

FY24 CoC NOFO Application

Use this form to submit a project application (new or renewal) through the Tulsa City and County Continuum of Care (CoC), A Way Home for Tulsa (AWH4T), local funding competition of the U.S. Department of Housing & Urban Development (HUD) CoC Program funding opportunity.

Instructions

Use this form to submit your project application(s), both new and renewal. Please review this key information before you proceed:

- A. **Organization Information:** you will be prompted to complete questions regarding the organization in this section; this will be completed only once and attached to all submitted project applications.
- B. **File Attachments:** when prompted, you may upload the required file attachments; please provide PDF documents whenever possible to avoid loss of information/formatting issues.
- C. **Save and Continue:** you will have the ability to save your work and continue later. We suggest that you save at the end of each section to ensure that you do not lose any progress.
- D. **Required Fields:** all fields are required unless otherwise indicated (with "optional" or "if applicable" adjoining the question). By proceeding, you acknowledge this requirement and agree to complete all required fields.
 - 1. If the field is not applicable, indicate "N/A"
- E. **Application Submission:** only submit when you have completed *all* required fields and are ready to submit the full application (organization + projects)
 - 1. On the submission page, you will have the option to **Review** your answers and **Print** copies of all completed fields. Please do so and keep a copy for your records.

If you encounter any issues with the form, please reach out to nofo@housingsolutionstulsa.org.

Resources

- [HUD 2024-2025 CoC NOFO Details](#)
- [AWH4T 2024-2025 CoC NOFO Details](#)

Organization Information

Applicants will only complete this section once; responses will apply to all organization project applications.

Applicant Organization Name:

Sponsor organization (if applicable):

Contact Information

Primary Contact Name:

Primary Contact Email:

Primary Contact Phone:

Secondary Contact Name (optional):

Secondary Contact Email (optional):

Secondary Contact Phone (optional):

Organization Details

SAM Registration Expiration Date:

Month Day Year

Unique Entity Identifier (UEI)

Classification (NOFO III.A.4.)

501(c)3

Other

Does the organization board of directors include at least 2 individuals with lived experience?

Yes

No

Does the organization employ in leadership roles (organization or program management, etc.) members of under-represented communities (BIPOC, 2SLGBTQ+, etc.)?

Yes

No

Does the organization have a relational process for receiving and incorporating feedback from persons with lived experience of homelessness?

Yes

No

Has the organization reviewed internal policies and procedures with an equity lens and developed a plan for implementing equitable policies that do not impose undue barriers?

Yes

No

[Renewal Projects Only] Have you reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, age, and/or other underserved populations?

Yes

No

[Renewal Projects Only] Describe any programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes.

Is the organization a Victim Service Provider (VSP) as defined by 24 CFR 578.3?

Yes

No

Is the organization a faith-based organization?

Yes

No

If yes, do you attest that the organization “will retain its independence and may continue to carry out its mission consistent with religious freedom and conscience protections in Federal law” and “will not use direct financial assistance from HUD to support or engage in any explicitly religious

activities except where consistent with the Establishment Clause and any other applicable requirements.” (NOFO III.A.2. and 24 CFR 5.109)?

Yes

No

Blank Resilience & Equity Checklist

Organization Threshold

Fiscal Responsibility

Has the organization successfully administered at least one other government grant or other major grant of this size and complexity, within or without the CoC or homelessness services?

Yes

No

Does the organization utilize a financial management system that meets the Federal standards described in 2 CFR 200.302?

Yes

No

Has the applicant/sponsor had a financial audit?

Yes

No

Are there any outstanding financial audit findings or concerns?

Yes

No

If yes, describe issue, status, and any action steps required for compliance (required):

Has the organization/sponsor received any HUD monitoring letters relating to any of the organization's projects or correspondence regarding any findings/concerns?

- Yes
- No

If yes, describe issue, status, and any action steps required for compliance (required):

Does applicant and/or sponsor have any outstanding delinquent federal debts?

- Yes
- No

If yes, select the current status:

Is the applicant debarred or suspended from doing business with the Federal Government (2 CFR 2424)?

- Yes
- No

HUD Standard Attestations & Disclosures

Is the organization, program, and/or sponsor the subject of any unresolved civil rights matters, including investigations, lawsuits, or cause determinations regarding violation(s) of Fair Housing or other civil rights protections? (FY24 CoC NOFO II.B.2.)

