

Hard copy of application provided for reference only. All applications must be submitted online at <https://survey.alchemer.com/s3/7806622/Western-PA-CoC-PSH-Transfer>.

Western PA CoC PSH Transfer Application

Instructions

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Instructions:

- All applications must be submitted via Alchemer no later than 5pm on June 19th, 2025.
- 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.

IMPORTANT NOTE: Please note that some questions only display depending on whether you are an existing CoC grant recipient. See notes in purple below to identify which questions apply to your organization, based on whether you are an existing CoC grant recipient.

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Application

Applicant Information

1. Agency Name*

3. Contact Person*

4. Phone Number*

5. Email Address*

6. Is your organization an existing CoC recipient or subrecipient?*

- ☐ Yes - CoC Recipient
- ☐ Yes - CoC Subrecipient
- ☐ No

If not an existing CoC Recipient, question 7:

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7. Applicant Type:*

- ☐ Non-profit organization
- ☐ State or local government
- ☐ Instrumentality of local government
- ☐ Public Housing Authority
- ☐ Other - Write In: _____

If an existing CoC Recipient or Sub-Recipient, question 8:

8. Does your organization currently operate CoC-funded PSH?

- ☐ Yes
- ☐ No

9. Counties your organization currently serves:*

- ☐ Armstrong
- ☐ Butler
- ☐ Cameron
- ☐ Clarion
- ☐ Clearfield
- ☐ Crawford
- ☐ Elk
- ☐ Forest
- ☐ Fayette
- ☐ Greene
- ☐ Indiana
- ☐ Jefferson
- ☐ Lawrence
- ☐ McKean
- ☐ Mercer
- ☐ Potter

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- ☐ Venango
- ☐ Warren
- ☐ Washington
- ☐ Westmoreland
- ☐ All of the above
- ☐ None of the above

10. In your proposed project, do you plan to serve counties in addition to Clearfield County?*

- ☐ Yes
- ☐ No

11. If yes, please check all counties that you intend to serve (beyond Clearfield County). *

- ☐ Armstrong
- ☐ Butler
- ☐ Cameron
- ☐ Clarion
- ☐ Crawford
- ☐ Elk
- ☐ Fayette
- ☐ Forest
- ☐ Greene
- ☐ Indiana
- ☐ Jefferson
- ☐ Lawrence
- ☐ McKean
- ☐ Mercer
- ☐ Potter
- ☐ Venango
- ☐ Warren

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☐ Washington

☐ Westmoreland

12. This project must serve households that meet [Category 1 or 4 of HUD's Homeless Definition](#) and who have a disabling condition. PSH projects must also prioritize households who are chronically homeless.

Do you intend to limit your program to any of the following subpopulations as part of your proposed project (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

Questions 13-19 for current CoC Grant Recipients Only

Questions for organizations who are currently CoC Grant Recipients

13. If awarded this project transfer, will the 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": _____

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☐ No

☐ Unknown

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

☐ Yes

☐ No

14a. If yes, please explain:*

15. Provide a general description of your proposed project. This should include a clear and concise description of the scope of the project. The following information should be included in your description:

- 1. Scope of project. In addition to operating as Permanent Supportive Housing and serving all household types, please provide any other details about your proposed project that would be helpful to the Funding Committee. Please clearly state the following:**
- 2. 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).**

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

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*

16. Please describe your plan for providing case management to participants (including frequency), 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**

*

17. Please describe how you will ensure a smooth transition for existing PSH project participants from working with Dubois Housing Authority to working with your organization?

If your organization is not currently serving Clearfield County, how will you ensure that current program participants residing in Clearfield County are provided adequate case management and support?*

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18. Please describe how you will support new participants with housing search/location and support participants to obtain and maintain housing.

- 1. What supports will your project provide to households to identify units in the community?**
- 2. How you will work with landlords to address possible issues and challenges;**
- 3. How will you recruit landlords and build landlord relationships?**

19. Due to the limited supportive services budget within this existing project, how will your organization ensure that participants receive the level of support they need? (example: will you leverage other community supportive services or other resources, do you anticipate seeking changes to the project budget as allowable by HUD)*

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Questions 20-37 for organizations that are not current CoC Grant Recipients (this includes org who are CoC grant subrecipients but not the direct recipient)

Questions for organizations who are not currently CoC Grant Recipients

Organizational Capacity

20. If awarded this project transfer, will the 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

☐ Unknown

21. 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.

*

22. 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

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overall structure of how your organization will provide fiscal oversight to this grant.

*

23. 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?*

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

☐ Yes

☐ No

24a. If yes, please explain:*

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

- 1. 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.**
- 2. Describe your experience working with households with disabilities, and households experiencing chronic homelessness.**
- 3. 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)**
- 4. 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).**

26. Please describe the following:

- 1. Your organization's experience serving and improving outcomes for communities that have historically been marginalized**
- 2. Your organization's experience delivering culturally responsive services for participants from diverse backgrounds and experiences.**

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*

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27. 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.

28. 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)**

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

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☐ 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

30. 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:

- 1. Scope of project. In addition to operating as Permanent Supportive Housing and serving all household types, please provide any other details about your proposed project that would be helpful to the Funding Committee. Please clearly state the following:**
- 2. 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).**

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

*

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31. 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.
- ☐ 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)

32. 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

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

33. Please describe your plan for providing case management to participants (including frequency), 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**

*

34. Please describe how you will ensure a smooth transition for existing PSH project participants from working with Dubois Housing Authority to working with your organization?

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35. Due to the limited supportive services budget within this existing project, how will your organization ensure that participants receive the level of support they need? (example: will you leverage other community supportive services or other resources, do you anticipate seeking changes to the project budget as allowable by HUD)

36. Please describe how you will support new participants with housing search/location and support participants to obtain and maintain housing.

- 1. What supports will your project provide to households to identify units in the community?**
- 2. How you will work with landlords to address possible issues and challenges;**
- 3. How will you recruit landlords and build landlord relationships?**

37. 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:

- 1. 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);**

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- 2. 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);**
- 3. the type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education); and**
- 4. 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).

*

All applicants:

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*

Title for Responsible Party for this Application*

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Today's Date*

Thank You!

Thank you for submitting your application for Western PA CoC PSH Transfer Project. You will receive an automated email with a copy of your responses for your records.
