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**2024 NOFO New Project Proposal**

All new projects wishing to apply for funding in the FY2024 HUD CoC Competition (NOFO) must complete the following information and submit to [*submit@mtcoc.org*](mailto:submit@mtcoc.org) by ***5pm (MDT) on April 30, 2024.***

If your project is selected for inclusion in Montana Continuum of Care Coalition’s Consolidated Application for the FY2024 NOFO Competition, additional materials may be requested. Materials will be distributed to applicants via e-mail and posted on the Montana Continuum of Care Coalition’s website. The application process also requires the completion of a project application in HUD’s ***e-snaps*** system.

For more information contact [*david@mtcoc.org*](mailto:david@mtcoc.org)

# Applicant Information

|  |  |
| --- | --- |
| **Applicant**  **(Organization Name)** |  |
| **Organization Type**  **(e.g. 501(c) 3 or local Gov’t Entity)** |  |
| **Proposed Project Name** |  |
| **UEI**  **(Unique Entity Identifier)** |  |
| **Primary Contact Name** |  |
| **Primary Contact Email** |  |
| **Secondary Contact Name** |  |
| **Secondary Contact email** |  |

# Signature

***By signing this form, you are agreeing that you are an authorized representative of the organization listed below and that you have verified and attest to the content of this Letter of Intent as submitted.***

|  |  |
| --- | --- |
| **Authorized Representative Name** |  |
| **Title** |  |
| **Date** |  |
| **Signature** |  |

**This request is for:**  **CoC Bonus Funds**  **DV Bonus Funds**

**Threshold Criteria**

|  |  |
| --- | --- |
| **Minimum Threshold Criteria** | |
| **1** | Project must operate with the State of Montana |
| **2** | Proposal includes the correct legal entity/agency name |
| **3** | Project applicants must meet organizational eligibility requirements as described in the CoC Program Interim Rule (i.e., only nonprofit organizations, States, local governments, and instrumentalities of State or local governments are eligible to apply) and be able to provide evidence of eligibility (e.g., nonprofit documentation). |
| **4** | The population served must meet CoC Program eligibility requirements. |
| **5** | Project applicants must demonstrate the financial management capacity and organizational experience to carry out the project and administer Federal funds (e.g., by demonstrating experience with similar projects and with successful administration of other federal/state/local funds). |
| **6** | Projects must administer their programs in the most integrated setting appropriate to the needs of qualified homeless people with disabilities (i.e., enabling participants to interact with others without disabilities to the fullest extent possible). |
| **7** | **HMIS Participation** |
| **7a** | Projects must have the ability to upload client data into a HMIS compliant system, generate statistical reports that support stated program results, and use data to drive decision-making around program goals and outcomes. |
| **7b** | ***Victim Service Provider projects*** (exclusively serving survivors of domestic violence, dating violence, sexual assault, or stalking) must adhere to 7a. and demonstrate the ability to maintain confidentiality of their client-level data while being able to report program outcomes at the aggregate level |
| **8** | Project applicants must be in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds, outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, expending funds on ineligible costs, failing to expend funds within statutorily established timeframes, or history of serving ineligible program participants.  Organizations with a current or past history of one or more of the above must submit a separate explanatory statement |
| **9** | Applications must meet HUD’s 25% match requirement as defined in the CoC Program Interim Rule (i.e., match must equal a minimum of 25 percent of the total grant request including administrative costs but excluding leasing costs.) |
| **10** | **For projects serving families with dependent children and single adults 24 years old or younger with minor children** |
| **10a** | Does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney Vento Act, as updated by the Every Student Succeeds Act (ESSA), and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness? |
| **10b** | Does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and McKinney-Vento education services? |
| **11** | Applicant agrees to participate in the ***Montana CoC Coordinated Entry System***, including attending training, completing CES assessments and receiving referrals through Coordinated Entry as outlined in the Montana CoC Coordinated Entry Policies and Procedures. (CE Participation not applicable for HMIS or SSO Coordinated Entry Projects) |
| **12** | Applicant agrees to participate in the annual Point-in-Time Count, submit Annual Performance Reports (APRs) and other required data on time, and actively participate in CoC Planning and Development activities. |

**Experience of Applicant, Subrecipient(s), and Other Partners**

**1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application. Please do not include generic descriptions of your agency(ies) Rather, provide concrete examples that illustrate: 1) what makes your agency, and any proposed partners stand out from other similar organizations 2) experience with activities similar to those proposed 3) unique qualifications related to the proposed project(s). Specifically, describe experience with (1000-word limit):**

* Utilizing a Housing First Model.
* Serving the target populations.
* Linking participants to mainstream resources such as SOAR, SSI/SSDI, cash and non-cash benefits, health insurance , employment services, and other community-based resources.
* Increasing participant income through connections to jobs and employment programs.
* Coordinating with landlords to help participants to stabilize in housing.
* Locating units and administering rental assistance, if applicable, to the proposed project(s).