- Yes
- No

Per 24 CFR 200.113, does "the recipient or applicant ha[ve] credible evidence that a principal,

employee, agent, sub awardee, subrecipient, or subcontractor of the recipient or applicant has committed: (a) violation of Federal criminal law involving fraud, conflict of interest, bribery, or gratuity violations potentially affecting the Federal award, or (b) a violation of the civil False Claims Act (31 U.S.C. 3729-3733)”?

- Yes
- No

Does the organization/sponsor agree not to use any amount of these funds, should they be awarded, for lobbying activities? (Applicants are subject to the provisions of Section 319 of Public Law 101-121, 31 U.S.C. 1352, (the Byrd Amendment), and 24 CFR part 87)

- Yes
- No

Does the organization/sponsor confirm all statements included in this application are truthful?

- Yes
- No

CoC Standards

Is the organization a member of A Way Home for Tulsa?

- Yes
- No
- Application pending

If no, does the organization commit to joining A Way Home for Tulsa, upon consideration and approval of the Leadership Council?

- Yes
- No

Does your organization agree to implement the A Way Home for Tulsa Service Standards for all CoC-funded projects?

- Yes
- No

Is a member of the organization regularly attending A Way Home for Tulsa meetings?

- Yes
- No

Does the organization currently participate in the Homelessness Management Information System (HMIS) or, if a Victim Service Provider (VSP), an HMIS-comparable database?

Yes

No

If no, does the applicant agree to participate in the Homelessness Management Information System (HMIS) or, if a Victim Service Provider (VSP), an HMIS-comparable database?

Yes

No

The project organization/sponsor has policies that are compliant with HUD CoC Program requirements (check all that apply):

Termination of assistance

Client grievances

Federal Equal Access requirements

Americans with Disabilities Act (ADA) protections

Violence Against Women Act (VAWA) protections

Fair Housing

Confidentiality/Privacy

Project Application Selection

Add a Project

Would you like to submit a new project application?

Yes

No, take me to the renewal project application

(1) New Project Information

New Project #1

Project Name:

Project Type:

Permanent Housing (PH) - Permanent Supportive Housing (PSH)

Permanent Housing (PH) - Rapid Re-Housing (RRH)
Joint Transitional Housing (TH) + PH-RRH
Homeless Management Information System (HMIS)
Supportive Services Only (SSO) - Coordinated Entry (CE)

New Project Funding Option:

DV Bonus
CoC Bonus
Expansion (also submit application for corresponding renewal project)
Transition (also submit application for corresponding renewal project)

If expansion or transition, indicate the corresponding renewal project name:

Housing Type:

Scattered-site
Project-based
Other

Housing location(s), either exact locations or general area, if not yet identified:

Population to be served (select all that apply):

People who meet definition of chronic homelessness
People experiencing unsheltered homelessness
Veterans
People with HIV/AIDS
Individuals with Serious Mental Health Issue/Substance Use
Survivors of Domestic Violence (DV)
People with physical disabilities
Youth and young adults (24 years of age or younger)
Other

Number of people to be served annually:

Number of beds/units to be utilized annually:

May be the same as the number of individuals.

Client to case manager/worker ratio:

Please describe the organizational structure you plan to use for the proposed project, specifically (staff roles funded through this opportunity, i.e. management, coordination, and/or direct service staff; required):

Fiscal Management

Does applicant intend to provide a subaward to a subrecipient(s) from this project budget? (24 CFR 578.3; 2 CFR 200.331)

Yes

No

If yes, Subrecipient Organization Name:

If yes, Subrecipient Organization SAM Registration Expiration Date:

If yes, Subrecipient Organization Unique Entity Identifier (UEI):

If yes, please describe the services provided by the Subrecipient:

Does applicant intend to subcontract any part of this project to a contract organization? (2 CFR 200.331)

Yes

No

If yes, Subcontractor Organization Name:

If yes, Subcontractor Organization SAM Registration Expiration Date:

If yes, Subcontractor Organization Unique Entity Identifier (UEI):

If yes, please describe the services provided by the Subcontractor and the process for identifying the Subcontractor:

Has the project secured funds to meet the minimum required 25% match? (NOFO III.A.3.; if a YHDP project with approved exemption, select yes)

Yes

No

Does the project budget include a VAWA Eligible Costs Line Item? (This request must be approved by the Collaborative Applicant)

Yes

No

Will the project complete (at minimum) quarterly drawdowns from eLOCCS?

Yes

No

Performance Threshold

Project commits to serving only those households that meet HUD eligibility criteria for the selected project type as defined in I.B.3.k. of the FY24 HUD CoC NOFO?

