

**NYC Coalition on the Continuum of Care
Request for Proposals:
NEW PERMANENT SUPPORTIVE & RAPID RE-HOUSING PROJECTS
NYC CCoC FY2016 HUD NOFA Application**

This is the application for New York City Coalition on the Continuum of Care (NYCCCoC) new permanent housing projects, including both permanent supportive housing and rapid re-housing. HUD announced that all CoCs may create new projects through the permanent housing bonus at up to 15 percent of the CoC's FPRN. This amounts to approximately \$15.5M in New York City. Additional funds may also be available through the reallocation process as determined by the NYCCCoC Steering Committee. Bonus and any reallocation funds will be available for the following types of new projects through the FY 2016 CoC Program Competition NOFA:

- New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults¹ experiencing chronic homelessness.
- New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

New projects to be put forward with the NYCCCoC 2016 application to HUD will be selected by an independent scoring committee. Final decisions regarding awards will be made by HUD via the national competition.

Please note that this application is based on the best information that is currently available and the NYCCCoC may need to revise the requirements described below and/or request additional information after the NOFA is released.

- The **deadline for submission of this application is to be determined**
- The completed application will be sent to nycccoc@dhs.nyc.gov
- Projects selected for submission with the NYCCCoC 2016 application to HUD will be required to submit an application electronically via eSNAPS. Details regarding those requirements will be announced subsequent to the release of the NOFA.

Steps to apply:

- All information is required. The CoC reserves the right not to review:

¹ Note, the term "youth/young adult" is intended to mean a person up to the age of 24 and 364 days or persons under 25 years of age.

Organization Name: _____ Project Name: _____

- incomplete applications
 - projects that do not meet all eligibility requirements
 - applications that exceed the maximum page limit described on page 9
 - projects with costs that deviate substantially from the norm in the locale for the type of structure or kind of activity proposed.
-
- Please contact your DHS Liaison at nycccoc@dhs.nyc.gov with questions about the form or process.
 - Please save your document with the following naming convention:
 <Agency name –Program name-NYC CCoC 2016>.
 Example: ABC Services-Home to Stay-NYC CCoC2016.doc
 - Send applications to nycccoc@dhs.nyc.gov

Project applications will be accepted on *a rolling basis* until otherwise indicated

Only emailed proposal packets will be accepted.

Project Requirement and Priorities:

- Eligible activities/projects for the Funds:
 - All projects must be Permanent Supportive Housing or Rapid Re-Housing
 - Projects can request funds for
 - PSH: Rental assistance, leasing, operating, construction, acquisition, rehabilitation
 - RRH: Rental assistance (must be tenant-based –TBRA)
 - ALL Projects: Supportive Services
 - ALL Projects: HMIS
 - ALL Projects: Admin
 - Term – Projects may request up to 5 years of funding for rental assistance, operating, or supportive services and capital funds, and up to 3 years for leasing. The NYCCoC reserves the right to change the maximum allowable term for final applications submitted to HUD based on NOFA requirements and/or strategic priorities such as those aimed at maximizing federal funding.
 - The FY 2016 HUD Appropriations Act requires HUD to obligate FY 2016 CoC Program funds by September 30, 2018. Obligated funds remain available for expenditure until September 30, 2023. However, HUD reserves the right to require an earlier expenditure deadline under a grant agreement. The applicant is expected to initiate the approved projects promptly in accordance with the requirements of the NOFA. Grant terms, and associated grant operations, may not extend beyond the availability of funds. Applicants must plan accordingly and only submit applications that can start operations in a timely manner with sufficient time to complete post award process within the awarded grant term. In addition, HUD will take action if the grantee fails to satisfy the timeliness standards found in 24 CFR 578.85. HUD strongly encourages all rental assistance to begin within 12 months of award. The NYCCoC reserves the right to change requirements related to timeliness of expenditures for final applications submitted to HUD based on NOFA requirements and/or strategic priorities such as those aimed at rapid project start-up.
 - Projects **cannot** combine the following types of assistance in a single structure or housing unit:
 - Leasing and acquisition, rehabilitation, or new construction
 - Tenant-based rental assistance and acquisition, rehabilitation, or new construction
 - Short or medium-term rental assistance and acquisition, rehabilitation, or new construction
 - Rental assistance and leasing
 - Rental assistance and operating
 - Recipients and subrecipients of HUD CoC funds must comply with HUD and NYCCoC Conflict of Interest requirements, including:
 - Projects cannot use leasing funds in buildings owned by the recipient, subrecipient, their parent organization(s), a staff or board member relative or business associate.
 - The owner of a unit or his/her subordinate may not conduct Housing Quality Standard, rent reasonableness or lead-based paint visual inspection.

