

**FY 2022 Butte Countywide Homeless Continuum of Care  
Renewal Project Questionnaire**

Project Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Sub-recipient: (If applicable) \_\_\_\_\_

Requested Funding Amount: \_\_\_\_\_

Changes in Application:

Please describe any proposed changes to your project from the FY 2021 CoC Renewal Application, including: Recipient, Subrecipient, Project Description, Services, Housing Type, Households, Subpopulations, Funding Request, Rental Assistance, Match, Budget. Note that any changes must be approved by HUD. If no changes, state "no changes proposed":

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 relative to the total population. What steps has your project taken, or will it take, to eliminate the identified barriers?

LGBTQ+ Persons:

Describe if your agency has anti-discrimination policies that ensure LGBTQ+ individuals and families receive services, shelter and housing free from discrimination. If not, describe your plans to develop such policies in fiscal year 2022-23.

Innovative Practices to Improve Project Performance:

Briefly describe any innovative practices or policies your project implemented during the past calendar year, and their impact on project performance.

**Certification:** The renewal applicant listed above certifies its understanding that in addition to the completion of this questionnaire, it will be required to prepare its Renewal Application in eSnaps, save the application as a PDF and email to Housing Tools, along with its most recent APR, in order to be considered for review and ranking. It further certifies that it meets all HUD project eligibility and project renewal thresholds listed in Sections V.B.3.c and V.C.4.d of the 2022 NOFO.

\_\_\_\_\_  
Applicant Authorized Signature

\_\_\_\_\_  
Date