Yes
No

Project conforms to requirements for the project type as outlined in II.B.3.c. of the FY24 HUD CoC NOFO, including participation in the local Coordinated Entry System (CES)?

Yes
No

Applicant/sponsor commits to implementing the project in alignment with Housing First principles?

Yes
No

Does the organization complete at least annual reviews of project policies and procedures with an equity lens in order to ensure no undue barriers are placed on systematically marginalized populations (BIPOC, 2SLGBTQ+, etc.)?

Yes
No

Does/will the project participate in regular collaboration with the Collaborative Applicant to review project HMIS data and outcomes with disaggregation by race, ethnicity, gender identity, age, and/or other underserved populations?

Yes
No

Does the project leverage funding by partnering with any of the below entities? (MOU or agreement is established between entities; NOFO V.B.6.)?

- public housing authority (PHA)
- healthcare system provider (behavioral and/or physical health)
- tribal government
- state/local government
- None of the above
- Other

(1) New Project Evaluation

New Project #1

Scope

Citing local, state, and/or federal data, organization insight, project data, or other relevant sources, briefly describe the needs of the population(s) the project is intended to serve.

0/250

Describe the housing and supportive services provided to participants by program staff and subrecipients/subcontractors, if applicable. Include how participants will be assisted in obtaining and maintaining mainstream benefits and income (SNAP, SSI/SSDI, earned income, etc.) and which staff will be responsible for this assistance. If the organization utilizes the skills of a SOAR specialist or other SOAR-certified staff, indicate what role they have in the project.

0/250

How will the services equitably meet the needs of the identified population? Include insight from project population data and any programmatic structures/changes that have been or will be implemented to make participant outcomes more equitable.

0/250

How does the project collaborate with other organizations to ensure successful outcomes (i.e. PHAs, healthcare, employment assistance, etc.; if applicable, note when and which services will be provided by subcontractors/subrecipients, formal partners, or other entities outside of program staff)?

0/250

Approach

Identify 3 performance measures (objective, measurable, trackable and meet or exceed any established HUD/CoC benchmarks, see NOFO III.C., NOFO V.B., and Scoring Tool) that the project will utilize to measure success:

0/250

Describe the project's plan for utilizing a Housing First approach: how does the project lower barriers to entry and engage participants in voluntary services, ensuring that vulnerable individuals can gain and maintain access to the project? (Cite procedures in place or in process, the organization's experience working with people who have behavioral health needs, trauma, and other vulnerability factors.)

0/250

Please check the box for each situation that (a) would always disqualify a person from enrollment or participation in the project, (b) might disqualify a participant depending on circumstances, or (c) would not disqualify a person at program entry and/or from continuing to be enrolled in services based on program expectations and/or eligibility criteria. NOTE: (1) this refers to the requirements of this project, not practical implications or real-world restraints on program participation; (2) RRH project participants are expected to make contact with program staff once a month but are not required to participate in services (goal planning, case management sessions) and services should not be terminated for failure to participate in monthly engagements.

Would ALWAYS disqualify	MIGHT disqualify	Would NOT disqualify
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Person is actively using substances (including alcohol or illegal drugs)

Person has chronic substance use issues

Person has a mental health condition

Person has a mental health condition that is currently untreated

Person has a felony conviction

Person has an arson conviction

Person appears on a Sex Offense Registry

Person has a conviction related to domestic violence, intimate partner violence, or sexual assault

Person has another type of conviction

Person has no current source of income

Person has poor credit and/or history of eviction

Person has been terminated and/or evicted from the program in the past

Person is a survivor of domestic violence or intimate partner violence and has not separated from their abuser and/or does not plan to obtain a protection order

Person refuses to agree to participate in services

How does the project improve safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking, including the use of victim-centered practices and offering Violence Against Women Act (VAWA) housing protections? If the applicant is not a Victim Service Provider (VSP), include the internal staff positions responsible for coordinating with property managers to ensure all VAWA Housing Rights are followed during a VAWA Emergency Transfer.

0/250

How does the project ensure seamless access and equitable outcomes for racial/ethnic groups that are systematically marginalized, discriminated against, and often overrepresented in the population of people experiencing homelessness, such as Black, Indigenous/Native American, Hispanic/Latino individuals/families?

0/250

Describe how the project ensures all 2SLGBTQ+ participants are provided privacy, respect, safety, and access to services regardless of gender identity or sexual orientation:

0/250

How will the project minimize returns to homelessness? Describe program-level monitoring of return rates, training in evidence-based practices required of staff, changes to policy/procedure, etc.

