Greater Richmond CoC
HUD FY2025 Continuum of Care Grant Competition Renewal Project Application

- **Applications are due by December 12ᵗʰ, at 5pm to this submission portal.**
- **Contact:** Frances Marie Pugh, Director of Coordinated Funding, at fmpugh@homewardva.org for questions about the form or process.

1. General Application Information
Are you a 501c3 organization or a unit of local government?
- **Selection:** (501c(3) Organization is pre-selected in the document)

Will services funded by this project be located within the GRCoC Service Footprint?
- Yes
- No

GRCoC Standards Acknowledgement: Organizations applying for funding through the GRCoC Acknowledge the following as Standards:
- Participation in coordinated CoC activities such as PIT participation and CoC workgroup/ committee participation
- Furthering community identified funding priorities
- Supporting the inclusion of people with lived experience in decision-making roles within the continuum
- Following the GRCoC-adopted program standards for relevant program types
- I acknowledge that I have read and understand the above GRCoC standards

GRCoC Membership: Are you an active GRCoC Member or do you commit to becoming one?
- Yes, I am an active member
- Yes, I commit to becoming an active member
- No, I am not an active member and do not commit to becoming one

2. Project Applicant Information

Applicant Organization
- Name of Organization:

Sub-Recipient Organization (if applicable)
- Name of Organization:
- Sub Recipient contact person for this application:
  - Name:
  - Phone:
  - Email:
  - Title:

Project Information
- Project Name:
- Project Location:
- Is this a New or Renewal application? (Renewal is pre-selected in the document)
- Grant execution date:
- Grant end date:
- Renewal grant execution date:
- Renewal grant end date:
- Is this project created from re-allocation?
- Name of project that funds are being re-allocated from & purpose:
- Type of Project: Please indicate the project type:

3. Proposed Project Budget

Activity	Total Assistance Requested ($)
Rental Assistance	$_____ $
Supportive Services	$_____ $
Operations	$_____ $
Administrative costs (Up to 7%d of amount requested)	$_____ $
HMIS	$_____ $
Sub-total of expenses	**$ 0.00**
Cash Match	$_____ $
In-kind Match	$_____ $
Match Totals	**$ 0.00**
Total Budget	**$ 0.00**

Housing Type
- Housing Type (If applicable):
- Total Number of Units:
- Total Number of Beds:

4. Population to be Served in the Point-in-Time (Please list the total number of households that match each of the criteria below at this point in time.)
- Households with at least 1 adult and 1 minor child:
- Adult households without minor children:
- Households with only minor children:
- **Point-in-Time Total:** 0

Population to be served in the project annually (over the course of the year) (Please list the total number of households that match each criteria below that will be served over the course of a year.)
- Households with at least 1 adult and 1 minor child:
- Adult households without minor children:
- Households with only minor children:
- **Annual Total:** 0

5. Narrative Project Information

Please respond to the questions below. A 1000 character-no spaces limit for each numbered response will be strictly enforced.

Grant and Financial Management
1. Has the organization had a CoC or ESG monitoring in the last 3 grant cycles?
   ○ If so, describe any findings and relevant remediation plans.
   ○ Please upload a letter from the relevant monitoring agency.
2. Has the organization conducted a financial audit since 6/30/24? If so, please describe the date of the last financial audit and any associated findings. If not, please explain why an audit has not been conducted. – file upload

3. Please upload documentation of APR expenditure data from the most recently completed grant cycle. If the grant has not operated for a full year, submit documentation of the project being on-track to fully expend. – file upload

4. Please submit documentation of regular ELOCCs drawdown for the most recently completed grant cycle. – file upload

5. Please upload documentation of on-time submission for the most recently completed grant cycle. -file upload

PSH, SSO, SSO-SO
HUD and Local Policy Priorities
- **Requiring Supportive Services that meet participant needs:** Describe the organization's commitment to providing and implementation of supportive services that are tailored to the client's needs.
- **Prioritizing treatment and Recovery:** Describe current and/or planned efforts to identify and increase available treatment on site.
- **Coordination and leveraging of resources:** Describe efforts to meaningfully involve partners and description of partnerships with organizations with expertise in serving different populations.
- **Improving outcomes for clients:** Describe their effectiveness in reducing homelessness and increasing self-sufficiency.

Objective Project Performance:
- **Obtain or Maintains Permanent housing**: The Collaborative Applicant staff will run a project APR using calendar year 2024 as the performance period. This factor will be scored from Q5 & Q23C for PSH projects and Q23C for RRH, Joint TH/RRH projects.
- **Exits from Project Back to Homelessness**, The Collaborative Applicant staff will run a project APR using calendar year 2024 as the performance period. This factor will be scored from Question 23C for all projects.
- **Maintains or Increases Employment Income**, The Collaborative Applicant staff will run a project APR using calendar year 2024 as the performance period. This factor will be scored Question 19 A1 & A2 for all projects.

- **Commitment to Required Service participation**, Applicants must confirm whether they align to the local supportive services agreement. Projects will upload their version of a Supportive Service Participation Agreement

SSO-CE
HUD and Local Policy Priorities,
- **Advertising strategy:** Describe the strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest needs.
- **Coordinates referrals to permanent housing:** Describe how the project ensures program participants are directed to appropriate housing and services that fit their needs.
- **Promotes recovery:** Describe current and/or planned efforts to identify and increase available treatment and recovery opportunities.
- **Ensures Program participants are directed to appropriate services:** Describe how the project ensures program participants are directed to appropriate housing and services that fit their needs.
- **Fulfills role of CES lead.** Describe how the project supports or fulfills the requirements of CES lead.

Objective Project Performance,
- **Covers 100% of geographic:** Document that the Coordinated Entry system is easily available and reachable for all persons, including persons with disabilities, within the CoC's geographic area who are seeking homelessness assistance.
- **Annually assesses CES:** Document that the project annually assess the Coordinated Entry system.
- **Provides referrals to 100% of CES required projects:** Document that the Coordinated Entry system provided referrals to 100% of the CES required projects.
- **Commitment to Required Service participation**, Document that the project aligns to the local supportive services agreement? Please upload a Supportive Service Participation Agreement.

HMIS
Timely Submission of reports: Applicants must confirm the timely submission of reports including, Housing Inventory (HIC), Point-in-Time (PIT), Longitudinal System Analysis (LSA), and FY24 System Performance Measures.

HUD + Local Priorities,
- **Promote recovery:** Describing current and/or planned efforts to identify and increase available treatment and recovery opportunities.
- **Fulfilling HMIS lead:** Describing how the project activities support the fulfillment of the role of HMIS lead.

Objective HMIS Functionality,
- **Collects all required elements:** Confirm that the HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.
- **Un-duplicate client records:** Confirm that the ability of the HMIS to unduplicate client records.
- **Produces all required reports:** Confirm that the HMIS produces all HUD required reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ ESG. reporting) and other reports required by other federal partners.

6. Mandatory Attachments
Note: The actual application requires file uploads. The list below details the required documents.

- Non-Profit Documentation & UEI number or local government entity *
- Source & documentation of Match *
- Signed CES MOU or commitment to sign if funded *
- Signed HMIS MOU or commitment to sign if funded *
- Support Services Participation Agreement