- Staff, persons with whom staff has immediate family or business ties and board members are prohibited from accruing any financial interest/benefit from CoC assisted activities during their tenure with the organization and for one year following tenure.
- Projects, except as prohibited to protect victims of domestic violence, dating violence, sexual assault, or stalking, must agree to enter client data into the NYC CCoC HMIS.
- All projects must participate in the annual homeless count(s), and any applicable coordinated access system, and comply with the NYCCoC Written Standards (See Appendix) and all other NYC CCoC Policies and Procedures.
- Applications must demonstrate:
 - A plan for **rapid implementation** of the program; the project narrative must document when the project will be ready to begin housing the first program participant, when the project will achieve full occupancy, and a detailed plan for how the project will ensure timely implementation.
 - A connection to **mainstream service systems**, specifically:
 - 1) that activities are in place to identify and enroll all Medicaid-eligible program participants; AND
 - 2) whenever possible, that the project includes Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability. Project applicants may include Medicaid-financed services either by the recipient receiving Medicaid coverage payments for services provided to project participants or through formal partnerships with one or more Medicaid billable providers (e.g., Federally Qualified Health Centers). Medicaid-financed health services provided in a hospital setting do not qualify. Where projects can demonstrate that there are barriers to including Medicaid-financed services in the project, they must demonstrate that the project leveraged non-Medicaid resources available in the CoC's geographic area, including mainstream behavioral health system resources such as mental health or substance abuse prevention and treatment block grants or state behavioral health system funding.
 - Experience in operating a successful **housing first** program and a program design that meets the definition of Housing First as adopted by the NYC CCoC (see Housing First Practices in the Appendix).
 - A plan for outreach to the eligible population.
 - That the project is cost-effective, including costs of construction, operations, and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.
 - That they meet HUD's match requirements.
 - Written commitments of cash and/or in-kind value of **leveraged commitments is at least 150%** of the total request to HUD.
- Eligible localities:
 - Projects must be located within the five boroughs of New York City.

- Eligible populations:
 - PSH:
 - All projects must dedicate 100% of units to chronically homeless individuals and/or families, as defined by HUD (See Appendix).
 - Project applicants must demonstrate that they will first serve the chronically homeless according to the order of priority established in *Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons (SEE APPENDIX)*.
 - Disabilities: All projects must serve exclusively disabled households as defined by HUD (See Appendix)
 - RRH: All projects must serve 100% literally homeless families and/or single adults coming from emergency shelters and/or unsheltered locations or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).
 - Persons in transitional housing **are not eligible** for either project type, even if they met the criteria described above prior to entering the transitional housing program.

- Eligible applicants:
 - Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies.
 - Applications shall only be considered from project applicants in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds- outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

- Priorities:
 - Bonus points will be available to PSH and RRH projects that dedicate a minimum of 50% of units for unaccompanied and parenting youth under age 25.
 - Bonus points will be available to PSH projects that demonstrate a viable plan to begin housing eligible participants within 12 months of award and to achieve full occupancy within 18 months of award.
 - Additional bonus points will be available to PSH projects that demonstrate a viable plan to begin housing eligible participants within 6 months of award and to achieve full occupancy within 12 months of award.
 - Bonus points will be available to RRH projects that demonstrate a viable plan to begin housing eligible participants within 4 months of award and to achieve full occupancy within 8 months of award.
 - Bonus points will be awarded for projects that prioritize Veterans who are ineligible to receive HUD-VASH/SSVF services.
 - Bonus points will be awarded to projects that will employ homeless and/or formerly homeless individuals.

Organization Name: _____ Project Name: _____

- Bonus points will be awarded to projects that incorporate the SOAR approach when applying for SSI/SSD for clients

APPLICATION

1. Project Applicant Information:

- a. Name of Organization: _____
- b. Organization Type
 - Units of Local Government Non-profit 501(c)(3) PHA
 - State Government Other: Describe _____
- c. DUNS Number: _____

2. Sub-Recipient Organization (if applicable):

- a. Name of Organization: _____
- b. Organization Type
 - Units of Local Government Non-profit 501(c)(3) PHA
 - State Government Other: Describe _____
- c. DUNS Number: _____

3. Contact person for this application:

- a. Name: _____ Title: _____
- b. Phone: _____
- c. Email: _____

4. Project Address: _____

5. Type of Project: PSH RRH

6. Proposed Project Term: _____ Years

7. Proposed Project Budget - Annual

Activities	Annual Assistance Requested
Rental Assistance	
Indicate Type of RA (if applicable)	<input type="checkbox"/> TBRA (Required for RRH) <input type="checkbox"/> PBRA <input type="checkbox"/> SBRA
Leasing	
Supportive Services	
Operations	
Acquisitions	
New Construction	

Organization Name: _____ Project Name: _____

Acquisition	
HMIS	
Sub-total Request (Add all lines above)	
Administrative costs (Subject to change; possible max 10% of subtotal) ²	
Total Annual Request (Add Sub-total and Admin)	
Cash Match	
In-kind Match	
Total Match (Add cash and in-kind match) must be at least 25% of total request excluding leasing ³	
Total Annual Budget (Add Total Request and Total Match)	