0/250

Administration

Describe how the project will participate in the Coordinated Entry System (CES): what are the roles and responsibilities of your project/staff in CES, what strategies will the project use to accelerate housing placements (determining eligibility for assistance, quickly accessing available housing, etc.), and how does the project ensure lower barriers to complete successful referral/enrollment?

0/250

Complete the Milestone Chart below by selecting the estimated time each project milestone will be implemented by following the grant execution.

	30 Days	60 Days	90 days	120 days	180 Days	N/A
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New project staff hired (project begins expending funds for supportive service staff)

Participant enrollment in project begins

Participants begins to occupy units and supportive services begin

Leased or rental assistance units or structure and supportive services near 50% capacity

Facilities are secured for housing programs and/or supportive services

Describe how organization/sponsor will engage program participants in organizational and program planning, policy revision/development, and decision-making. Include the mode and frequency of feedback collection, how (and by whom) it is reviewed, and how it will be used to determine improvements; it should be noted how this process will be used to evaluate the project, specifically. Agencies are encouraged to provide relevant documents (draft focus group agendas, survey outlines, etc.).

0/250

(N1) Add a Project?

Would you like to add another project?

Yes, new

Yes, renewal

No, I'm ready to review & submit

(2) New Project Information

New Project #2

Project Name:

Project Type:

Permanent Housing (PH) - Permanent Supportive Housing (PSH)

Permanent Housing (PH) - Rapid Re-Housing (RRH)

Joint Transitional Housing (TH) + PH-RRH
Homeless Management Information System (HMIS)
Supportive Services Only (SSO) - Coordinated Entry (CE)

New Project Funding Option:

DV Bonus
CoC Bonus
Expansion (also submit application for corresponding renewal project)
Transition (also submit application for corresponding renewal project)

If expansion or transition, indicate the corresponding renewal project name:

Housing Type:

Scattered-site
Project-based
Other

Housing location(s), either exact locations or general area, if not yet identified:

Population to be served (select all that apply):

People who meet definition of chronic homelessness
People experiencing unsheltered homelessness
Veterans
People with HIV/AIDS
Individuals with Serious Mental Health Issue/Substance Use
Survivors of Domestic Violence (DV)
People with physical disabilities
Youth and young adults (24 years of age or younger)
Other

Number of people to be served annually:

Number of beds/units to be utilized annually:

May be the same as the number of individuals.

Client to case manager/worker ratio:

Please describe the organizational structure you plan to use for the proposed project, specifically (staff roles funded through this opportunity, i.e. management, coordination, and/or direct service staff; required):

Fiscal Management

Does applicant intend to provide a subaward to a subrecipient(s) from this project budget? (24 CFR 578.3; 2 CFR 200.331)

Yes

No

If yes, Subrecipient Organization Name:

If yes, Subrecipient Organization SAM Registration Expiration Date:

If yes, Subrecipient Organization Unique Entity Identifier (UEI):

If yes, please describe the services provided by the Subrecipient:

Does applicant intend to subcontract any part of this project to a contract organization? (2 CFR 200.331)

Yes

No

If yes, Subcontractor Organization Name:

If yes, Subcontractor Organization SAM Registration Expiration Date:

If yes, Subcontractor Organization Unique Entity Identifier (UEI):

If yes, please describe the services provided by the Subcontractor and the process for identifying the Subcontractor:

Has the project secured funds to meet the minimum required 25% match? (NOFO III.A.3.; if a YHDP project with approved exemption, select yes)

Yes

No

Does the project budget include a VAWA Eligible Costs Line Item? (This request must be approved by the Collaborative Applicant)

Yes

No

Will the project complete (at minimum) quarterly drawdowns from eLOCCS?

Yes

No

Performance Threshold

Project commits to serving only those households that meet HUD eligibility criteria for the selected project type as defined in I.B.3.k. of the FY24 HUD CoC NOFO?

Yes

No

Project conforms to requirements for the project type as outlined in II.B.3.c. of the FY24 HUD CoC NOFO, including participation in the local Coordinated Entry System (CES)?

Yes

No

Applicant/sponsor commits to implementing the project in alignment with Housing First principles?

Yes

No

Does the organization complete at least annual reviews of project policies and procedures with an equity lens in order to ensure no undue barriers are placed on systematically marginalized populations (BIPOC, 2SLGBTQ+, etc.)?

