DRAFT
Butte Countywide Homeless Continuum of Care
FY 2023 New Project Application Request for Proposals

Instructions:

Project Applications for the Butte Countywide Homeless Continuum of Care (CoC) annual project funding competition must be complete and submitted by **5:00 pm PST on August 21, 2023** to be eligible for funding consideration. Any proposals received after this deadline will not be considered for funding.

This application is to be used for all **new housing projects.** Each applicant is required to complete five sections:

Cover
One complete and signed cover sheet must be submitted for each application. See Section III.B.3.f of NOFO for allowable grant terms.

Eligibility Thresholds
The eligibility thresholds are based on the requirements specified in the FY2023 NOFO, Section III.C.5 and must be complete for each project application. The thresholds determine eligibility on a pass/fail basis. Applicants deemed to fail these eligibility thresholds will not be reviewed and ranked in the competition. If you are unable to pass any question, you may attach an explanation. New sub-recipients must complete an abbreviated eligibility threshold.

Project Quality Thresholds
The quality thresholds determine that minimum quality benchmarks are met before the project is ranked. Applicants must demonstrate that the proposed project and organization's existing policies align with HUD requirements. Projects deemed to fail these thresholds will not be reviewed and ranked in the competition.

Project Ranking Criteria
A range of points will be assigned for achieving the specified criteria in the Project Ranking Criteria section. Ranking will be determined by the project's ability to demonstrate that its administrative, operational, and service delivery aligns with HUD's and the CoC's funding priorities.

When evidence is requested, applicants will need to provide a succinct description and/or reference written and attached policies to prove the proposed project addresses the ranking criteria. If an agency has data on a similar program from the HUD Annual Performance Reports (APRs) that has been funded through the CoC, these should be used. An alternate data system and report(s) may be used for agencies serving victims of domestic violence or new agencies not participating in HMIS who are proposing new programs. Applications will be ranked for funding in order according to the applicant's awarded total points. All applications received by the CoC, both new, renewal, and renewal with expansion, will be ranked together.

Budget
Applicants must complete a budget summary, which aligns with HUD funding requirements. In addition, match, indirect, and sub-recipient funding must be indicated.

Other Application Documents
The New Project Application Request for Proposal was developed in conjunction with the HUD and CoC processes outlined in the following documents. New applicants should review all of these documents:
- Butte Countywide Continuum of Care Review, Score and Ranking Procedures (Adopted 07/31/23 – annual)
- Butte Countywide Homeless Continuum of Care Process for Reallocation (Adopted 07/31/23 -- annual)
- Butte Countywide Homeless Continuum of Care Application Schedule (Adopted 07/31/23 - annual)
- U.S. Housing and Urban Development Continuum of Care Interim Rule 24 CFR 278
- 2023 Notice of Funding Opportunity for the Fiscal Year 2023 Continuum of Care Program Competition (FR-6700-N-25)

Language Support
Upon request, the Project Application may be provided in Spanish as well as one-to-one translation support can be provided. Please contact Erin Murray at emurray@buttecounty.net for language support.

Submission
The application must be electronically submitted via email to Housing Tools. Send applications to both: jcoles@housing-tools.com and smorgado@housing-tools.com. Applications must be received by **August 21, 2023 at 5:00 pm PST. Applications received after this deadline will not be considered.**

Questions
Any questions regarding the application or application process may be made to Housing Tools staff at smorgado@housing-tools.com.

Scoring/Ranking Criteria

Eligibility Thresholds (Applicant Eligibility and Project Quality) are Pass/Fail (pages 2-4)

Project Scoring/Ranking Criteria

Section/Page(s)	Total Points Available
Project Elements, pages 5-6	35
Housing Services, pages 7-11	30
Project Readiness, page 12	5
Finances and Budget, pages 13-14	10
CoC Participation and Application Quality, page 14	10
Total	90

FY 2023 Butte Countywide Homeless Continuum of Care
New Project Application Cover Sheet

Project Name: _____

Applicant: _____

Contact: _____ Phone: _____

Email address: _____

Sub-recipient: (If applicable) _____

Requested Funding Amount: _____

Project Type (check one)
☐ New Project
☐ New DV Bonus Project

Community To Serve (check all that apply)
☐ Countywide
☐ Biggs/Gridley
☐ Chico
☐ Oroville
☐ Paradise/Magalia

Project Component (check one)
☐ Permanent Supportive Housing
☐ Rapid Rehousing
☐ Transitional Housing
☐ Joint Transitional Housing and PH/Rapid Re-Housing

