



**Calhoun County Continuum of Care  
FY25 Continuum of Care Local Competition  
LOCAL PROJECT APPLICATION**

**Please complete the application in its entirety. Only answer project component questions associated with the project type.**

**Project Information**

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

**Applicant Organization (Legal Name):** \_\_\_\_\_

**Applicant Type:**

- Nonprofit 501(c)(3)
- Government Agency
- Public Housing Authority
- Tribal Organization
- Other: \_\_\_\_\_

**Project Component (Select one):**

- HMIS** –  Renewal  New
  
- Permanent Supportive Housing (PSH)** –  Renewal  New
  
- Rapid Re-Housing (RRH)** –  New
  
- Transitional Housing (TH)** –  New
  
- Joint Transitional Housing (TH) - Rapid Rehousing (RRH)** –  Renewal
  
- SSO – Standalone Supportive Services Only (SSO-General)** –  New
  
- SSO – Street Outreach (SSO-SO)** –  New
  
- SSO – Coordinated Entry (SSO-CE)** –  Renewal  New

**Is this project:**

- Expansion (PSH)**
  
- Transfer Project**



Name of current project to transfer: \_\_\_\_\_

**New – Reallocation**

**New – CoC Bonus**

Project Type (if CoC Bonus): \_\_\_\_\_

**New – DV Bonus** (Comparable Database Required)

Project Type (if DV Bonus): \_\_\_\_\_

**Geographic Service Area:**

Must serve **(Calhoun County)**

Describe area covered: \_\_\_\_\_

**Subrecipients (if applicable):** \_\_\_\_\_

**Annual CoC Funding Request:** \$ \_\_\_\_\_

**ELIGIBILITY THRESHOLDS**

Basic HUD Eligibility Thresholds must be satisfied before the CoC may consider a New or Bonus project application for funding.

1. Indicate if the applicant has experienced any of the following:

- Outstanding obligation to HUD that is in arrears for which a payment schedule has not been agreed upon;  Yes  No  
If yes, please explain:
- Debarments and/or Suspensions –  Yes  No  
If yes, please explain:



- Unresolved monitoring findings or outstanding (agency or HUD) audit findings;  Yes  No  
If yes, please explain:
- Inadequate financial management or accounting practices within the past three years;  Yes  No  
If yes, please explain:
- Evidence of untimely expenditures on prior award;  Yes  No  
If yes, please explain:
- Major capacity issues that have significantly impacted the operation of a project and its performance within the past three years;  Yes  No  
If yes, please explain:
- Issues impacting the timeliness in reimbursing subrecipients for eligible costs;  Yes  No  
If yes, please explain:
- Served ineligible persons, expended funds on ineligible costs, or failed to expend funds within statutorily established timeframes within the past three years;  Yes  No  
If yes, please explain: [Click here to enter text.](#)

2. Does applicant have a financial management system that meets federal standards as described at 2 CFR 200.302?;  Yes  No

If no, please describe:

3. Does the applicant employ or contract services of an accountant who is familiar with Generally Accepted Accounting Principles (GAAP)?  Yes  No

4. Does the applicant obtain an annual audit from an independent certified public accountant?  Yes  No

5. Has your organization been monitored by HUD in the past three (3) years? Choose an item.  Yes  No

**If yes**, include as attachments: Monitoring report from HUD, applicant's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

### **Organizational Capacity**

Describe experience with:

- Operating similar housing projects



- Managing HUD or other federal grants
- Fiscal and audit systems
- Monitoring history and resolution of findings
- Staff qualifications and training

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**Estimated Households to be Served Annually:** \_\_\_\_\_

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**Target Population**

Select all populations the project will serve:

- Individuals
- Families
- Youth (18–24)
- Veterans
- Chronic Homeless
- Unsheltered
- Domestic Violence Survivors
- High Behavioral Health Needs
- High Utilizers (Frequent EMS/ED/Justice System)

**Briefly describe eligibility criteria and prioritization:**

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**Will your organization voluntarily, thoroughly, and demonstrably facilitate immigration status verification before distribution of benefits to all recipients using SAVE directly or in coordination with a governmental entity?**

- Yes
  - No
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**Coordinated Entry Participation**

**Will the project accept 100% of referrals from the Coordinated Entry system? Describe how the project will participate in Coordinated Entry.**

- Yes
  - No — If no, explain and justify below:
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**HMIS or Comparable Database**

**Database Used:**

- HMIS
- Comparable DV Database (if DV project)

**Describe your plan to maintain high-quality data (timeliness, accuracy, completeness):**

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**Project Design (PSH/RRH/TH/Joint TH-RRH)**

Check all that apply

**Housing Model:**

- Scattered-site
- Project-Based



Hybrid

Describe the model:

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**Does this project leverage housing or healthcare resources (provided by private organizations, state or local resources, faith-based, or PHAs)?**