Yes

No

Does/will the project participate in regular collaboration with the Collaborative Applicant to review project HMIS data and outcomes with disaggregation by race, ethnicity, gender identity, age, and/or other underserved populations?

Yes

No

Does the project leverage funding by partnering with any of the below entities? (MOU or agreement is established between entities; NOFO V.B.6.)?

public housing authority (PHA)

healthcare system provider (behavioral and/or physical health)

tribal government

state/local government

None of the above

Other

(2) New Project Evaluation

New Project #2

Scope

Citing local, state, and/or federal data, organization insight, project data, or other relevant sources, briefly describe the needs of the population(s) the project is intended to serve.

0/250

Describe the housing and supportive services provided to participants by program staff and subrecipients/subcontractors, if applicable. Include how participants will be assisted in obtaining and maintaining mainstream benefits and income (SNAP, SSI/SSDI, earned income, etc.) and which staff will be responsible for this assistance. If the organization utilizes the skills of a SOAR specialist or other SOAR-certified staff, indicate what role they have in the project.

0/250

How will the services equitably meet the needs of the identified population? Include insight from project population data and any programmatic structures/changes that have been or will be implemented to make participant outcomes more equitable.

0/250

How does the project collaborate with other organizations to ensure successful outcomes (i.e. PHAs, healthcare, employment assistance, etc.; if applicable, note when and which services will be provided by subcontractors/subrecipients, formal partners, or other entities outside of program staff)?

0/250

Approach

Identify 3 performance measures (objective, measurable, trackable and meet or exceed any established HUD/CoC benchmarks, see NOFO III.C., NOFO V.B., and Scoring Tool) that the project will utilize to measure success:

0/250

Describe the project's plan for utilizing a Housing First approach: how does the project lower barriers to entry and engage participants in voluntary services, ensuring that vulnerable individuals can gain and maintain access to the project? (Cite procedures in place or in process, the organization's experience working with people who have behavioral health needs, trauma, and other vulnerability factors.)

0/250

Please check the box for each situation that (a) would always disqualify a person from enrollment or participation in the project, (b) might disqualify a participant depending on circumstances, or (c) would not disqualify a person at program entry and/or from continuing to be enrolled in services based on program expectations and/or eligibility criteria. NOTE: (1) this refers to the requirements of this project, not practical implications or real-world restraints on program participation; (2) RRH project participants are expected to make contact with program staff once a month but are not required to participate in services (goal planning, case management sessions) and services should not be terminated for failure to participate in monthly engagements.

Would ALWAYS disqualify	MIGHT disqualify	Would NOT disqualify
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Person appears on a Sex Offense Registry

Person has a conviction related to domestic violence, intimate partner violence, or sexual assault

Person has another type of conviction

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Person has been terminated and/or evicted from the program in the past

Person is a survivor of domestic violence or intimate partner violence and has not separated from their abuser and/or does not plan to obtain a protection order

Person refuses to agree to participate in services

How does the project improve safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking, including the use of victim-centered practices and offering Violence Against Women Act (VAWA) housing protections? If the applicant is not a Victim Service Provider (VSP), include the internal staff positions responsible for coordinating with property managers to ensure all VAWA Housing Rights are followed during a VAWA Emergency Transfer.

0/250

How does the project ensure seamless access and equitable outcomes for racial/ethnic groups that are systematically marginalized, discriminated against, and often overrepresented in the population of people experiencing homelessness, such as Black, Indigenous/Native American, Hispanic/Latino individuals/families?

0/250

Describe how the project ensures all 2SLGBTQ+ participants are provided privacy, respect, safety, and access to services regardless of gender identity or sexual orientation:

0/250

How will the project minimize returns to homelessness? Describe program-level monitoring of return rates, training in evidence-based practices required of staff, changes to policy/procedure, etc.

0/250

Administration

Describe how the project will participate in the Coordinated Entry System (CES): what are the roles and responsibilities of your project/staff in CES, what strategies will the project use to accelerate housing placements (determining eligibility for assistance, quickly accessing available housing, etc.), and how does the project ensure lower barriers to complete successful referral/enrollment?

0/250

Complete the Milestone Chart below by selecting the estimated time each project milestone will be implemented by following the grant execution.

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Participant enrollment in project begins

Participants begins to occupy units and supportive services begin

Leased or rental assistance units or structure and supportive services near 50% capacity

Facilities are secured for housing programs and/or supportive services

Describe how organization/sponsor will engage program participants in organizational and program planning, policy revision/development, and decision-making. Include the mode and frequency of feedback collection, how (and by whom) it is reviewed, and how it will be used to determine improvements; it should be noted how this process will be used to evaluate the project, specifically. Agencies are encouraged to provide relevant documents (draft focus group agendas, survey outlines, etc.).