Grant Term (check one)
☐ 1 year
☐ 2 years
☐ 3 years
☐ 4 years
☐ 5 years
☐ 15 years

Funding Purpose (check one)
☐ Tenant-based rental assistance
☐ Sponsor-based rental assistance
☐ Project-based rental assistance
☐ Leasing costs
☐ Operational costs

Funding Term (check one)
☐ 1 year
☐ 2 years
☐ 3 years
☐ 4 years
☐ 5 years

Optional Funding Purpose (check one if applicable)
☐ New construction
☐ Acquisition
☐ Rehabilitation

Authorizing Signature _____ Date _____

NEW APPLICANT ELIGIBILITY THRESHOLD (PASS/FAIL)

Applicants must qualify (pass) under these eligibility requirements in order for their application to be reviewed and ranked in the competition. Applicants deemed to fail these threshold eligibility requirements will not be reviewed and ranked in the competition. Applicants are encouraged to review pages 35-36 of the NOFO (Section III.B.1 and 2).

New Applicant Eligibility Threshold	Internal Use
A. Applicant must have a Data Universal Numbering System (DUNS) number and an active registration in the System for Award Management (SAM). Check all appropriate boxes: ☐ Current DUNS number _____ ☐ Applying for a DUNS number ☐ SAM entity identifier _____ ☐ Registering in SAM	P F
B. Applicant must be a non-profit organization, state, local government or public agency, public housing agency, Indian Tribe, or Tribally Designated Housing Agency. Check the box that describes your agency: ☐ Non profit organization ☐ State local government or public agency ☐ Public housing agency ☐ Indian Tribe ☐ Tribally Designated Housing Agency	P F
C. New Projects Commitments 1. If awarded the proposed grant, how many months after being awarded would work begin for this project, including rental assistance if applicable? _____ Months 2. Applicant is a Drug Free Workplace (Initials _____) 3. Applicant does not participate in federal lobbying activities in connection with the CoC program (Initials _____) 4. Applicant does not have outstanding delinquent federal debt or judgments (Initials _____) 5. Applicant is not debarred or suspended from doing business with the federal government (Initials _____) 6. Applicant adheres to Fair Housing and Equal Opportunity Act (Initials _____) 7. Attach proof of non-profit or public agency (label NAET-C5) 8. Attach a description of your financial and management capacity and experience to carry out the project. (label NAET-C6) 9. Attach your organization's most recent audited financials. (label NAET-C7) 10. Attach a description of your experience successfully administering similar projects, and include a list of all your organization's federally funded projects (label NAET-C8)	P F
D. Matching 1. Amount of match $_____ (Must be at least 25%) 2. Source of match _____	P F
E. Indirect Costs 1. Percent of indirect cost _____ % (cannot exceed 10%) 2. Attach federal negotiated Indirect Cost Rate Proposal (if applicable)	P F

	P F
F. Statutory Requirements The administrating agency and proposed project meet all statutory and regulatory requirements in 24 CFR part 578 (Initials)_____	P F
G. Eligible populations to be served with HUD approved projects (see 24 CFR 578.3 and Section 103(b) of the McKinney-Vento Homeless Assistance Act). Check one population and project that describes your application: ☐ Homeless individuals and families who originally came from the streets, emergency shelters, institutions, or transitional housing, and are served in **dedicated** permanent supportive housing beds ☐ Homeless individuals and families who originally came from the streets, emergency shelters, institutions, or transitional housing, and are served in **non-dedicated** permanent supportive housing beds ☐ Rapid rehousing project serving individuals, families, or unaccompanied youth	P F
H. Project Applicants must participate in the local Homeless Management Information System (HMIS), which includes the use of the Coordinated Entry System and selection of program participants consistent with the CoC's coordinated entry process. Check one: ☐ Currently participate in HMIS-CES ☐ Do not currently participate in HMIS-CES but agree to participate in the future ☐ We are a victim service provider who uses a comparable database	P F
I. Check the box next to each of the Butte County CoC policies and procedures you intend to incorporate into your proposed program. ☐ Code of Conduct, Ethics and Principles of Working Effectively ☐ Governance Charter ☐ Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in CoC-Funded Permanent Supportive Housing ☐ Priority Homeless Households with Children ☐ Prioritizing Unaccompanied Homeless Youth for Housing Services ☐ Ensure that Emergency Shelters, Transitional Housing and Permanent Housing Providers Do Not Deny Admission or Separate Family Members Based on Age, Sex or Gender ☐ Requirements to Inform Program Participants of Their Eligibility for Educational Services and Ensure Their Access to Those Services Under the HEARTH Act ☐ Equal Access to Housing in HUD Programs Regardless of Sexual Orientation, Gender Identity or Marital Status	P F
J. Sub-Recipient Commitments (if applicable) 1. Attach proof of non-profit or public agency (label NAET-J1) 2. Attach description of sub-recipient's experience successfully administering similar projects, and include a list of all your organization's federally funded projects (label NAET-J2) 3. If awarded the proposed grant, how many months after being awarded would work with the sub-recipient begin for this project, including rental assistance if applicable? _____ Months	P F

