

FY26 HUD CoC New Project Application - Calhoun County CoC

This application must be completed by any applicant seeking CoC Program Funding for a new project. All required attachments must be submitted via email to calhouncoc@uwscmi.org on the same date this application is submitted.

The competition will close on Wednesday, August 26, 2026. The local application and esnaps application with attachments are **due to CoC Director, Patrese Griffin via p.griffin@uwscmi.org, by 4pm Monday July 27th, 2026.** **The local application must be submitted electronically. If the esnaps application is not available before the local application deadline, attach the budget/match form and all attachments as noted in the local application.**

* Required

* This form will record your name, please fill your name.

1. Legal Name of Applicant (include relevant DBA) *

2. New Project Name *

3. Contact Person Name *

4. Contact Person Title *

5. Contact Person Address *

6. Contact Person Email *

7. Contact Person Phone Number *

8. Select Project Type *

- Transitional Housing
- Supportive Services Only (SSO) - Coordinated Entry (CE)
- Supportive Services Only (SSO) - Street Outreach (SO)
- Supportive Services Only (SSO) - Standalone
- Homeless Management Information System (HMIS Lead Agency Only)

9. Is this project targeted towards the following populations? Check all that apply. *

- Aging or elderly individuals experiencing homelessness
- Individuals with a high level of medical needs
- No

10. Select other application options for this project. *

- Transition
- Expansion
- Neither

11. If the project is requesting a transition or expansion grant, enter the information of the existing project being transitioned or expanded below. Include Project Name, Project Type and the most recent known grant amount. *

12. For transition grants, please enter the start date for the project being transitioned.

Eligibility Thresholds

13. Does the applicant have any outstanding obligation to HUD that is in arrears for which a payment schedule has not been agreed upon? If yes, explain below. *

14. Does the applicant have any debarments and/or suspensions? (In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the federal government.) If yes, explain below. *

15. Has your organization been monitored by HUD in the last three (3) years? If yes, send an email to calhouncoc@uwscmi.org with the following attachments: monitoring report by HUD, applicant's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation. *

16. Has the applicant had any inadequate financial management or accounting practices within the past three years? If yes, explain below. *

17. Has the applicant had any evidence of untimely expenditures on prior award? If yes, explain below. *

18. Has the applicant had any major capacity issues that have significantly impacted the operation of a project and its performance within the past three years? If yes, explain below *

19. Has the applicant had any issues impacting the timeliness in reimbursing subrecipients for eligible costs? If yes, explain below *

20. Has the applicant served ineligible persons, expended funds on ineligible costs, or failed to expend funds within statutorily established timeframes within the past three years? If yes explain below *

21. Does applicant have a financial management system that meets federal standards as described at 2 CFR 200.302? If not, please explain below. *

22. Does the applicant employ or contract services of an accountant who is familiar with Generally Accepted Accounting Principles (GAAP)? If no, please explain below. *

23. Does the applicant obtain an annual audit from an independent certified public accountant? **If yes,** include as attachments in a follow up email to calhouncoc@uwscmi.org **If no,** explain below. *

24. Will this project use the Homeless Management Information System (HMIS) or a comparable database if agency is a victim service provider, to track all project participants? If not, please explain below. *

25. Describe your plan to maintain high quality data (timeliness, accuracy, completeness) *

26. The project applicant will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863. This is consistent with the objectives outlined in Section 111.B above and is consistent with the requirements of 2 CFR 200.300(a). (This certification is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.)

Answer below if the applicant is in compliance with this requirement. If not, explain. *

27. The project applicant will not engage in illegal racial discrimination. This is consistent with the requirements of 2 CFR 200.300(a).