0/250

(N2) Add a Project?

Would you like to add another project?

Yes, add a renewal project

No, I'm ready to review & submit

(1) Renewal Project Information

Renewal Project #1

Project Name:

Does the organization wish to pursue one of these options for the project during the 2024-2025 funding cycle?

Consolidation

Reallocation

Transition (must also complete a New Project Application)
Expansion (must also complete a New Project Application)
No, none of the above

Housing Type:

Scattered-site
Project-based
Other

Fiscal Management

Does applicant intend to provide a subaward to a subrecipient(s) from this project budget? (24 CFR 578.3; 2 CFR 200.331)

Yes
No

If yes, Subrecipient Organization Name:

If yes, Subrecipient Organization SAM Registration Expiration Date:

If yes, Subrecipient Organization Unique Entity Identifier (UEI):

If yes, please describe the services provided by the Subrecipient:

Does applicant intend to subcontract any part of this project to a contract organization? (2 CFR 200.331)

Yes
No

If yes, Subcontractor Organization Name:

If yes, Subcontractor Organization SAM Registration Expiration Date:

If yes, Subcontractor Organization Unique Entity Identifier (UEI):

If yes, please describe the services provided by the Subcontractor and the process for identifying the Subcontractor:

Has the project secured funds to meet the minimum required 25% match? (NOFO III.A.3.)

Yes

No

Does the project budget include a VAWA Eligible Costs Line Item? (This request must be approved by the Collaborative Applicant)

Yes

No

Did the project complete (at minimum) quarterly drawdowns from eLOCCS?

Yes

No

If no, explain why:

[Optional] You may provide a narrative to supplement the information contained in your APR Data/Project Evaluation Report regarding your program's performance in the past operating year (this will not be scored):

Performance Threshold

Project commits to serving only those households that meet HUD eligibility criteria for the selected project type as defined in I.B.3.k. of the FY24 HUD CoC NOFO?

Yes

No

Project conforms to requirements for the project type as outlined in II.B.3.c. of the FY24 HUD CoC NOFO, including participation in the local Coordinated Entry System (CES)?

Yes

No

Applicant/sponsor commits to implementing the project in alignment with Housing First principles?

Yes

No

Does the organization complete at least annual reviews of project policies and procedures with an equity lens in order to ensure no undue barriers are placed on systematically marginalized populations (BIPOC, 2SLGBTQ+, etc.)?

Yes

No

Does/will the project participate in regular AWH4T Data/Compliance meetings to review project HMIS data and outcomes with disaggregation by race, ethnicity, gender identity, age, and/or other underserved populations?

Yes

No

Does the project leverage funding by partnering with any of the below entities? (MOU or agreement is established between entities; NOFO V.B.6.)?

public housing authority (PHA)

healthcare system provider (behavioral and/or physical health)

- tribal government
- state/local government
- None of the above
- Other

(1) Renewal Project Evaluation

Renewal Project #1

Please provide a brief description of the project.

0/500

Client to case manager/worker ratio:

Are there significant changes to the staffing structure and/or positions in the project from the last funding cycle?

- Yes
- No

If yes, please describe the changes you've made to the organization chart for the project (staff roles funded through this opportunity, i.e. management, coordination, and/or direct service staff):

(R1) Add a Project

Would you like to add another renewal project?

Yes

No, I'm ready to review & submit

(2) Renewal Project Information

Renewal Project #2

Project Name:

Does the organization wish to pursue one of these options for the project during the 2024-2025 funding cycle?

Consolidation

Reallocation

Transition (must also complete a New Project Application)

Expansion (must also complete a New Project Application)

No, none of the above

Housing Type:

Scattered-site

Project-based

Other

Fiscal Management

Does applicant intend to provide a subaward to a subrecipient(s) from this project budget? (24 CFR 578.3; 2 CFR 200.331)

Yes

No

If yes, Subrecipient Organization Name:

If yes, Subrecipient Organization SAM Registration Expiration Date:

If yes, Subrecipient Organization Unique Entity Identifier (UEI):

If yes, please describe the services provided by the Subrecipient:

Does applicant intend to subcontract any part of this project to a contract organization? (2 CFR 200.331)

Yes

No

If yes, Subcontractor Organization Name:

If yes, Subcontractor Organization SAM Registration Expiration Date:

If yes, Subcontractor Organization Unique Entity Identifier (UEI):

If yes, please describe the services provided by the Subcontractor and the process for identifying the Subcontractor:

Has the project secured funds to meet the minimum required 25% match? (NOFO III.A.3.; if a YHDP project with approved exemption, select yes)

Yes

No

Does the project budget include a VAWA Eligible Costs Line Item? (This request must be approved by the Collaborative Applicant)

Yes
No

Did the project complete (at minimum) quarterly drawdowns from eLOCCS?