8. Proposed Project Budget – Total (applies only to projects requesting a term of more than 1 year)

Activities	Total Assistance Requested over Full Term of Multi-Year Request
Subtotal Multi-Year Request (Multiply applicable lines by # of years)	
Administrative costs (Subject to change; possible max 10% of subtotal) ⁴	
Total Annual Request (Add Sub-total and Admin)	
Cash Match	
In-kind Match	
Total Match (Add cash and in-kind match) must be at least 25% of total request excluding leasing ⁵	
Total Budget Over Full Term (Add Total Request and Total Match)	

² NYCCoC reserves the right to limit administrative requests for final applications submitted to HUD based on NOFA requirements and/or strategic priorities such as those aimed at maximizing direct assistance.

³ NYCCoC discourages projects from committing more than the required match. HUD will monitor based on the amount committed in the application and over committing increases recapture risk. Projects are encouraged to move excess match to leverage.

⁴ NYCCoC reserves the right to limit administrative requests for final applications submitted to HUD based on NOFA requirements and/or strategic priorities such as those aimed at maximizing direct assistance.

⁵ NYCCoC discourages projects from committing more than the required match. HUD will monitor based on the amount committed in the application and over committing increases recapture risk. Projects are encouraged to move excess match to leverage.

Organization Name: _____ Project Name: _____

9. Housing Type

- a. Type: Single Site Scatter Site
- b. Total Number of Units: _____
- c. Total Number of Beds: _____

10. A. Population to be Served in the Project (Full Project Capacity at a Point-in-Time)

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

B. Population to be Served in the Project (Annually – over the course of a year)
(Not applicable for PSH - Applies to RRH only)

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

Scoring Breakdown

The score is based on a 100 point base scale with up to 7 bonus points available

- I. Organizational Experience and Capacity – Section 1 starting on page 11 (20 points)**
 - a. Overall experience and organizational capacity (Sections A, B, C, D, E; 10 points)
 - b. Compliance with HUD/CoC Requirements (Sections F, G, H, I, J, K; Section H on page 14 under Project Description; Sections A & B on page 16 under Supportive Service Design; 10 points)

- II. Project Description – Section 2 starting on page 12 (30 points)**
 - a. Program Overview (Section A; 6 points)
 - b. Estimated schedule for timely completion of work (Section B; 4 points)
 - c. Rapid implementation & Capital Development(Sections D & K; 5 points)
 - d. Coordinated Entry participation/Prioritization (Sections E & F; 4 points)
 - e. Housing First (Section G; 6 points)
 - f. Most integrated setting (Section I; 1 point)
 - g. CQI (Section L; 2 points)
 - h. Consumer involvement (Section M; 2 points)

- III. Supportive Service Design – Section 3 starting on page 15 (up to 30 points)**
 - a. Obtain/Retain permanent housing (Section C; 6 points)
 - b. Assistance with obtaining mainstream benefits (Section D; 5 points)
 - c. Assistance with increasing income/employment (Section E; 5 points)
 - d. Assistance with ability to live independently (Section F; 4 points)
 - e. Fit for participant needs (Section G; 1 points)
 - f. Outreach plan (section 4; 6 points)
 - g. Support services –type & frequency (Section 5; 3 points)

- IV. Performance Measures & Management – Section 7 starting on page 21(10 points)**
 - a. HMIS Participation (5 points)
 - b. Standard Performance Measures (5 points)

- V. Budgets (10 points)**
 - a. Budget detail (Section 8 starting on page 22; 5 points)
 - b. Leveraging (Section 9 starting on page 27; 5 points for leveraging at or above 150%, 0 points for leveraging below 150%)

- VI. Bonus (7 points)**
 - a. PSH and RRH projects that dedicate a minimum of 50% of units for unaccompanied and parenting youth under age 25 (2 points)

Organization Name: _____ Project Name: _____

- b. PSH projects that demonstrate a viable plan to begin housing eligible participants within 12 months of award and to achieve full occupancy within 18 months of award (1 point)
- c. PSH projects that demonstrate a viable plan to begin housing eligible participants within 6 months of award and to achieve full occupancy within 12 months of award (2 points)
- d. Bonus points will be available to RRH projects that demonstrate a viable plan to begin housing eligible participants within 4 months of award and to achieve full occupancy within 8 months of award (3 points)
- e. Bonus points will be awarded for projects that prioritize Veterans who are ineligible to receive HUD-VASH/SSVF services (1 point)
- f. Bonus points will be given to projects that will employ homeless and/or formerly homeless individuals (1 point)

There is a combined 15 page limit using a 12 point font with one inch margin for Sections 1 (Organizational Experience and Capacity), 2 (Project Description, and 3 (Supportive Services for Participants).