NEW APPLICANT QUALITY THRESHOLD (PASS/FAIL)

Applicants must qualify (pass) under these eligibility requirements in order for their application to be reviewed and ranked in the competition. The number of criteria which must be met in order to be eligible is noted within each project component type.

New Project Quality Threshold	Internal Use
A. New Permanent Supportive Housing or Rapid Rehousing Projects Only Check all that apply (at least three are required to be eligible) and attach a description of the associated policies to prove qualification (label as indicated): ☐ Type of housing and number of configuration of units fit the needs of the program participants (e.g. two or more bedrooms for families) (label NPQT-A1) ☐ Type of supportive services ensure successful retention or help to obtain permanent housing (label NPQT-A2) ☐ Specific plan for ensuring participants will be individually assisted to obtain benefits of the mainstream health, social and employment programs, and others, for which they are eligible to apply and meets the needs of the participants (label NPQT-A3) ☐ The project is designed to assist participants to obtain and remain in permanent housing in a manner that fits their needs (label NPQT-A4)	P F N/A
B. New Transitional or Joint Transitional and Permanent Housing-Rapid Rehousing Projects Only Check all that apply (at least four are required to be eligible) and attach a description of the associated policies and/or services to prove qualification (label as indicated): ☐ Type of housing and number of configuration of units fit the needs of the program participants (e.g. two or more bedrooms for families) (label NPQT-B1) ☐ Project will provide enough rapid rehousing assistance to ensure participants may move from transitional to permanent housing at any given time, as identified by budget and unit resources (label NPQT-B2) ☐ Type of supportive services ensure successful retention or help to obtain permanent housing (label NPQT-B3) ☐ Specific plan for ensuring participants will be individually assisted to obtain benefits of the mainstream health, social and employment programs, and others, for which they are eligible to apply and meets the needs of the participants (label NPQT-B4) ☐ The project is designed to assist participants to obtain and remain in permanent housing in a manner that fits their needs (label NPQT-B5) ☐ The project adheres to a Housing First model as defined in Section I.B.2.b.15 of the HUD NOFO (label NPQT-B6)	P F N/A

Project Scoring/Ranking Criteria

Please attach all required descriptions and label as indicated.

Project Elements	Internal Use	
	Maximum	Earned
1. Project Description Briefly describe the entire proposed scope of work. (Attach description titled "Project Description"; two page maximum) • Project goals • Service priorities and approaches • Type of housing and housing strategy • How the project addresses the needs of the clients to be served • Coordination with other CoC partners	10	
2. Sub Recipient Qualification If applicable, describe the sub-recipient services for the project and their experience providing these services (Attach description titled "Sub Recipient Qualifications"; one page maximum)	3	
1. **HUD Policy Priorities** Briefly describe how the project's goals support the 2023 HUD Policy Priorities as listed below and as described in Section I.A.4.b of the NOFO). (Attach description titled "HUD Policy Priorities"; two page maximum) • End homelessness for all persons • Use a Housing First Approach • Reduce unsheltered homelessness • Improve system performance • Partner with housing, health and service agencies • Address racial equity • Improve assistance to LGBTQ+ individuals • Include persons with lived experience of homelessness in project planning • Increase affordable housing supply	5	
2. **Service Population** a. Does your project have a specific population focus? ☐ Yes ☐ No b. If yes, please identify the specific population focus. (Select all that apply.) ☐ Chronically Homeless priority ☐ Chronically Homeless dedicated beds ☐ HIV/AIDS ☐ Families with Children ☐ LGBTQ ☐ Mentally Ill ☐ Physical/Developmental Disabilities ☐ Substance Abuse ☐ Victim of Domestic Violence ☐ Victim of Human Trafficking ☐ Veterans ☐ Youth (under 25 years old) ☐ Other_____	5	

