUD is providing CoCs with additional points for submitting Rapid Re-Housing and/or Permanent Supportive Housing project applications that utilize non-CoC resources to cover housing and healthcare costs.  Specifically, to receive points for leveraging housing costs in the CoC’s new project scoring process:

#### PSH projects need to provide housing subsidies or subsidized housing units for at least 25% of the units included in the project.

#### The CoC is also interested in knowing if projects will be providing housing subsidies or subsidized housing units, but for less than 2% of the units

#### *****Please note that any project that is proposing to bring in housing subsidies or subsidized housing units must provide a formal MOU/letter from the partner agency. This will be required when submitting your application to HUD if you are selected for funding (is not required yet).*****

#### ****Will your PSH project provide housing subsidies or subsidized housing units for at least 25% of the units included in the project?**** \*

( ) Yes - at least 25%

( ) Yes - less than 25%

( ) No

**RRH AND TH-RRH ONLY**

#### 38. HUD is providing CoCs with additional points for submitting Rapid Re-Housing (or RRH component of TH-RRH) and/or Permanent Supportive Housing project applications that utilize non-CoC resources to cover housing and healthcare costs.  Specifically, to receive points for leveraging housing costs in the CoC’s new project scoring process:

#### RRH projects (or RRH component of TH-RRH) must provide housing subsidies or subsidized housing units to serve at least 25% of the participants in the project.

#### The CoC is also interested in knowing if projects will be providing housing subsidies or subsidized housing units, but for less than 25% of the units

#### *****Please note that any project that is proposing to bring in housing subsidies or subsidized housing units must provide a formal MOU/letter from the partner agency. This will be required when submitting your application to HUD if you are selected for funding (is not required yet).*****

#### ****Will your RRH or TH-RRH project  provide housing subsidies or subsidized housing units to serve at least 25% of the participants in the project?**** \*

( ) Yes - at least 25%

( ) Yes - less than 25%

( ) No

### ****37/38a. If yes, please describe how this will be structured and how the housing subsidies or subsidized housing units will be provided (e.g. who is your housing partner, what housing resources will be leveraged, etc.)?****\*

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#### 39. HUD is providing CoCs with additional points for submitting Rapid Re-Housing (or RRH component of TH-RRH) and/or Permanent Supportive Housing applications that that utilize non-CoC resources to cover housing and healthcare related costs.  Specifically, to receive points for leveraging healthcare costs in the CoC’s new project scoring process, applicants must demonstrate that they are housing healthcare resources that are direct contributions from a public or private health insurance provider to the project, or provision of health care services by a private or public organization tailored to the program participants of the project. Note: Eligibility for the project must be based on HUD CoC Program fair housing requirements and cannot be restricted by the health care service provider. As such, the CoC is interested in partnering with organizations that can leverage 25% or more of the project’s healthcare/ service needs through community partnerships. The CoC is also interested in knowing if projects will be providing leveraged healthcare/service needs, but for less than 25% of the services.*****Please note that any project that is proposing to bring in healthcare leveraging must provide a formal MOU/letter from the partner agency. This will be required when submitting your application to HUD if you are selected for funding (is not required yet).*********Will your project leverage 25% or more of the project's healthcare/service needs through community partnerships?****\*

( ) Yes - at least 25%

( ) Yes - less than 25%

( ) No

### ****39a. If yes, please describe how this will be structured and how the project's healthcare/service needs will be met through community partnerships (e.g. who will your community partner be, what healthcare resources will be leveraged, etc.)?****\*

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### ****Budget****

#### ****40. Please upload a copy of your proposed budget, using the Excel template provided (linked in intro above).****Click "Browse" button to upload the document from your computer. Please upload the document in Excel format. For a list and description of eligible costs, please refer to the [HUD CoC Virtual Binders](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/coc-eligible-activities-overview/) and/or [Continuum of Care regulations at 24 CFR Part 578, Subpart D – Program Components & Eligible Costs.](https://www.law.cornell.edu/cfr/text/24/part-578/subpart-D)\*

\_\_\_\_\_\_\_\_1

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### ****Confirmation Information****Please type the name and title of the responsible party for this application below that will serve as your digital signature.

### ****Name of Responsible Party for this Application****\*

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### ****Title for Responsible Party for this Application****\*

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

### ****Today's Date****\*

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## Thank You!

### Thank you for submitting your preliminary application for Western PA CoC FY24 Request for New Projects (Annual CoC NOFO). You will receive an automated email with a copy of your responses for your records.