Organization Name: _____ Project Name: _____

I. Organizational Experience and Capacity of Applicant/Sponsor

- **In a separate document answer the following questions and submit with your application.**

<p>A. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project.</p> <p>Be sure to provide concrete examples that illustrate:</p> <p>1) experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications</p> <p>2) working with and addressing the target population’s identified housing and service needs. Specifically describe your experience with the Housing First model, serving populations with the highest needs and with delivering or securing Medicaid funded and other mainstream services for participants in the agency’s programs.</p>
<p>B. Describe experience of project applicant and partners (if applicable) relating to serving the eligible population you are proposing to serve.</p>
<p>C. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include description of internal and external coordination, structures for managing basic organization operations, and an adequate financial accounting system that will be used to administer the grant.</p>
<p>D. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.</p>
<p>E. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds. If the applicant and subrecipient have no experience, indicate “No experience leveraging other Federal, State, local or private sector funds.”</p>
<p>F. Have any of your agency’s HUD funded programs (including ESG) received a HUD audit in the last 12 months? yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/></p> <p>If yes, were there any findings from the audit? yes <input type="checkbox"/> no <input type="checkbox"/></p>

Organization Name: _____ Project Name: _____

<p>If yes, please describe the findings and your agency's corrective actions to satisfy the findings and <u>attach a copy of the corrective action plan that you submitted to HUD.</u></p>
<p>G. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/></p> <p>If Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve.</p>
<p>H. Have you returned any funds to HUD on any existing grants in the last two years?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/></p> <p>If yes, how much has been returned?</p> <ul style="list-style-type: none"> • What is the reason that the funds have been returned? • What actions are you taking to ensure full spending? •
<p>I. Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/></p> <p>If yes, how much is owed?</p> <p>What is the reason for the obligation to HUD?</p> <p>What is preventing establishing a payment schedule?</p>
<p>J. Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/></p> <p>What is the reason that the funds have not been drawn down?</p> <p>What actions are you taking to ensure timely draw down?</p>
<p>K. Have you submitted on time Annual Progress Reports (APRs) for all HUD CoC grants in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/></p> <p>What is the reason for any late APR submissions?</p> <p>What actions are you taking to ensure timely submission?</p>

Organization Name: _____

Project Name: _____

Organization Name: _____ Project Name: _____

Program Proposal

2. Project Description

<p>A. Provide a description (limit 2000 characters) that addresses the entire scope of the proposed project. The project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). The description must be consistent with other parts of this application and identify in 2000 characters or less (spaces included):</p> <ul style="list-style-type: none"> • The target population including the number of single adults and the number of families with children to be served when the project is at full capacity • Address and location of units • Type and number of units – scatter site or single site, single or multi-family homes, etc • The specific services that will be provided and outreach methods to be used to serve the long-term homeless population • Projected outcomes • Coordination with partners • Project timeline – when units will be developed or leased-up • HMIS implementation • How the project will leverage or deliver Medicaid services to participants
<p>B. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.</p>
<p>C. In cases where the proposed project is expanding an existing project, describe how the requested funds will supplement existing services and resources, and increase participants served.</p>

Organization Name: _____ Project Name: _____

<p>D. Describe a plan for rapid implementation of the program; Indicate the month and year in which the project will begin to house eligible participants, the month and year in which the project will achieve full occupancy, and a detailed plan for ensuring timely and full project rent-up. If any project site is not currently owned or under a lease agreement, provide a summary of relevant contracts and agreements (e.g., with local landlords, housing locator specialists, public housing authority, other partner organizations) needed for the achievement of project operation. The narrative must provide evidence that ensures there will be no delay in service provision to participants, operation of CoC management systems, or the leasing of units for reasonable rents.</p>
<p>E. Will the project receive referrals only through one of NYC's established local Coordinated Access systems (e.g. HRA 2010e, HASA, DHS Housing Unit, etc.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please explain why and provide information about how the project will ensure access to the proposed project using a low barrier approach and appropriate targeting of resources to eligible participants whose level of need is appropriate to the proposed model type.</p>
<p>F. PSH Only: Describe recipient/subrecipient capacity for assessing need, prioritizing persons with the most severe needs and outreach to the chronically homeless and the specific plan for how the project will first serve the chronically homeless according to the order of priority established in <i>Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons (SEE APPENDIX)</i>.</p>
<p>G. Describe recipient/subrecipient experience with and a description of the program design for implementing Housing First.</p>
<p>H. If applying for Rental Assistance, describe the method for determining the type and amount of rental assistance that participants can receive.</p>