Answer below if the applicant is in compliance with this requirement. If not, explain. *

Applicant Information

28. Describe the organization's experience (and subrecipient(s) if applicable) in effectively utilizing federal funds and performing the activities proposed in the application. *

29. Describe your organization's experience (and subrecipient(s) if applicable) in leveraging Federal, State, local and private sector funds. *

30. Describe your organization's (and subrecipient(s) if applicable) financial management structure. *

31. Does this project have any subrecipients? If so, please list (1) name of each subrecipient, (2) amount of funding allocated to each subrecipient, and the (3) geographic service area of each subrecipient. *

32. Describe the agency's process for addressing and resolving complaints from the public. *

33. Select Project Type *

- Transitional Housing
- Supportive Services Only (SSO) - Coordinated Entry (CE)
- Supportive Services Only (SSO) - Street Outreach (SO)
- Supportive Services Only (SSO) - Standalone
- Homeless Management Information System (HMIS)

New Transitional Housing Project Requirements

This section is pass/fail for Transitional Housing projects. Applicants must receive 6 out of 8 points available for this project type. New TH projects that do not receive at least 6 points will be rejected.

- 34. Detail 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 and maintain housing (i.e. case management, behavioral healthcare, employment training, etc.) (2 points available) *

- 35. Explain how the applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exist homelessness within 24 months or has a plan in place to ensure homeless individuals and families with exist homelessness within 24 months (1 point available) *

- 36. Detail how the applicant has 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 a positive destination 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 (1 point available) *

- 37. Explain how the project will 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 (1 point available) *

38. Describe how the proposed project will:

- 1) assess the service needs of program participants,
- 2) provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24.CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.
- 3) create service plans for each program participant that include:
 - the services to be provided, when and how often services will be provided, by whom all services will be provided
 - program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. (2 points) *

39. Demonstrate that the average cost per household served for the project is reasonable (2 CFR 200.404) (1 point) *

40. If your project serves families with children, please describe if and how the project:
- 1. provides supportive services focused on improving incomes to pay rent (such as workforce development, job training, or registered apprenticeship programs)
 - 2. leverages funding from mainstream family service systems such as Temporary Assistance for Needy Families (TANF)
 - 3. Combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education (not scored)

New Supportive Services Only - Coordinated Entry Project Requirements

New SSO-CE Project applications must receive at least 3 out of the 4 points available for this project type. New SSO-CE projects that do not receive at least 3 points will be rejected.

- 41. Explain how the Coordinated Entry system is easily available and reachable for all persons within the CoCs geographic area who are seeking homelessness assistance. The system must also be accessible for persons with disabilities within the CoCs geographic area. *

- 42. Explain the strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest need. (1 point available) *

- 43. Explain the standardized assessment process (1 point available) *

- 44. Explain how the project will ensure program participants are directed to appropriate housing and services that fit their needs (1 point available) *

New Supportive Services Only - Street Outreach Project Requirements

New SSO project applications that focus on street outreach and indicate so in their project application must receive at least 5 out of 6 points available for this project type. Projects that do not receive at least 5 points will be rejected.

- 45. Explain how the project will 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. (1 point available) *

- 46. Explain the proposed project's 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 (2 points available) *

- 47. Demonstrate that the applicant has a history of, or a plan for, 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 and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals. (1 point available) *

- 48. Demonstrate that the applicant has experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53 (e) (13) and has a plan for or 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. (1 point available) *

- 49. Demonstrate the average cost per household served for the project is reasonable in accordance with 2 CFR 200.404. (1 point available). *

New Supportive Services Only - Standalone Project Requirements

New SSO-Standalone project applications must receive at least 4 out of 5 points available for this project type. New SSO stand-alone projects that do not receive at least 4 points will be rejected.

- 50. Explain how the Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency and the Recipient will conduct an annual assessment of the service needs of the program participants. (1 point available) *

- 51. Detail the proposed project's 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. (2 points available) *

- 52. Explain how the project will 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 (1 point available) *

- 53. Demonstrate the average cost per household served for the project is reasonable in accordance with 2 CFR 200.404 (1 point available) *

New HMIS Project Requirements

New HMIS project applications must receive at least 3 out of the 4 points available for this project type. New HMIS projects that do not receive at least 3 points will be rejected

54. Explain how the HMIS funds will be expended in a way that furthers the CoC's HMIS implementation (1 point) *

55. Explain how the HMIS collects all UDEs as set forth in the HMIS Data standards (1 point) *

56. Explain the ability of the HMIS to un-duplicate client records (1 point) *

57. Describe how the HMIS produces all HUD-required reports and provides data as needed for HUD reporting (APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners (1 point) *