Yes
No

If no, explain why:

Optional: You may provide a narrative to supplement the information contained in your APR Data/Project Evaluation Report regarding your program's performance in the past operating year (this will not be scored):

0/300

Performance Threshold

Project commits to serving only those households that meet HUD eligibility criteria for the selected project type as defined in I.B.3.k. of the FY24 HUD CoC NOFO?

Yes
No

Project conforms to requirements for the project type as outlined in II.B.3.c. of the FY24 HUD CoC NOFO, including participation in the local Coordinated Entry System (CES)?

Yes
No

Applicant/sponsor commits to implementing the project in alignment with Housing First principles?

Yes

No

Does the organization complete at least annual reviews of project policies and procedures with an equity lens in order to ensure no undue barriers are placed on systematically marginalized populations (BIPOC, 2SLGBTQ+, etc.)?

Yes

No

Does/will the project participate in regular AWH4T Data/Compliance meetings to review project HMIS data and outcomes with disaggregation by race, ethnicity, gender identity, age, and/or other underserved populations?

Yes

No

Does the project leverage funding by partnering with any of the below entities? (MOU or agreement is established between entities; NOFO V.B.6.)?

public housing authority (PHA)

healthcare system provider (behavioral and/or physical health)

tribal government

state/local government

None of the above

Other

(2) Renewal Project Evaluation

Renewal Project #2

Please provide a brief description of the project.

0/500

Client to case manager/worker ratio:

Are there significant changes to the staffing structure and/or positions in the project from the last funding cycle?

Yes

No

If yes, please describe the changes you've made to the organization chart for the project (staff roles funded through this opportunity, i.e. management, coordination, and/or direct service staff):

(R2) Add a Project

Would you like to add another renewal project?

Yes

No, I'm ready to review & submit

(3) Renewal Project Information

Renewal Project #3

Project Name:

Does the organization wish to pursue one of these options for the project during the 2024-2025 funding cycle?

Consolidation

Reallocation

Transition (must also complete a New Project Application)

Expansion (must also complete a New Project Application)

No, none of the above

Housing Type:

Scattered-site

Project-based

Other

Fiscal Management

Does applicant intend to provide a subaward to a subrecipient(s) from this project budget? (24 CFR 578.3; 2 CFR 200.331)

Yes

No

If yes, Subrecipient Organization Name:

If yes, Subrecipient Organization SAM Registration Expiration Date:

If yes, Subrecipient Organization Unique Entity Identifier (UEI):

If yes, please describe the services provided by the Subrecipient:

Does applicant intend to subcontract any part of this project to a contract organization? (2 CFR 200.331)

Yes

No

If yes, Subcontractor Organization Name:

If yes, Subcontractor Organization SAM Registration Expiration Date:

If yes, Subcontractor Organization Unique Entity Identifier (UEI):

If yes, please describe the services provided by the Subcontractor and the process for identifying the Subcontractor:

Has the project secured funds to meet the minimum required 25% match? (NOFO III.A.3.; if a YHDP project with approved exemption, select yes)

Yes

No

Does the project budget include a VAWA Eligible Costs Line Item? (This request must be approved by the Collaborative Applicant)

Yes

No

Did the project complete (at minimum) quarterly drawdowns from eLOCCS?

Yes

No

If no, explain why:

[Optional] You may provide a narrative to supplement the information contained in your APR Data/Project Evaluation Report regarding your program's performance in the past operating year (this will not be scored):

0/300

Performance Threshold

Project commits to serving only those households that meet HUD eligibility criteria for the selected project type as defined in I.B.3.k. of the FY24 HUD CoC NOFO?

- Yes
- No

Project conforms to requirements for the project type as outlined in II.B.3.c. of the FY24 HUD CoC NOFO, including participation in the local Coordinated Entry System (CES)?

- Yes
- No

Applicant/sponsor commits to implementing the project in alignment with Housing First principles?