Organization Name: _____ Project Name: _____

<p>I. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will more than 16 persons reside in a structure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please answer the following questions</p> <ul style="list-style-type: none"> • Describe local market conditions that necessitate a project of this size. • Describe how the project will be integrated into the neighborhood.
<p>J. Will your agency employ homeless and/or formerly homeless individuals in this project?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe the role of these individuals in the project.</p>
<p>K. If the project involves capital development, please describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.</p>
<p>L. Describe your plans to implement a system of Continuous Quality Improvement, program evaluation, and consumer satisfaction in order to ensure that your program provides a high quality of services. Please describe how outcomes related to improving employment rates and increasing income among participants will be measured.</p>
<p>M. Describe your agency's existing mechanism(s) for consumer involvement and how that information is used. Describe how you would obtain consumer feedback in this new program.</p>

Organization Name: _____ Project Name: _____

3. Supportive Services for Participants

<p>A. For projects serving families or single adults 24 years old or younger, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>B. For projects serving families or single adults 24 years old or younger, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and McKinney-Vento education services?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>C. Describe how participants will be assisted to obtain and remain in permanent housing.</p>
<p>D. Describe your plan for ensuring program participants will be individually assisted to obtain benefits of the mainstream health, social, and employment programs for which they are eligible. Specifically describe access to Medicaid funded services.</p>
<p>E. Describe how participants will be assisted to increase employment and/or income using mainstream programs to maximize their ability to live independently.</p> <p>Please identify whether the project will include the following activities:</p> <p>Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>

Organization Name: _____ Project Name: _____

<p>Regular follow-ups with participants to ensure mainstream benefits are received and renewed? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Indicate the last SOAR training date for the staff person providing the technical Assistance:</p> <p>_____</p>
<p>F. Describe how participants will be assisted to maximize ability to live independently and increase self-sufficiency using mainstream housing and service programs.</p>
<p>G. Describe how the type, scale, and location of the supportive services and the mode of transportation to those services fit the needs of program participants</p>

4. Outreach for Participants

A. Enter the percentage of homeless persons who will be served by the proposed project for each of the following locations:

- ___ Persons who came from the street or other locations not meant for human habitation
- ___ Persons who came from Emergency Shelters
- ___ Persons who came from safe havens
- ___ Total of above percentages

<p>B. Describe the outreach plan to bring eligible homeless participants into the project, including a contingency plan to ensure project rent-up in accordance with the described timeline if sufficient eligible applicants are not identified in a timely manner.</p>
--

Organization Name: _____

Project Name: _____

Organization Name: _____ Project Name: _____

5. Supportive Services Type and Frequency:

For all supportive services available to participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services**. Please include all Medicaid services whether provider by the applicant or through partnerships with other organizations that provide Medicaid funded services.

For Provider, indicate: “Applicant” if the applicant will provide the service directly; “Subrecipient” if a subrecipient will provide the service directly; “Partner” if an organization that is not a subrecipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, “Non-Partner” to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.

		Frequency – select one per service type				
Supportive Service	Provider	Daily	Weekly	Bi-monthly	Monthly	Does not Apply
Assessment of Service Needs						
Assistance with Moving Costs						
Case Management						
Child Care						
Education Services						
Employment Assistance/Job Training						
Food						
Housing Search/ Counseling Services						
Legal Services						
Life Skills						
Mental Health Services						
Outpatient Health Services						
Outreach Services						
Substance Abuse Treatment Services						
Transportation						
Utility Deposits						

Organization Name: _____ Project Name: _____

b. How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc) to the projects?

- Yes, very accessible
- Somewhat accessible
- Not accessible

6. Population/Subpopulation Characteristics

Population Characteristics

Population Characteristics	Persons in HH's with At Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under age 18				
Accompanied Non-disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under 18				

Totals from Above:

Total Number of Adults over age 24				
Total Number of Adults ages 18-24				

Organization Name: _____

Project Name: _____

Total Number of Children under 18				
Total Persons				

Subpopulations: Households with At Least One Adult and One Child

	Chron. Homeless Non- Vets	Chron. Homeless Vets	Chronic Subs. Abuse	Persons with HIV/ AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Otherwise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Disabled Children under age 18									
Non-disabled Children under age 18									
Total Persons									

Organization Name: _____ Project Name: _____

Subpopulations: Adult Households without Children

	Chron. Homlss Non- Vets	Chron Homlss Vets	Chroni c Subs. Abuse	Person s with HIV/ AIDS	Severely Mentall y Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpm t Disab	Not Otherwise Represente d
Disabled Adults over age 24									
Non- disabled Adults over age 24									
Disabled Adults ages 18- 24									
Non- disabled Adults ages 18- 24									
Total Persons									

Organization Name: _____

Project Name: _____

Subpopulations: Households with Only Children

	Chron. Homles Non- Vets	Chron. Homles Vets	Chronic Subs. Abuse	Persons with HIV/ AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Otherwise Represente d
Unaccompanied Disabled Children >18									
Unaccompanied Non-Disabled Children >18									
Accompanied Disabled Children >18									
Accompanied Non-Disabled Children >18									
Total Persons									

Organization Name: _____ Project Name: _____

7. Performance Measures & Management

I. HMIS Participation

- a. Does your agency currently participate in HMIS? Yes No
- b. Will your agency enter data into the HMIS for this proposed project?
- c. Did you complete the required number of uploads for your organization’s other CoC funded projects? Yes No
- d. What measures will you take to ensure your data is high quality?

