**2024 BRISTOL COUNTY COC**



**NEW/BONUS DV APPLICATION**

For Bristol County CoC New or Bonus DV Projects that will provide

Permanent Supportive Housing (PH-PSH), Permanent Housing Rapid ReHousing (PH-RRH),

and those providing New DV Projects (PSH-RRH, and Coordinated Entry SSO)

**The deadline for submission of this application is**

**Friday, August 30, 2024 by 12.00 pm.**

**Applicants must submit a complete application and all additional required materials to be considered.**

*WORD LIMIT: Only text provided within the originally sized boxes will be considered in reviewing application.*

**I. AGENCY AND PROJECT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Applicant Agency:** |  | | |
| **Project Name:** |  | | |
| **Project Location:**  *(Physical address of the project; if project is scattered site, write “scattered site.”)* |  | | |
| **Check One Applicable Box - NEW**  *Only if applying for a new project through reallocation or CoC Bonus process***:** | Permanent Housing—Supportive Housing (PH-PSH)  Permanent Housing—Rapid ReHousing (PH-RRH) | | |
| **Check One Applicable Box – DV BONUS**  *Only if applying for a new project under the DV Bonus process***:** | Permanent Housing Rapid ReHousing (PH-RRH)  SSO Project for Coordinated Entry (SSO-CE) | | |
| **Proposed Total Budget Amount:** |  | | |
| **Agency UEI Number:** |  | **Tax ID or EIN** *(format: 12-3456789)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Contact Person:** |  | | |
| **Job Title of Contact Person:** |  | | |
| **Agency Mailing Address:** |  | | |
| **Contact Phone Number:** |  | **Fax number:** |  |
| **Email Address:** |  | | |

|  |  |
| --- | --- |
| **# of Units Proposed:** |  |

|  |  |
| --- | --- |
| **# of Beds Proposed:** |  |

|  |
| --- |
| **NOTE:** Funding for new projects may come from either CoC Bonus funding, Reallocation, a combination of CoC Bonus funding and Reallocation or DV Bonus funding**.** New projects seeking funding through the DV Bonus must be dedicated to survivors of domestic violence, dating violence, sexual assault or stalking as defined at 24 CFR 578.3 Definition for Homeless, paragraph (4) and as defined in the NOFO. |

**II. PROJECT NARRATIVES**

|  |  |  |
| --- | --- | --- |
| **1. Is there a need within the Bristol County CoC for the project you are proposing?** | | Yes  No |
| **If YES:** Please provide a brief description of the proposed project and data/evidence that demonstrates both the need and how the proposed project will meet that need. | | |
|  | | |
| **2**. **Will the proposed project have 100% dedicated beds for chronically homeless individuals and/or families?** | Yes  No | |
| **3. Will the proposed new project strive to operate the program using a Housing First approach?** | Yes  No | |
| **If YES:** Briefly identify if there are any circumstances which would lead to your tenant’s removal from the program (*e.g. failure to participate in supportive services, failure to make progress on a service plan, loss of income or failure to improve income, being a victim of domestic violence or other activity not covered in a typical lease agreement*).  **If NO:** Briefly describe why the proposed program does not follow the Housing First model. | | |
|  | | |
| **4. Has the proposed new project fully connected with public/private healthcare organizations to assist program participants receive primary care, housing related services and obtain medical insurance consistent with the NOFO?** | Yes  No | |
| **If YES:** Briefly identify with whom such coordination has been undertaken, how long it has existed or when it is anticipated to start and provide a description of the nature of the healthcare collaboration and the extent to which it is anticipated to benefit program participants.  **If NO:** Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward collaboration with a healthcare partner. | | |
|  |  | |
| **5. Has the agency, specific to the proposed new project, intentionally and effectively instituted racial equity initiatives and/or equity initiatives including efforts to obtain input and include historically marginalized populations when identifying any barriers to participation faced by such persons?** | Yes  No | |
| **If YES:** Briefly describe what the agency has done, the breadth of its efforts and its relatedness to the proposed renewal project. Please discuss whether this is agency-wide, program-specific, related to staff and/or related to service delivery, barriers, etc.  **If NO:** Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers in order to ensure racial equity and equity for historically marginalized populations. | | |
|  | | |

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| --- | --- | --- |
| **6. Has the agency, specific to the proposed new project authentically and effectively engaged with those with current or recent-past lived experiences of homelessness or in the case of a DV Bonus project, survivors?** | | Yes  No |
| **If YES:** Briefly identify the level of involvement those with lived experience have in shaping policy and program administration.  **If NO:** Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward empowering those with lived experience within the proposed new project in an authentic way and acting upon their suggestions. | | |
|  | | |
| **7. Does the agency have experience and demonstrable capacity in undertaking the kind of project being proposed?** | Yes  No | |
| **If YES:** Briefly describe the agency’s relevant experience with similar programming, working with those experiencing homelessness, working with the U.S. Department of Housing & Urban Development and having the administrative and fiscal resources to undertake the proposed programming in a manner that ensures excellent performance. | | |
|  | | |
| **8. Has your agency experienced any findings, unspent balances, inability to invoice for financial expenditures in a timely manner, or failure to consistently submit any required reporting to state or federal funders for other grants over the past two years?** | Yes  No | |
| **If YES:** Briefly discuss what issues have existed, what circumstances arose that caused them, how the agency responded/is responding and what steps are being taken to ensure agency capacity and no issues going forward should this project be funded. | | |
|  | | |
| **9. Has your agency, in operating this CoC Project, reached out to LGBTQ+ community and/or ensured that LGBTQ+ individuals and families receive supportive services and housing free from discrimination?** Does your agency have an anti-discrimination policy that expressly prohibits such discrimination? | Yes  No | |
| Briefly discuss your response. | | |
|  | | |

*Application continues on following page.*

**III. Project eligibility Type**

**Eligible Types for NEW CoC Projects-Permanent Housing Bonus or DV Bonus.** Please check applicable project type *(first column)* then answer all corresponding questions specific to that selection.