**2. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include a description of how your agency coordinates with community partners and how this project will fit within your organizational structure, including supervisory structures (500-word limit):**

**3. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds. Describe how your organization, subrecipient(s), if applicable, and partner organizations (e.g. Developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience. Response must address each of the below(500-word limit):**

* Working with and addressing the target population(s) identified housing and supportive service needs.
* Developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation.
* Identifying and securing matching funds from a variety of sources.

**4. Describe your organization’s (and subrecipient(s) if applicable) financial management structure (500-word limit):**

**Project Description**

**5. The project component type:**

Permanent Housing – Permanent Supportive Housing (PSH)

Permanent Housing – Rapid Rehousing (RRH)

Joint Transitional Housing (TH) and Permanent Housing – Rapid Rehousing (RRH)

Supportive Services Only – CE (Coordinated Entry)

**6. Provide a description that addresses the entire scope of the proposed project. Description should be complete and concise. It must address the entire scope of the project. The description must be consistent with other parts of this application. Must include, if applicable (500-word limit):**

* A description of the housing type, number of units, location(s) including whether this is a single site, multi-site, or scattered-site project.
* The target population(s) to be served - number of singles, families; disabilities/special needs addressed, etc.
* Plan for addressing the identified housing and supportive service needs of participants.
* Roles of any sub-recipients.
* Coordination with other organizations (federal, state, nonprofit).
* Anticipated quantified projected outcomes (e.g. 90% of participants will remain housed in the project or exit to permanent housing, 70% of participants will gain income from entry date to annual assessment date, or time between project entry date and move-in date will be 30 days or less for 90% of participants).
* How the CoC funding will be used.

**7. Describe the estimated schedule for project start up, including anticipated date that the project will hire and train staff (if necessary), begin filling units/serving participants, the date the project will be operating at full capacity and the method for assuring effective and timely completion of all work (500-word limit):**

**8. Check the appropriate box(s) if this project will have a specific subpopulation focus:**

N/A (project serves all subpopulations)

Veterans

Youth (under 25)

Families

Domestic Violence

Substance Abuse

Mental Illness

HIV/AIDS

Chronic Homeless

Other (please specify)

**9. Will the project follow a "Housing First" approach?**

Yes  No

**10. Is this a “Project Expansion” of an eligible renewal project?**

Yes  No

**Supportive Services for Participants**

**11. Describe how program participants will be assisted to obtain and remain in permanent housing using a Housing First model. If you will coordinate with other partners, include their role in meeting this criterion. The description must be consistent with other parts of this application and identify, if applicable (500-word limit):**

* How the project will use a Housing First approach to the project (e.g. move people quickly into housing, remove barriers to entry and only terminate participants for reasons covered in the lease agreement).
* Plan to engage and move eligible participants into the project.
* Plan to locate housing units and assist participants through the lease-signing process.
* The type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g. case management, housing counseling, employment resources).
* How you will work with program participants to set goals toward successful retention of permanent housing (for RRH this includes description of how project helps ensure maintenance of housing once rental assistance ends.
* Plan to assess and address participants' needs including but not limited to health, behavioral health, public benefits and income, life skills/home care and child care services, if applicable.
* How you will coordinate with landlords and participants to support housing stabilization, mediate/address housing risks and reduce the likelihood of evictions.
* How rent reasonableness will be determined; and.
* How tenants will be assisted to build independent living skills and move on from PSH.

**12. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. Describe how this project will help program participants obtain the benefits for which they are eligible. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. Where referrals are made to other organizations, please specify the names of these agencies. The description should include (500-word limit):**

* assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g. local employment programs, job training opportunities, educational opportunities).
* The type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g. SSI, SSDI, Food Stamps, SAGA, GA, Veterans' benefits).
* The type of social services you will provide access and help program participants obtain (e.g. childcare, health and behavioral healthcare, food assistance, TANF, HUSKY Health, early childhood education).
* And access to healthcare benefits and resources (e.g. Medicaid, Medicare, healthcare for the homeless, FQHC's).