2. Standard Performance Measures

a. Specify the universe and target numbers for the following measure:

Housing Measure	Universe #	Target #	Target % (Divide target by universe)
All Projects: Persons remaining in permanent housing or exiting to permanent housing (subsidized or unsubsidized) as of the end of the operating year.			
RRH ONLY: Persons placed in permanent housing within 30 days of entry into project.			

b. Specify the universe and target numbers for the following performance measure for **EITHER A or B** below (choose one to complete)

Income Measure	Universe #	Target #	Target %
A. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit			
B. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			

8. Budget detail – complete only the sections relevant to the type of funds your project is requesting

Rental Assistance (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals.

Indicate the Type of Rental Assistance:

Organization Name: _____ Project Name: _____
 Project Based Tenant Based (Required for RRH) Sponsor Based

Unit Size	No. of Units	FMR	Term (# of months)	Total
Efficiency		\$		
1 Bedroom		\$		
2 Bedroom		\$		
3 Bedroom		\$		
4 Bedroom		\$		
Total				

Leasing Costs⁶:

Total Annual Assistance Requested:			
Grant Term:			
Total Request for Grant Term:			
Total Units			
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested

Operating Costs

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. When including staff costs, please include title, salary and FTE.

Operating Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
Maintenance and repair		
Electricity, Gas and Water		
Property Tax and Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
Total Annual Assistance Requested		
Grant Term		

⁶ HUD requires that projects using CoC leasing funds maintain leases between the recipient or subrecipient of the CoC funds and the property owner.

Organization Name: _____ Project Name: _____

Total Request for Grant Term		
------------------------------	--	--

Supportive Services: Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food		
Housing Search/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		
Operating Costs		
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

Organization Name: _____ Project Name: _____

Acquisition/Rehabilitation/New Construction

Enter the amount (\$) requested for eligible development costs at the structure site. The line item costs for new construction may include the actual cost of real property acquisition; however, project applicants may not enter an amount for both new construction and acquisition or rehabilitation for the same structure. For projects requesting funds for new construction, the cost of acquiring land should be included in the New Construction costs. Project applicants may apply for acquisition and rehabilitation costs for the same structure. Refer to section 578.43-47 of the CoC Program interim rule for more information, including what activities are eligible under each of these costs.

Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.

Name of Structure: _____

Street Address 1: _____

Street Address 2: _____

City: _____

State: New York

Zip Code: _____

Eligible Activity	Amount of Assistance Requested
Acquisition	
Rehabilitation	
New Construction	
Total Assistance Requested:	

Organization Name: _____ Project Name: _____

HMIS

Enter the quantity and total budget request for each HMIS cost.

Eligible Costs		Quantity and Description	Annual Assistance Requested
Equipment			
Software			
Services			
Personnel			
Space and Operations			
Total Annual Assistance Requested			
Grant Term			
Total Request for Grant Term			

OTHER FUNDING:

Are the HUD CoC funds you are requesting sufficient to operate the project to serve the # of participants proposed in this application? Yes No

If no, how much additional funding is required annually to fully support the project?

What additional funding sources and amounts, other than HUD CoC sources are committed to this project (e.g. HUD VASH, OMH, DOHMH, HASA, LIHTC, etc.)?

Source	Amount Committed Annually

Organization Name: _____ Project Name: _____

9. Leveraging: Please identify all leveraged resources: construction/rehabilitation, other services received by project participants, cash grants, donated and in-kind services. **Written commitments are required by HUD at time of project application; do not include leveraged resources if commitment will not be in place by time of NOFA submission (Date TBD).** Add rows as needed for additional sources.

Please see “Guidance on Match and Leveraging” in Appendix

HUD requires that commitment letters for leveraged resources be dated on or before the application due date. Written commitments of cash and/or in-kind value of **leveraged commitments must be at least 150%** of the total request to HUD.

Identify Type of Contribution: Cash or In kind	Name the Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Cash</i>	CDBG	G	4/15/15	\$10,000
*Government sources are appropriated dollars.			TOTAL:	\$

Note on Leveraging:

Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**. A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are **one-time only** and cannot be claimed by more than one project (e.g., the value of donated land, buildings or equipment claimed in 2005 and prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions). The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated **and** in your possession prior to the deadline for submitting your application, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available. If you **do not** have a written agreement in hand at the time of application submission, **do not** enter the contribution.