Project Description

58. Provide a description that address the entire scope of the project. Responses should detail the project type, goals of the project, the qualifications and number of staff required to carry out the project, and how households will be served within the project. *

59. Is this project dedicated to serve any of the below populations? *

- Veterans
- Chronically Homeless
- Youth (24 and Under)
- Domestic Violence Survivors
- Disabled Individuals and Families
- Families
- No dedicated population - serving all eligible households
- Other

60. Provide an estimate of the number of households served annually. Include information for all household types, as applicable (not scored):

- Single adult households
- Households with adults and children
- Households with unaccompanied youth *

61. Please describe the eligibility criteria for your project. *

62. All recipients of HUD CoC Program funding are required to participate in the Calhoun County Coordinated Entry System. How does this project plan to ensure all people served are connected to the Coordinated Entry System? *

63. Select Project Type: *

- Homeless Management Information System
- Transitional Housing
- Supportive Services Only (CE, SO, or Standalone)

64. How does/will your project identify individuals experiencing serious mental illness and connect them with the services necessary to promote stability, including models that combine intensive care coordination and assertive outreach with comprehensive treatment? (not scored) *

65. Do/will you provide or partner with a provider who provides outpatient treatment for mental health and substance use disorders? Please describe the range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports provided. (not scored) *

66. Do/will you provide or partner with a provider that provides access to peer recovery specialists or other forms of peer support and recovery navigation? Please describe. *

67. Do you have any partnerships with entities providing services in connection with drug court or other specialty courts serving individuals with mental and substance use disorders, assisted outpatient treatment, and inpatient treatment? Please describe how you coordinate with these providers to support housing stability and movement towards independence. *

68. Is substance use treatment available on-site? Please list the provider(s) (not scored) *

69. Is behavioral healthcare available on-site? Please list the provider(s) (not scored) *

70. Please list any policies for:

- 1. Assessing program participant need for higher levels of care (i.e. assisted living, residential treatment)
- 2. Assessing program participant readiness for moving on to unsubsidized or other permanent housing (not scored)

*

71. Does your project require engagement in substance abuse treatment services as a condition of continued participation in the program? For TH projects, how many units are proposed that require this participation? *

72. Does your project operate sober housing in accordance with 24 CFR 578.93(b)(5)? (not scored) *

73. What percentage of your proposed funding request is for supportive services? Please also describe the value of leveraged funds, match, and other formal partnerships providing supportive services. (not scored) *

74. **Supportive Services** For ALL the supportive services that are available to participants, indicate who will provide them (applicant, sub-recipient, partner, non-partner). Applicant means the agency completing the application for funding will directly provide the service; sub-recipient means the grant sub-recipient will directly provide the service and an MOU has been signed; Partner means someone with whom the applicant has a contract agreement with; Non-partner is an organization who will provide the direct service but with whom the applicant does not have a direct relationship *

	Applicant	Sub-recipient	Partner	Non-Partner	Not Provided
Assessment of Service Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with Moving Costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Assistance and Job Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Search and Counseling Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life Skills Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Treatment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

75. Select ALL supportive services that are available and indicate how often they will be provided below *

	Weekly	Monthly	Annually	As Needed	Not Provided
Assessment of Service Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with Moving Costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Assistance and Job Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Search and Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life Skills Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. Does the project connect participants to mental health or substance abuse treatments when needed? If yes, send an email to calhouncoc@uwscmi.org with any documentation of program participation that outlines treatment requirements or sober living affiliations. *

HUD Priorities

77. Will this project require supportive service participation as a condition of continued housing?
(Non-housing projects select N/A) *

- Yes
- No
- Not Applicable

78. Review the Goals and Objectives in III.B. of the FY2026 NOFO. Describe how your project will further at least two (2) of the following goals: 1. Improving Outcomes, 4. Prioritizing Treatment and Recovery as a Means to Self-Sufficiency, 5. Promoting Economic Self-Sufficiency, 6. Advancing Public Safety for All, 7. Minimizing Trauma for Vulnerable Populations *

Project Start-Up

79. Projects are expected to begin serving participants within 3 months of signing the grant agreement. (CoC assistance will be provided.) Indicate below the anticipated length of time required to meet the following milestones *