Yes

No

Please explain the resource(s) leveraged and the total value of those resources:

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**Service Delivery Model:**

Describe staffing, case manager ratios, meeting frequency, service strategies, and evidence-based practices:

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**Participant Engagement:**

All services voluntary

Some services required (attach policy)

Describe how participants are engaged and supported:

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**Project-Type-Specific Questions (Only answer questions for the project type considered in this application)**

**Permanent Supportive Housing Projects**

(Complete if applying for PSH Renewal, New, or Expansion)



1. Describe the type of housing proposed, including the number and configuration of units. Describe how this project will fit the needs of program participants.
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2. Describe supportive services, including behavioral health partnerships:
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3. Describe housing stability strategies and eviction-prevention practices:

4. Will the project be designed to serve elderly individuals and/or individuals with a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder. The units will prioritize these populations.  
 Yes  No

5. Demonstrate that the proposed project will require program participants to take part in supportive services (e.g. case management, life skills, substance use treatment) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent). Name the organization and agreement type below.

6. Will the project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.  
 Yes  No

7. What is the anticipated cost per household served?

**Rapid Rehousing Projects/Joint TH-RRH**

(Complete if applying for RRH Renewal, New, or Expansion)

1. Describe housing search and landlord engagement strategies:
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2. Describe rental assistance model (duration, tapering, participant contribution policies):
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3. Describe strategies used to achieve rapid exits to permanent housing:
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**Permanent Housing: Rapid Rehousing (PH-RRH)/Joint TH-RRH**

1. Describe how the provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 3 months or up to 24 months.
2. Demonstrate how the type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness.
3. Has the organization previously operated homelessness projects where outcomes for employment income were improved compared to the average project in the CoC. What was the name of the project?  
 Yes  No
4. Demonstrate that the proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent).
5. Will the project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP?  
 Yes  No
6. What is the anticipated cost per household served?

**HMIS – Homeless Management Information System**

1. Will the HMIS funds be expended in a way that furthers the CoC’s HMIS implementation and ability to use HMIS as a proactive case management tool to promote treatment and recovery.  
 Yes  No
2. Will the HMIS project collect all Universal Data Elements as set forth in the HMIS Data Standards?  
 Yes  No
3. Will this HMIS project produce all HUD required reports and provide data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners?  
 Yes  No



### Transitional Housing (TH)/Joint TH-RRH

(Complete if applying for Renewal, New, or Expansion)

1. Describe service model, including required service participation policies:

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2. Describe transition planning and connections to permanent housing:

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3. Demonstrate how the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain/maintain house.

4. Does the organization have prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months?

Yes

No

5. Have you previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure, that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant?

Yes

No

6. Will the project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP?

Yes

No

7. Demonstrate the proposed or existing project will require program participants take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent).

8. Demonstrate how the proposed project will provide 40 hours per week of customized services for each participant (e.g. case management, employment training, substance use treatment, etc.).



The 40 hours per week may be reduced proportionately for participants who are employed.

The 40 hours per week does not apply to participants over age 62 or who have a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder.

9. What is the anticipated cost per household served?

### **SSO – Supportive Services Only (SSO) Standalone**

(Complete if applying for Renewal, New, or Expansion)

1. Describe coordination with outreach partners:

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2. Describe engagement strategies for people in unsafe or encampment environments:

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3. Explain how outreach ensures connections to crisis response and permanent housing:

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4. Describe how this project assists people in exiting homelessness and increasing self-sufficiency, and will the organization conduct an annual assessment of the service needs of the program participants.

Yes

No

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5. What is the strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage in supportive services?

6. Will the project be supplemented with resources from other public or private sources that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP?

Yes

No

7. What is the anticipated cost per household served?



**SSO – Supportive Services Only (SSO) Street Outreach**

(Complete if applying for Renewal, New, or Expansion)

1. Will the project be supplemented with resources from other public or private sources that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP?

Yes

No

2. Describe the strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services?

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3. Demonstrate that the organization has a history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate, assist, and not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws.

4. Does the organization have experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13) and has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs?

Yes

No

**SSO – Coordinated Entry (SSO-CE)**

(Complete if applying for Renewal, New, or Expansion)

1. Is The Coordinated Entry system easily available and reachable for all persons within the CoC’s geographic area who are seeking homelessness assistance? This includes being accessible for persons with disabilities within the CoC’s geographic area.

Yes

No

2. What is the strategy for advertising that is designed to specifically reach households experiencing homelessness with the highest need?



3. Is there a standardized assessment process?  
 Yes  No
4. Demonstrate how the project will ensure program participants are directed to appropriate housing and services that fit their needs.
5. What is the anticipated cost per household served?

