



**MUSKEGON COUNTY**  
Homeless Continuum  
of Care Network

## FY2024-2025 HUD COC PROGRAM COMPETITION

### RENEWAL/NEW/BONUS PROJECT APPLICATION

Grant Period 2025 - 2026

Application due to [madison@unitedwaylakeshore.org](mailto:madison@unitedwaylakeshore.org) by **August 29, 2024 at 3:00 pm**

Program Information	
Project Grant Name (if renewal, must match <b>GIW</b> )	
Organization Name	
Agency eSNAPS Contact	
Title	
Email	
Phone	
Address	

*\*Agency eSNAPS Contact: Authorized user who will be inputting and submitting Continuum of Care Project Application in eSNAPS*

Application Option (Choose one per application)

- Standard Renewal (no change from FY23)
- Consolidation
- CoC Bonus - **\$64,261**
- DV Bonus - **\$64,261**

Program Component Type (One component per application)

- Permanent Supportive Housing
- Rapid Re-Housing
- Joint Transitional Housing / Permanent Housing – Rapid Re-Housing
- Supportive Services Only – Coordinated Entry (SSO-CE)

## Eligibility Thresholds

Basic HUD Eligibility Thresholds must be satisfied before the CoC may consider any project application for funding.

- I. Please indicate by checking the boxes if the applicant has any of the following:
  - a. Outstanding obligation to HUD that is in arrears for which a payment schedule has not been agreed upon;  
 Yes  No If yes, please explain:
  - b. 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 from doing business with the federal government;  
 Yes  No If yes, please explain:
  - c. Unresolved monitoring findings or outstanding (agency or HUD) audit findings;  
 Yes  No If yes, please explain:
  - d. Inadequate financial management or accounting practices within the past three years;  
 Yes  No If yes, please explain:
  - e. Evidence of untimely expenditures on prior award;  
 Yes  No If yes, please explain:
  - f. 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:
  - g. Issues impacting the timeliness in reimbursing subrecipients for eligible costs;  
 Yes  No If yes, please explain:
  - h. 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:
- II. Does applicant have a financial management system that meets federal standards as described at 2 CFR 200.302?;  
 Yes  No If yes, please describe:
- III. Does the applicant employ or contract services of an accountant who is familiar with Generally Accepted Accounting Principles (GAAP)?  
 Yes  No
- IV. Does the applicant obtain an annual audit by an independent certified public accountant?  
 Yes  No

- V. Has your organization been monitored by HUD in the past three (3) years?  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.

**If no**, reference most recent monitoring by an entity other than HUD for federal, state or local funding (ESG, CDBG, etc) and include as attachments: Monitoring report, applicant’s response to any findings, documentation from the entity that finding or concern has been satisfied, and any other relevant documentation.

**Project Description**

1. Provide a narrative description that covers the entire purpose, design, and scope of this project. Responses should detail the goals of the project, the target population for the project, and how participants are served within the project.
  
2. Is the project dedicated to serve priority populations (Veterans, Chronically Homeless, Families, Youth, Domestic Violence Survivors)? What is the project’s target population?
  
3. Using the chart below, indicate the number of households planned for and the number of households actually served per the last completed project year. If new, indicate only number of households planned.

Planned Households	Actual Number Served

Provide an explanation if the number of households planned is less or more than the actual number served.

4. Complete the chart with the number of units within each project type. If Renewal, must match GIW

	Project Type	Total Number
Units		
Beds		

5. Does/Will the agency follow the Orders of Priority as defined in CPD-16-11 (See Exhibit B of this application)? Yes / No
  
- 6a. All recipients of HUD CoC Program funding are required to participate in the MCHCCN Coordinated Entry System. Explain your process for notifying the CES of program openings and for accepting CES referrals to fill those openings. What is your estimated % of referrals you accept from the CES?

6b. Within the last complete project year, how many referrals from the Coordinated Entry System were received by this project? How many referrals from the Coordinated Entry System were ultimately not served by this project? What was the rationale for not serving these referrals?

7a. Describe how the Project implements the Housing First approach. Include descriptions of program policies and procedures to address situations that may lead to termination. How will the project assist clients in finding decent housing? Include:

- 1) eligibility criteria;
- 2) process for accepting new clients;
- 3) process and criteria for exiting clients as it pertains to substance use, income, criminal records (with exceptions for restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity.

7b. Review Exhibit A: Housing First Checklist. What areas did you discover where your project(s) need improvement? What changes do you plan to make since completing the checklist?

### **Supportive Services**

8. How will clients be assisted in maximizing their ability to live independently? What criteria are used to evaluate participants' readiness to "graduate" or transition from the project to other permanent housing?

9. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. For renewals, describe successful collaborations? (See "Mainstream Resources" definition in glossary)

10a. What supportive services will be provided in this project by the applicant?