3.	**Service Population Experience** Describe the applicant's (and sub-recipient's, if applicable) experience working with the proposed population and in providing housing or services similar to that proposed in the application. (Attach description titled "Population Experience"; one page maximum)	5	
4.	**Housing First** a. Does your project quickly move applicants into permanent housing? ☐ Yes ☐ No b. Does the project ensure that participants are not screened out based on the following items? (Select all that apply.) ☐ Having too little or little income ☐ Active or history of substance use ☐ Having a criminal record with exceptions for statutory-mandated restrictions ☐ History of victimization (e.g. domestic violence, sexual assault, child abuse) ☐ None of the above c. Does the project ensure that participants are not terminated from the program for the following reasons? (Select al that apply.) ☐ Failure to participate in supportive services ☐ Failure to make progress on a service plan ☐ Loss of income or failure to improve income ☐ Another activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area ☐ None of the above d. Does the project follow a Housing First approach? ☐ Yes ☐ No	5	
5.	**Racial Equity** Describe any barriers to participation that your project has identified that are faced by persons of different races, particularly those over-represented in the Butte County homeless population. What steps has your project taken, or will it take, to eliminate the identified barriers? (Attach description titled "Racial Equity"; one page maximum).	2	
	TOTAL POINTS AVAILABLE	35	

	Internal Use	
Housing Services	Maximum	Earned

1. Housing Type

    a. Select one housing type for this project:
- ☐ Barracks
- ☐ Dormitory, shared or private rooms
- ☐ Shared housing
- ☐ Single Room Occupancy (SRO) units
- ☐ Clustered apartments
- ☐ Scattered-site apartments (including efficiencies)
- ☐ Single family homes/townhouses/duplexes

    b. Complete the number of units and beds:
Type of Housing: ☐ PSH ☐ TH ☐ RRH
Number of Units _____
Number of Bedroom Type(s) (e.g. SRO, 1 bedroom, etc.) _____
Number of Beds _____
Number of Beds Dedicated to Chronic Homelessness _____

Maximum: 1 / 1

2. Project Participants

Households	Households with at least one adult and one child	Households without children
Total number of households		

Participants	Persons in households with at least one adult and one child	Persons in households without children
Adults over age 24		
Adults ages 18-24		
Accompanied Children under 18		

Maximum: 1

3. HUD Prioritization—*Attach available documentation/report from previous projects which shows total persons served by the factors listed below (data should be aggregate, de-identified)*
Which factors do you use to determine severity of barriers and who is housed first? (check all that apply)
- ☐ Coming from the street or unsheltered situations
- ☐ Chronically homeless
- ☐ Have been or currently a victim of domestic violence
- ☐ Pregnant women, infants, or toddlers
- ☐ Households with children
- ☐ Unaccompanied minor youth
- ☐ Youth (18-24 year olds)
- ☐ LGBTQ status
- ☐ Significant health, behavioral health challenges or disability which require a significant level of support in order to maintain permanent housing

Maximum: 10

☐ High utilization of crisis or emergency services, including emergency rooms, jails, or psychiatric facilities to meet basic needs ☐ Vulnerability to illness or death ☐ Vulnerability to victimization, including physical assault, human trafficking or sex tracking ☐ Current or past substance abuse ☐ Low income or no income ☐ Criminal record		
4. **Supportive Services for Participants** For all supportive services available to participants, indicate who will provide them and how often they will be provided. **Assessment of Service Needs** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Assistance with Moving Costs** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Case Management** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Child Care** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Education Services** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Employment Assistance and Job Training** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Food** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Housing Search and Counseling Services** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Legal Services** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Life Skills Training** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner	6	

Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Mental Health Services** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Outpatient Health Services** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Outreach Services** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Rehabilitation and Disability Services** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Substance Abuse Treatment Services** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Transportation** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Utility Deposits** Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed **Work Training Program** (local category) Select one: ☐ Applicant; ☐ Subrecipient; ☐ Partner; ☐ Non-Partner Select one: ☐ Daily; ☐ Weekly; ☐ Biweekly; ☐ Monthly; ☐ Bimonthly; ☐ Quarterly; ☐ Semi-annually; ☐ Annually; ☐ As Needed		