Organization Name: _____ Project Name: _____

APPENDIX

DEFINITIONS OF KEY TERMS:

Category 4 – HUD Homeless Definition. HUD defines four categories under which individuals and families may qualify as homeless. Category four is individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Chronically Homeless. A “chronically homeless” individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

Recipients and subrecipients of Continuum of Care Program funds are required to maintain and follow written intake procedures to ensure compliance with the “chronically homeless” definition. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the individual seeking assistance third.

Excerpts From Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons

Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

(a) First Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

Organization Name: _____ Project Name: _____

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
- ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (I) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

(b) Second Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (I) of the definition for chronically homeless, of the family as having severe service needs.

(c) Third Priority–Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
- ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (I) of the definition for chronically homeless, of the family as having severe service needs.

(d) Fourth Priority–All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than** 12 months; and
- ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (I) of the definition for chronically homeless, of the family as having severe service needs.

NYC Coalition on the Continuum of Care Written Standards

Organization Name: _____ Project Name: _____

As required by HUD, the NYCCoC has adopted written standards. All CoC Program funded projects must comply in full with the applicable standards. The current written standards are available at (<http://www.nyhomeless.com/html/resources.html>). All CoC Program funded projects must also comply with all HUD regulations and NOFA requirements established for the CoC Program. HUD regulations may be found at: <https://www.onecpd.info/resources/documents/CoCProgramInterimRule.pdf>.

CoC Program funded projects may also be subject to additional criteria as set forth in annual competitive application processes administered by the NYCCoC in conjunction with HUD annual CoC program competitions.

Below are excerpts from the NYCCoC written standards. Applicants are responsible for reviewing the standards in their entirety.

A. Housing First Practices

Housing First is a proven method of ending all types of homelessness and is the most effective approach to ending chronic homelessness. Housing First approaches quickly connect people experiencing a housing crisis with permanent housing without preconditions (e.g., sobriety, treatment or service participation requirements) and the supports needed to maintain housing. Evidence from communities and programs that follow a Housing First approach shows that Housing First can reduce the length of time people are homeless, increase consumer choice, and increase housing stability.

Housing First is an alternative to approaches where people experiencing homelessness must demonstrate their readiness for permanent housing or otherwise participate in a linear set of time-limited housing and services before obtaining permanent housing. By contrast, Housing First is premised on the understanding that everyone is “housing ready”, that people experiencing a wide variety of barriers can successfully find and maintain housing with the right supports, and that people are better able to address their concerns and goals when stably housed.

In line with Housing First, providers should eliminate eligibility requirements that prevent higher need families and individuals from accessing their programs, especially requirements related to employment, minimum income, rental history, or substance use history. Providers who don't have the skills to serve these families and individuals should be increasing their capacity either internally or through partnerships.

A project that adheres to a Housing First approach focuses on ensuring rapid placement and stabilization in permanent housing. This means helping clients find or directly offering permanent housing without preconditions, such as sobriety or income, avoiding requirements that are not normally included on a lease, and connecting clients to supports most critical to ongoing housing stability. Housing First is not housing only, however, as many people who experience homelessness need and want assistance with increasing their income, accessing medical care, addressing mental health and/or substance abuse issues, and dealing with other personal problems that may directly or indirectly cause them to become homeless again. Overwhelming evidence now shows that people are best able to address their personal needs

Organization Name: _____ Project Name: _____

when they are not on the street or in a shelter, but are instead in their own housing with the right amount of temporary or permanent financial and service supports necessary to stay housed. This also means that projects should strive to offer assistance in a progressive manner – offer more only when more is needed and desired to obtain permanent housing quickly and maintain it, and also less when such help is not needed.

Housing First practices are required to be used in all CoC Program funded **PSH, RRH, TH, SH and SSO** projects unless otherwise prohibited by other project funding sources or otherwise indicated in these standards.

B. Data Collection and HMIS Participation

All providers receiving CoC Program funding are required to participate in the CCoC's Homeless Management Information System (HMIS). Providers must execute an HMIS Participation Agreement with the Department of Homeless Services (CCoC designated HMIS lead). Programs must follow NYC CCoC HMIS Policies and Procedure and remain in good standing with HMIS participation requirements. Providers that serve survivors of Domestic Violence only have to meet the basic HUD HMIS requirements for DV programs.- (i.e collect all of the data elements an HMIS collects, however victim service providers are directed to store that data in a comparable database and report on aggregate level and not client level specific data).

C. Program Evaluation and Continuous Improvement

CoC program funded projects are evaluated each year in preparation for HUD's CoC Program competition. Evaluation results are used to inform project selection and ranking, as well as to identify any performance issues that may need to be addressed. When a performance issue is identified, a provider may be referred to the CCoC's performance and quality improvement (PQI) committee for follow-up assistance and support in creating a plan to improve performance. Severe and persistent performance issues, including issues related to compliance with CCoC standards and chronic underspending, may negatively impact a project's ability to continue to receive CoC Program funding.