**13. Indicate all supportive services available to program participants:**

Supportive Services

Assessment of Service Needs

Assistance with Moving Costs

Case Management

Child Care

Education Services

Employment Assistance

Job Training

Outpatient Health Services

Outreach Services

Substance Abuse Treatment Services

Transportation

Utility Deposits

Food

Housing Search and Counseling Services

Legal Services

Life Skills Training

Mental Health Service

**14. List the number of Households with:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Households with at Least One Adult and One Child** | **Adult Households without Children** | **Households with Only Children** | **Total** |
|  |  |  |  |

**15. Will the project be focused on serving youth under the age of 25?**

Yes  No

**Funding Request**

**16. Costs for which funding is requested:**

Acquisition/Rehabilitation/New Construction

Leased Units

Leased Structures

Rental Assistance

Supportive Services

Operating

HMIS

VAWA

**17.** **List the funds that will be used as Match for this project (include source and date available):**

|  |  |
| --- | --- |
| **Total Amount of Cash Commitments** |  |
| **Total Amount of In-Kind Commitments** |  |
| **Total Amount of All Commitments** |  |

***Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.***

**18. Budget Summary:**

Only costs defined by HUD in the CoC Program Interim Rule as eligible may be included in this application. See: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

|  |  |
| --- | --- |
| **1a. Acquisition** |  |
| **1b. Rehabilitation** |  |
| **1c. New Construction** |  |
| **2a. Leased Units** |  |
| **2b. Leased Structures** |  |
| **3. Rental Assistance** |  |
| **4. Supportive Services** |  |
| **5. Operating** |  |
| **6. HMIS** |  |
| **7. VAWA** |  |
| **Subtotal of Program Costs Requested** |  |
| **Admin (up to 10% of subtotal)** |  |
| **HUD funded subtotal + Admin Requested** |  |
| **Total Match** |  |
| **Total Project Budget including Match** |  |

**Local Competition Supplemental Questions**

**19. DV Projects Only - Comparable Database and Client Safety**

Describe how your project will improve the safety of your clients and how you will use data or other information to track and document improved safety:

**20. Needs and Gaps Analysis / Project Prioritization**

Describe what gap(s) in your local Needs and Gaps Assessment your project will address, and how the project will address them:

**21. Participant Engagement and Equity**

Describe how your project will authentically engage participants to continually improve program services and outcomes, address inequities in housing access within your service area, and integrate culturally specific or culturally responsive programming:

**22. Priorities**

The Montana Continuum of Care Coalition Board of Directors has identified the following priorities for the FY2024 Local Competition. Check those that apply to the proposed project:

Projects serving tribal and unserved, and underserved communities (communities and districts with no CoC funding, or CoC funding below their % of PPRN/Awards\*)

Leverages Housing and Healthcare Resources (attach supporting documentation)

RRH Projects

Joint TH/RRH Projects (DV Bonus)

# Statewide Continuum of Care Participation

The applicant agrees to attend CoC Membership meetings and participate in at least one (1) Standing Committee of the Continuum of Care.

The applicant agency agrees to:

1. Participating in the annual point-in-time sheltered and unsheltered count.
2. Submitting Annual Performance Reports (APR) on time.
3. Participating in CoC Planning, Gaps Analysis and Needs Assessments.
4. Submitting required LSA, HIC, PIT and GIW reports, as requested, on time.

Applicant agrees to participate in the Montana Coordinated Entry System, including attending training, completing CES assessments and receiving referrals through Coordinated Entry as outlined in the Montana Coordinated Entry Policies and Procedures. ***(Threshold Requirement)***

Agency staff currently complete Coordinated Entry assessments for the Montana Coordinated Entry System.

**Local Community Support**

Is your proposed project supported by or been prioritized by your local CoC or another community planning body (if yes, please attach a Letter of Support):

Yes  No

# Additional Resources for Applicants

* Information about HUD’s Continuum of Care Process is available at: <https://www.hud.gov/program_offices/comm_planning/coc/competition>
* Information about the Montana Continuum of Care NOFO process, including NOFO updates and announcements, is available at: <https://www.mtcoc.org/nofo-grants/>
* Component descriptions can be found here: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/coc-program-components-overview/>
* Instructions for setting up an ***e-snaps*** Applicant Profile can be found here: [*https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf*](https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf)

***\*Unserved Districts include Districts 1, 3, 4, and 6 and Underserved Districts include Districts 2, 5, 7, 10, and 12***