### **Transfer Project – Specific Questions**

*(Complete only if applying as a Transfer Project)*

1. Describe why the project is being transferred, including circumstances prompting the transfer (e.g., agency closure, capacity concerns, organizational restructuring, voluntary relinquishment).
2. Has HUD formally approved or initiated the project transfer?  
 Yes  No

If yes, attach documentation. If not, describe the status and expected timeline.

3. Describe how the organization will ensure uninterrupted services and housing for all program participants during and after the transfer.
4. Provide a summary of the transition plan, including staffing, communication with participants, coordination with the outgoing agency, and data migration (HMIS or comparable database).
5. Describe your organization’s ability to assume operations, including experience with similar programs, staffing readiness, financial capacity, and familiarity with HUD CoC Program requirements.



6. List key staff who will manage the transfer process and ongoing operations, including qualifications and experience with HUD programs.
  
7. Describe how participants will be notified of the transfer and how feedback or concerns will be addressed to minimize disruption.
  
8. Explain how participant files, HMIS records, financial documentation, and other essential project materials will be transferred securely and accurately.
  
9. Describe any anticipated changes in budget, staffing costs, service delivery, or operational structure as a result of the transfer.
  
10. Describe how coordination with service providers, outreach teams, and other partners will be maintained or improved during the transfer.
  
11. Provide the performance history of the project being transferred (if available) and describe how your organization will maintain or improve performance metrics.
  
12. Identify potential risks associated with the transfer and describe strategies to prevent service disruption or compliance issues.



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### DV Bonus Projects

(Complete if applying for DV Renewal, New, or Expansion)

1. If this is a new Bonus DV project, list project type: \_\_\_\_\_
2. Describe survivor safety protocols, confidentiality practices, and comparable database security:

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3. Describe the service model and housing options for survivors:
  4. How will this project meet all requirements for this project type as outlined in the NOFO?
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### Expansion Projects

1. Describe how this expansion will increase capacity (units, services, population served):
  2. Confirm this expansion does not replace other funding sources:
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### Performance Measures

Provide target outcomes for the upcoming grant year:

- **Exits to Permanent Housing:** \_\_\_\_\_%
- **Returns to Homelessness (within 2 years):** \_\_\_\_\_%



- **Average Length of Time Homeless:** \_\_\_\_\_ days
- **Income Gain (earned ):** \_\_\_\_\_%
- **Income Gain (non-earned ):** \_\_\_\_\_%
- **Utilization Rate:** \_\_\_\_\_%

**Describe how your team will achieve these outcomes:**

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**Budget & Financials**

**Total CoC Budget Request:** \$\_\_\_\_\_

**Budget Narrative (brief explanation of major costs):**

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**Match Documentation (attach letters):**

List match sources and amounts:

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**Required Attachments (if not included in Esnaps application)**

- Budget worksheet
- Match commitment letters
- Organizational chart
- Job descriptions (key staff)
- Sample lease / occupancy agreement
- Policies (termination, grievance, participant engagement)
- MOUs (if applicable)

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**Federal Funding Priority Certifications**

By signing below, the applicant certifies that the proposed project meets all applicable federal funding priorities for HUD FY25 CoC Program funds. Please respond to each item.



**1. Supportive Services:**

Please provide a detailed description of supportive services opportunities your project will provide to participants:

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**2. Engagement of People with Lived Expertise:**

Please describe your organization's engagement of people with lived experience of homelessness in service provision and decision making:

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**3. Non-Discrimination:**

Does your organization certify that it will not engage in racial preferences or other forms of illegal discrimination?

Yes  No

**4. Harm Reduction Policy:**

Does your organization certify that it will not conduct activities under the pretext of “harm reduction”?

Yes  No

**5. Drug Use Policy:**

Please confirm that your organization will not operate drug injection or safe consumption sites, knowingly distribute drug paraphernalia, nor permit the use or distribution of illicit drugs on property under its control.

Yes  No

**6. Sex Definition Policy:**

Does your organization certify that it will not conduct activities that rely on or otherwise use a definition of sex other than as binary in humans?

Yes  No

**7. Cooperation with Law Enforcement:**

Will your organization cooperate with law enforcement agencies to advance public safety for the entire community impacted by homelessness?

Yes  No

**8. Behavioral Health & Recovery Services:**

If applicable, will your organization prioritize treatment and recovery services to assist people in regaining self-sufficiency, including behavioral health, wraparound services, and



participation requirements?

Yes  No

**9. Trauma-Informed Care:**

Will your organization minimize the trauma of homelessness by providing trauma-informed care and ensuring participant safety, especially for youth and survivors of domestic violence, sexual assault, and stalking?

Yes  No

**10. Supplemental Resources:**

Will your organization supplement its project with resources from other public or private sources, such as Medicare, Medicaid, SSI, SNAP, or other health, social, or employment programs?

Yes  No

**Applicant Certification**

I certify that the information provided is accurate and complete.

**Authorized Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_