- Yes
- No

Does the organization complete at least annual reviews of project policies and procedures with an equity lens in order to ensure no undue barriers are placed on systematically marginalized populations (BIPOC, 2SLGBTQ+, etc.)?

- Yes
- No

Does/will the project participate in regular AWH4T Data/Compliance meetings to review project HMIS data and outcomes with disaggregation by race, ethnicity, gender identity, age, and/or other underserved populations?

- Yes
- No

Does the project leverage funding by partnering with any of the below entities? (MOU or agreement is established between entities; NOFO V.B.6.)?

- public housing authority (PHA)
- healthcare system provider (behavioral and/or physical health)
- tribal government
- state/local government
- None of the above
- Other

(3) Renewal Project Evaluation

Renewal Project #3

Please provide a brief description of the project.

0/500

Client to case manager/worker ratio:

Are there significant changes to the staffing structure and/or positions in the project from the last funding cycle?

- Yes
- No

If yes, please describe the changes you've made to the organization chart for the project (staff roles funded through this opportunity, i.e. management, coordination, and/or direct service staff):

(R3) Add a Project

Would you like to add another renewal project?

Yes

No, I'm ready to review & submit

(4) Renewal Project Information

Renewal Project #4

Project Name:

Does the organization wish to pursue one of these options for the project during the 2024-2025 funding cycle?

Consolidation

Reallocation

Transition (must also complete a New Project Application)

Expansion (must also complete a New Project Application)

No, none of the above

Housing Type:

Scattered-site

Project-based

Other

Fiscal Management

Does applicant intend to provide a subaward to a subrecipient(s) from this project budget? (24 CFR 578.3; 2 CFR 200.331)

Yes

No

If yes, Subrecipient Organization Name:

If yes, Subrecipient Organization SAM Registration Expiration Date:

If yes, Subrecipient Organization Unique Entity Identifier (UEI):

If yes, please describe the services provided by the Subrecipient:

Does applicant intend to subcontract any part of this project to a contract organization? (2 CFR 200.331)

Yes

No

If yes, Subcontractor Organization Name:

If yes, Subcontractor Organization SAM Registration Expiration Date:

If yes, Subcontractor Organization Unique Entity Identifier (UEI):

If yes, please describe the services provided by the Subcontractor and the process for identifying the Subcontractor:

Has the project secured funds to meet the minimum required 25% match? (NOFO III.A.3.; if a YHDP project with approved exemption, select yes)

Yes

No

Does the project budget include a VAWA Eligible Costs Line Item? (This request must be approved by the Collaborative Applicant)

Yes

No

Did the project complete (at minimum) quarterly drawdowns from eLOCCS?

Yes

No

If no, explain why:

[Optional] You may provide a narrative to supplement the information contained in your APR Data/Project Evaluation Report regarding your program's performance in the past operating year (this will not be scored):

0/300

Performance Threshold

Project commits to serving only those households that meet HUD eligibility criteria for the selected project type as defined in I.B.3.k. of the FY24 HUD CoC NOFO?

Yes

No

Project conforms to requirements for the project type as outlined in II.B.3.c. of the FY24 HUD CoC NOFO, including participation in the local Coordinated Entry System (CES)?

- Yes
- No

Applicant/sponsor commits to implementing the project in alignment with Housing First principles?

- Yes
- No

Does the organization complete at least annual reviews of project policies and procedures with an equity lens in order to ensure no undue barriers are placed on systematically marginalized populations (BIPOC, 2SLGBTQ+, etc.)?

- Yes
- No

Does/will the project participate in regular AWH4T Data/Compliance meetings to review project HMIS data and outcomes with disaggregation by race, ethnicity, gender identity, age, and/or other underserved populations?

- Yes
- No

Does the project leverage funding by partnering with any of the below entities? (MOU or agreement is established between entities; NOFO V.B.6.)?

- public housing authority (PHA)
- healthcare system provider (behavioral and/or physical health)
- tribal government
- state/local government
- None of the above
- Other

(4) Renewal Project Evaluation

Renewal Project #4

Please provide a brief description of the project.

0/500

Client to case manager/worker ratio:

Are there significant changes to the staffing structure and/or positions in the project from the last funding cycle?

Yes

No

If yes, please describe the changes you've made to the organization chart for the project (staff roles funded through this opportunity, i.e. management, coordination, and/or direct service staff):

Application Submission

Select "Submit" if you have completed all fields and are ready to submit the information for your organization and application(s). Otherwise, select "Save and Continue Later."