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| --- | --- |
| **Project Type** | **Questions** *(check all applicable for the project type selected)* |
| New Permanent Supportive  Housing (**PSH**) | Operations:  Tenant-Based Rental Assistance [RA]  Sponsor-Based RA  Project-Based RA  Project-Based/Leasing [*leases building/units*]  Project-Based/Operations [*owns building*] |
| Rental Assistance Administrator:  Local PHA  Unit of Local Government  State |
| Population To Be Served: *Check all applicable*  Individuals  Families  Unaccompanied Youth (18-24)  Severe/Persistent Mental Health]  Chronic Substance Use Disorder  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| New Permanent Housing Rapid  ReHousing (**PH-RRH**) | Population To Be Served: *Check all applicable*    Individuals  Families  Unaccompanied Youth (18-24) |
| Bonus/DV Permanent Housing  Rapid ReHousing (DV **PH-RRH**) | Population To Be Served: *Check all applicable*    Individuals  Families  Unaccompanied Youth (18-24)  Fleeing Domestic Violence, etc. |

**All projects:**

|  |  |  |
| --- | --- | --- |
| **If your new program is selected will it....** | **YES** | **NO** |
| Quickly move participants into Permanent Housing (PH)? |  |  |
| Require participants to live in a particular structure/unit/locality? |  |  |
| Have at least 80% of CoC PH participants remain in or exit to PH destinations? |  |  |
| Actively participate in New Bedford’s Coordinated Entry and HMIS |  |  |
| Ensure that a 25% match requirement is met? |  |  |

**IV. FISCAL INFORMATION**

|  |  |
| --- | --- |
| **Eligible Costs** | **Total Assistance Requested for Grant Term (Applicant)** |
| **1a. Leased Units** | $ |
| **1b. Leased Structures** | $ |
| **2. Housing Relocation and**  **Stabilization** | $ |
| **3. Short-term/Medium-term**  **Assistance** | $ |
| **4. Long-term Rental**  **Assistance** | $ |
| **5. Supportive Services** | $ |
| **6. Operating** | $ |
| **7. HMIS** | N/A |
| **8. Sub-Total Costs Requested** | $ |
| **9. Admin (Up to 10% of Subtotal Costs)** | $ |
| **10. Total Assistance plus Admin Requested** | $ |
| **11. Cash Match** | $ |
| **12. In-Kind Match** | $ |
| **13. Total Match** | $ |
| **14. Total Budget** | **$** |

**V. MATCH**

You are required to provide a SIGNED LETTER(s) on agency letterhead detailing the source and amount of the required 25% match. *Please note: final match letters are not due with this renewal application, however the applicant should be prepared to produce final letters upon request and dated in accordance with HUD requirements.* Match can include in-kind components that are exclusively and directly part of the project and may be cash or non-cash (in-kind) resources provided by the recipient toward the actual costs of operating the project. Cash can come from other grant funding, unrestricted general funds, fundraising activities, private donations, etc. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (excluding the amount awarded to the leasing budget line item) with cash or in-kind resources.

**Amount of Match Being Provided:** $

**VI. AGENCY QUESTIONNAIRE**

***Please check either yes or no to the questions below:***

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| In the past ten (10) years, has your organization ever had its nonprofit status revoked or withheld by the IRS, the Secretary of State, or the State Attorney General? |  |  |
| Have you completed the annual update to your organization’s registration with the federal government at www.sam.gov |  |  |
| Have all due IRS 990 filings been submitted to the IRS? |  |  |
| Does your organization currently have any unresolved fiscal reporting, or program issues with any of its funding sources? |  |  |
| Have you attached all of the materials required by this application? |  |  |

**VII. ASSURANCES**

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

* Applicant agrees to complete the HUD Project Application forms with the same information as contained in this application unless the Application Review Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant.
* Applicant agrees to participate fully in the New Bedford Continuum of Care’s Homeless Management Information System (HMIS) or comparable system for DV projects and coordinated entry system.
* Applicant understands that HUD CoC funded homeless projects are monitored by City of New Bedford as the CoC lead. This can include an annual site visit and submission annually of the applicant’s most recent Annual Performance Reports (APR) submitted to HUD and most recent audited financial statement.

If awarded funding, the applicant agrees to inform the City of New Bedford when the following occurs:

* Organization has staff vacancies that are of a duration that could affect the projected number of participants served or result in HUD funds not being fully expended;
* Changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD and agrees to bring these to the city’s OHCD for approval prior to the final 30 days of the grant year;
* Any increase/decrease in match funding for the project that could affect the projected number of participants served, services provided, ability to meet matching requirements, etc. and
* Significant delays in the start-up or operation of a project.

*Signature block follows on the next page.*

|  |  |
| --- | --- |
| **Authorized Signer’s Name:** |  |
| **Title:** |  |
| **Phone:** |  |
| **Email:** |  |
| Signature of Authorized Representative:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  “X” indicates electronic signature submitted | |
| **Date:** |  |

**IMPORTANT!**

PLEASE ENSURE THAT YOUR APPLICATION IS COMPLETE; ANY ATTACHED MATERIALS REQUIRED AND REFERENCED WITHIN THE RFP SHOULD BE INCLUDED AND SUBMITTED WITH THIS APPLICATION AS ONE PDF DOCUMENT.