10b. What supportive services will be provided by community partners with an MOU?

### **Applicant Agency Process**

11. Does the applicant serve on MCHCCN Committees? If so, detail committees and contributions. If not, how does the applicant plan to participate in the CoC?

12. How will the Project engage those with the most severe needs or vulnerabilities, disabilities or limited English proficiency per the MCHCCN CoC/HUD prioritization policies? Describe any outreach efforts and how you reach eligible participants throughout the County that may not know of the Project?

Project performance and its contribution to improving the overall CoC homeless responses system (system performance measures) are greatly valued in this application process. It is acknowledged that certain populations present more challenges and have higher barriers to housing than others. If the renewal project works to house some of the “hardest to serve” populations please respond to the following questions:

13a. What percent of participants experience at least one of the following barriers to housing:

- a. history of victimization/abuse, domestic violence, sexual assault, childhood abuse:  
\_\_\_\_\_
- b. criminal histories: \_\_\_\_\_
- c. chronic homelessness: \_\_\_\_\_
- d. low or no income: \_\_\_\_\_
- e. current or past substance abuse \_\_\_\_\_

13b. Explain how these participant barriers can impact the Project’s performance and how the Project works to overcome those barriers. Identify specific action steps being taken.

14. Detail the project applicant’s policy and process for preventing eviction for participants in this project and for preventing participants from early termination of service once entered into the project.

15. Detail the caseload size for staff of this project and include caseload for any other project(s) the staff person may also be employed in.

16. Are there any outstanding Civil Rights matters, delinquent Federal debts, debarment or suspensions from doing business with the federal government? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Approved Code of Conduct is on file with HUD? Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, please include a copy.)

18. Who is the agency contact person knowledgeable about Fair Housing and HUD priorities?

Name: \_\_\_\_\_ Contact # \_\_\_\_\_

### **Equity Factors**

19. What has the applicant done to reduce barriers to services and successful outcomes for all participants with attention paid to barriers for BIPOC, LGBTQ+, and persons with disabilities?
20. How has the applicant improved practices and reviewed project outcomes with a racial equity lens?
21. What has the applicant done to increase racial and ethnic diversity within staff and leadership, including Board positions?
22. Explain the process for actively seeking, receiving, and incorporating feedback from project participants.
23. Detail participation in the agency and the project from homeless and formerly homeless persons currently and any future plans to improve.

### **Subrecipient (if applicable)**

- 24a. Does this project have any subrecipients? If so, please list subrecipients, geographic area of service, number of households to be served, and amount of funding allocated to the subrecipient. Attach additional forms as needed.
- 24b. If the project has subrecipients, describe the processes by which the applicant will ensure quality of service provided by subrecipient(s) and monitor actions, results, and spending?
- 24c. What supportive services will be provided in this project by a subrecipient?

### **ONLY New CoC Bonus and DV Bonus Projects**

25. Has the applicant received Federal funds before?
26. Has the applicant received State or Local funds before?
27. If yes to 25 or 26: Describe your organization's experience in effectively utilizing federal/state/local funds and performing the activities proposed in the application.

28. Describe your organization’s experience in leveraging Federal, State, local and private sector funds.
29. Describe your organization’s financial management structure.
30. Describe the experience of the applicant in working with the proposed target population and in performing the activities proposed in the application. Provide concrete examples to illustrate the experience and expertise in a) working with and addressing the housing and supportive service needs of the target population; and, b) developing and implementing relevant projects and/or services.
31. Describe how the Project design will fit the needs of Project participants and the plan to assist clients with barriers to housing (poor rental history, criminal history, bad credit, etc.) to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.
32. Describe a concise plan for rapid implementation of the Project, documenting how and when the project will be ready to house the first project participant. Provide a detailed schedule of proposed activities for 30 days, 60 days, 120 days, and 180 days, if applicable, after grant award.
33. Describe the key staff positions and qualifications of individuals who will carry out the project. Click or tap here to enter text.
34. Estimated cost-effectiveness – What will be the estimated cost per household served in the project? (Divide the cost to run the Project, including match, by the estimated number of households served per Project year).
35. My agency is willing to be trained in processes and programs used by the CoC to manage and administer the HUD grant, including but not limited to Homeless Management Information System (HMIS), the Coordinated Entry Agency (CES) and the assessment tool (SPDAT).
- Agree: \_\_\_\_\_ Disagree: \_\_\_\_\_

**ONLY DV-Bonus Applicants**

36. Increasing Participant Safety: Describe how this project will increase the safety of the households served. In your response, please be sure to address the following:

- a. Staff training on safety planning;
- b. How the project will work with the clients to identify what is safe for them as it relates to living in a scattered-site rental unit;
- c. How will congregate living spaces (if applicable to this project) be kept safe by ensuring the security of doors and windows, maintaining well-light areas, etc.
- d. How will project location for any dedicated units and/or congregate living spaces be kept confidential;
- e. How will the project measure the extent to which it has increased the safety of program participants?