5.	**Mainstream Support Services**		
	b. Please check the box next to each activity your project offers: ☐ Transportation assistance to clients to attend mainstream benefit appointments, employment trainings, or jobs? ☐ At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? ☐ Project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? ☐ A staff person who works directly with clients in supportive housing has completed SOAR training in the past 24 months?	2	
	c. Which of the following ways does your program ensure your participants effectively utilize the health care benefits available? (Check all that apply) ☐ Educational materials ☐ In-person training ☐ Transportation to medical appointments ☐ Other: _____	1	
6.	**Performance Measures** Provide data from the past 12-month reporting period or APR for the following questions in the box to the right of the question. New projects who have not collected this data should indicate so next to each question that cannot be answered. Domestic violence programs may use data from their own database.		
	a. Average number of days from referral until participant is placed in housing (Benchmark: 15 days RRH, 180 TH/PSH)	2	
	b. Percent of participants that move to Permanent Housing, or remain in Permanent Housing for PSH applicants (Benchmark: 80%)	2	
	c. Bed/unit utilization rate (Benchmark: 66%)	1	
	d. Percent of participants whose income increased from the start of their participation to their last assessment. (Benchmark: 50%)	2	
	e. Percent of participants with health insurance. (Benchmark: 75%)	1	
TOTAL POINTS AVAILABLE		**30**	

	Internal Use	
Project Readiness	Maximum	Earned
1. **Administrative Experience** Describe your experience (and sub-recipient, if applicable) in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of sub-recipients (if applicable) regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants. (Attach description titled "Administrative Experience"; two-page maximum)	2	
2. **Implementation Timeliness** Describe the plan for rapid implementation of the program with proposed activities on a schedule for 60 days, 120 days and 180 days, include when the project will begin housing the first participant. (Attach description titled "Timeliness"; one page maximum)	1	
3. **Property Status** If applying for leasing, operational expenses, or project-based rental assistance, have you secured the property for your project? ☐ Yes ☐ No ☐ In the process, please describe (Attach a description titled "Property Status")	2	
TOTAL POINTS AVAILABLE	**5**	

	Internal Use	
Finances and Budget	Maximum	Earned

	Maximum	Earned
Eligible Expenses by Project Type:	N/A	

Eligible Expenses by Project Type:

Permanent Supportive Housing
- *Leased Units*
- *Leased Structures*
- *Rental Assistance*
- *Supportive Services*
- *Operations*
- *HMIS*

Rapid Rehousing
- *Rental Assistance*
- *Supportive Services*
- *HMIS*

Transitional Housing
- *Leased Units*
- *Leased Structures*
- *Rental Assistance*
- *Supportive Services*
- *Operations*
- *HMIS*

Joint TH/PH-RRH
- *Leased Units*
- *Leased Structures*
- *Rental Assistance*
- *Supportive Services*
- *Operations*
- *HMIS*

HMIS
- *HMIS*

Support Services Only
- *Leased Structures*
- *Supportive Housing*
- *HMIS*

1. **Summary Budget**

(Internal Use Maximum: 6)

Eligible Costs	Total Assistance Requested
1a. Leased Units	$
1b. Leased Structures	$
2. Rental Assistance*	$
3. Supportive Services	$
4. Operating	$
5. HMIS	$
6. Sub-Total Costs Requested (1a-5)	$
7. Admin (up to 10%)	$
8. Total Assistance plus requested Admin (6+7)	$
9. Cash Match	$
10. In-Kind Math	$
11. Total Match (9+10)**	$
12. Total Budget (8+11)	$

*Rental Assistance *(Complete if housing type is funded through rental assistance)*

Size of Unit	# of Units	FMR	HUD Paid Rent	Total Request (HUD Paid Rent * # Months)

**Match

Type of Match (e.g. cash, in kind)	Source (e.g. Government, private, etc.)	Contributor (entity name)	Date of Commitment	Value of Commitment
				$
				$

Subrecipient Sub Award

Eligible Expenses	Total Subrecipient Award		
1a. Leased Units	$		
1b. Leased Structures	$		
2. Rental Assistance*	$		
3. Supportive Services	$		
4. Operating	$		
5. HMIS	$		
6. Sub-Total Sub-Recipient Award	$		
2. Cost Effectiveness ☐ **Total** annual operating budget cost for the project　$＿＿＿＿ 　　☐ If housing application, the number of units to be funded　＿＿＿＿ 　　☐ If housing application, the cost per unit　$＿＿＿＿		4	
TOTAL POINTS AVAILABLE		**10**	

CoC PARTICIPATION AND APPLICATION QUALITY--INTERNAL USE		
Attended at least six CoC Council or membership meeting in past 12 months	2	
Participated in at least one subcommittee in the past 12 months	2	
Application was complete	2	
Document demonstrates administrative capacity	2	
Document demonstrates financial stability	2	
TOTAL POINTS AVAILABLE	**10**	