D. Permanent Supportive Housing

CoC Program funding for permanent supportive housing is designed to provide the services necessary to help homeless persons maintain stability in permanent housing after experiencing homelessness. In line with the HUD's national homelessness policy as outlined in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, federal programs aimed at ending homelessness have shifted towards providing stable, permanent housing opportunities for the homeless and at-risk homeless and less towards transitional housing.

Permanent Supportive Housing projects must also follow the NYCCoC written standards for PSH. Those standards are available at (<http://www.nyhomeless.com/html/resources.html>).

E. Rapid Re-Housing

Organization Name: _____ Project Name: _____

CoC Program rapid re-housing funds are designed to provide the services necessary to help homeless persons quickly regain stability in permanent housing after experiencing homelessness. In line with the HUD's national homelessness policy as outlined in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, federal programs aimed at ending homelessness have shifted towards providing stable, permanent housing opportunities for the homeless and at-risk homeless and less towards transitional housing. Rapid Re-Housing programs funded through the CoC will be required to meet HUD defined housing first standards as described [here: https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf](https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf)

Rapid Re-Housing projects must also follow the NYCCCoC written standards for RRH. Those standards are available at (<http://www.nychomeless.com/html/resources.html>).

Organization Name: _____

Project Name: _____

Guidance on Match and Leverage –CoC Program Competition

Match and Leverage are two distinct categories of program funds that are acquired from sources other than your CoC grant request. Match and Leverage cannot be double counted (i.e., you may not apply the same resource to both match and leverage; each dollar can be counted as one or the other, not both). The Match and Leverage information should be based on the current commitment at time of project application and NOT based on projections.

Match

- Per the HEARTH Interim Rule (24 CFR 578.73), match must equal **25 percent of the total grant request including admin costs but excluding leasing costs** (i.e., any funds identified for Leased Units and Leased Structures). For example, if the ‘total assistance requested’ is \$100,000, and the project applicant did not request costs for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than \$25,000. For example, if the ‘total assistance requested’ is \$100,000, of which \$50,000 is for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than \$12,500 (i.e., $(100K-50K)*.25$).
- HUD expects that the full match amount committed in the application is met and would monitor based on that amount. Match that exceeds the minimum requirement should be used to meet the leverage requirements described below.
- The total match requirement can be met through **cash, in-kind, or a combination** of the two.
- Match must be used for **eligible costs** for the program component you are applying for, as set forth in the HEARTH Interim Rule (Subpart D of 24 CFR part 578).
- **Cash sources.** A recipient or subrecipient may use funds from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The recipient must ensure that any funds used to satisfy the matching requirements of this section are eligible under the laws governing the funds in order to be used as matching funds for a grant awarded under this program.
- The recipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the recipient had to pay for them with grant funds, the costs would have been eligible. Any such value previously used as match, may not be used again.
- If match is provided through **in-kind sources** from a third party, it must be documented by an **MOU** between the recipient or subrecipient and the third party that will provide the services. Services provided by individuals must be **valued at rates consistent** with those ordinarily paid for similar work in the recipient’s or subrecipient’s organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market. The MOU must establish the **unconditional commitment**, except for selection to receive a grant, by the third party to provide the services, the **specific service** to be provided,

Organization Name: _____ Project Name: _____

the **profession** of the persons providing the service, and the **hourly cost** of the service to be provided.

- During the term of the grant, the recipient or subrecipient must keep and make available, for inspection, **records documenting the service hours provided.**
- **To qualify as match, funds must come to and be disbursed by the grantee.** If benefits are paid directly to program participants, the funding is not going through the agency's books and it cannot be counted as match.
- Tenant rent payments or public benefits participants receive **may not be used as match.** When the rents are paid directly to the sponsor agency, it is considered to be 'program income' and program income cannot be used as match. Similarly, rent paid directly to a private landlord does not come to the grantee and so cannot qualify as match. Benefits received by tenants such as SSI, GA do not go to the grantee and cannot be used as match.

Leverage

- Leverage funds can be used for any program related costs (i.e., unlike match, it is not restricted for use only for costs defined as eligible under the HEARTH Interim Rule)
- CT BOS CoC requires documentation of leverage of at least 150% of the 'total assistance requested'
- Leverage must be above and beyond the required match amount. For example, a \$100,000 renewal grant must show \$25,000 in match PLUS \$150,000 in leveraging.
- Any financial assistance that comes from public or private resources can be counted as cash leverage as long as it is used for program related costs.
- Services (counseling, legal advocacy, etc.) and physical goods (food, furniture, clothing, etc.) can be counted as in-kind leverage.
- Leverage must be documented in writing and dated within 60 days preceding the CoC Application.
- HUD expects the amount(s) listed on form 7H in the project application to be accurate, with a commitment letter with the amount listed in place.

Based on the HEARTH Interim Rule and FY2015 HUD CoC NOFA – HUD may change guidance in the 2016 NOFA