	Within 30 days	Within 60 days	Within 90 days	Longer than 90 days
New Project staff hired, or other project expenses begin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participant enrollment and services begin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Project near 100% capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. Describe how the project will ensure it is fully expended within 12 months. *

81. Describe any strategies and/or efforts you will use to track and improve program outcomes.

- Discuss how your agency will use data to identify ways to improve services, program design, staff development, and/or outcomes shown through performance measures.
- Describe how your past efforts to improve project outcomes on another project/programs operated by the agency

*

82. Describe any onboarding and training process for new staff and any training requirements for existing staff. Include internal agency training, CoC training, best practices training, and any other requirements. *

83. Demonstrate the cost effectiveness for the project by selecting any of the following that are true for this project *

- The cost is necessary for housing or service delivery
- The cost is reasonable compared to market rates
- There are proper procurement practices (competitive bids, no conflicts)
- Project costs are able to be allocated to the grant
- Outcomes are measureable and reported
- Efficiency metrics will be used to show appropriate use of funds
- Costs are consistent with organizational and federal policies

Special Project Types

84. Is this a project dedicated to survivors of domestic violence or other types of violence outlined in paragraph 4 of the homeless definition?

Yes

No

85. Detail how the project ensures and increases the safety of project participants *

86. Detail how the applicant uses a trauma-informed, survivor-centered approach in service delivery.

*

Budget

87. Would the proposed project be able to be implemented if awarded fewer funds than requested? Please provide any detail that should be considered, including the amount at which the project is no longer feasible. (Question is not scored.)

88. Has the applicant completed the budget and match attachment to send in before the application deadline? Reviewers will score based on the budget's reasonableness and alignment with eligible expenses for the project type. *

Yes

No

Checklist of Required Attachments

For full points, ensure that the following attachments are completed and submitted via email by the deadline

89. Required Attachments

- HUD Monitoring Documentation as stated in Question 15
- Organizational audit/financial review as stated in Question 23
- Documentation of program participation that outlines treatment requirements or sober living affiliations as stated in Question 76
- Budget and Match Worksheet (not required if submitted completed eSNAPS application)
- completed eSNAPS application and required attachments (only required if eSNAPS application is available before the local application deadline)

90. **Attestation** By selecting "yes" below, you are affirming the following statements to be true:
1. If awarded Continuum of Care Funds by the U.S. Department of Housing and Urban Development, this project will comply with all program regulations as found in the Continuum of Care program Interim Rule 24 CFR Part 578. The project will also comply with all other federal, state, and local regulations.
 2. The organization will enter required project and client data into the Homeless Management Information System (HMIS) in accordance with the HMIS Data Standards and HMIS Policies & Procedures
 3. The funded project will participate in the CoC Coordinated Entry System and adhere to Coordinated Entry (CE) policies and procedures per the specific project type.
 4. Data submitted with this project application is complete, accurate and correct.
 5. It is understood that, should this project be eligible for an appeal, no appeal may be made based on having initially submitted incomplete, incorrect, or inaccurate data.
 6. It is understood that details on the criteria and process for which my agency may submit an appeal to the Kalamazoo County Continuum of Care and are found in the grievance policy and any appeal decisions are made by the Kalamazoo County Continuum of Care Appeals committee are final.
 7. It is understood that projects submitted to HUD will be submitted in accordance with ranking policies to be developed for these projects that such project ranking decisions are final. I can find information on prioritization from the Kalamazoo County CoC website
 8. It is understood that the CoC Board is responsible for making decisions on which projects are submitted to HUD each year as part of the annual CoC Competition, and that the ultimate decision in whether a project is funded is made by HUD. It is further understood that 24 CFR 578.35 describes certain situations in which an agency may submit an appeal directly to HUD. It is agreed that the submission of an appeal to HUD, in accordance with HUD's policies and procedures is the final recourse that may be taken for the project.
 9. The individual submitting is the approved applicant for their agency's application for the HUD CoC program funding and is acting in accordance with their Board and applicable supervisor's consent and knowledge.

Scoring Adjustments

It is understood that the grants review committee may deduct points if any of the following are true:

1. The application is not submitted on or before the due date
2. All attachments are not submitted on or before the due date.
3. The application is not completed or the answers given are not accurate.

Yes

No

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