37. Experience Providing Trauma-Informed and Survivor or Victim Centered Services: Describe the recipient experience utilizing trauma-informed, person-centered approaches that meet the needs of persons fleeing domestic violence.

38. (New Projects) Do you have a client-level database that is capable of meeting HUD’s Annual Performance Reporting requirements? Name Database.

Yes \_\_\_\_\_ No \_\_\_\_\_

**PROJECT PERFORMANCE**

**ONLY Renewal Projects**

**This section will be completed by the Coordinator and HMIS Admin using data from the last completed project year or all completed quarters from the current project year.**

*Expectations for Narrative: Narrative response is not required unless noted. If an applicant chooses to include narrative to supplement data, it should be a concise explanation that outlines any extenuating circumstances.*

39. What was the project’s unit utilization rate? Please use the last completed project year or all completed quarters from the current project year. *(Average of Utilization Rate – Point-in-Time Count of Households on Last Wednesday in APR Q8b [or for Persons, Q7b]; see Detailed Instructions)*

40. What percentage of the households served met high service needs criteria defined as having zero income at start/entry? (APR Q18. Value for Adults with No Income at Start divided by Total Adults):

41. What percentage of the households served met high service needs criteria defined as having two (2) or more physical or mental health conditions known at start/entry (APR Q13a2. add totals for two and three or more conditions, then divide by total):



42a. What percentage of the households served were chronically homeless? (APR Q26a. divide total chronically homeless by total households):

42b. For Permanent Supportive Housing Project Only—**If answer is less than 100% please explain why this is and how the project is working to improve the amount of chronic households served:**

43. Project cost-effectiveness – what was the average cost per person or family served in your Project? (Divide the cost to run the Project including match by the actual number of households served per project year).

44. Does the agency have an acceptable organizational audit/financial review? Yes/No **(Provide Attachment)**

45. Were draws completed at least quarterly in eLOCCS? Yes/No

46. Complete the following chart using the project’s last completed project year. If the project does not have a completed year, provide information based on the project balance as of the date of this application. **Documentation of the eLOCCS balance is required as an attachment to this application.**

a. Total amount authorized within eLOCCS	
b. Remaining balance in eLOCCS	
c. Percentage recaptured Divide answer b. by answer a. and multiply by 100	

47. Quarterly Scorecard:

	Total Points Earned	Total Points Applicable	Percent Score
a. Data Quality Score:	Enter here	Enter here	Enter here
b. Project Performance Score:	Enter here	Enter here	Enter here
c. Total Scorecard:	Enter here	Enter here	Enter here

**Requested Funds**

48. Total Budget and Rental Assistance Calculation (Feasibility)

Complete the chart below for all funds associated with this project. All columns should have an entry.

If this project has subrecipients, include an additional sheet to show how these funds are allocated among subrecipients.

Activity	HUD Requested Funds		Other Funding (Match/Leveraged*)		Total Project Cost
Leasing	Enter here		Enter here		Enter here
Rental Assistance	Enter here		Enter here		Enter here
Supportive Services*	Enter here		Enter here		Enter here
Operating Costs	Enter here	+	Enter here	=	Enter here
HMIS	Enter here		Enter here		Enter here
Project Administration (up to 10%, follow GIW)	Enter here		Enter here		Enter here
Total	Enter here		Enter here		Enter here

❖ **Renewals must match GIW**

❖ **Match must total 25%, excluding Leasing costs.**

❖ **NEW APPLICANTS: Rental Assistance and Leasing budgets must be based on the latest Fair Market Rent (FMR) - [Link HERE](#)**

Supportive Services Detail*	
Salaries	
Fringe Benefits	
Contractual Services	
Travel	
<b>Total</b>	

Leveraged Funds (if applicable)	
Amount	Source

49. \*Detail the documented and secured match for this project, complete Attachment A, and attach InKind match MOUs.

Please list the personnel, job title and hire date of positions to be paid from grant funds:

**Program Supervisor** (include even if not paid with grant funds)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

**Any other staff**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_

50. Is the project applicant having trouble spending the grant fully each year or serving the contracted number of households? If yes, why shouldn't the project be reallocated in part or all of the grant?

**Authorized Representative:**

Name:

Title:

Telephone Number:

Email:

*By signing this application, I certify the statements contained in the APPLICATION herein are true, complete, and accurate to the best of my knowledge.*

**Signature of Authorized Official** \_\_\_\_\_ **Date** \_\_\_\_\_

**Attachment A**

Except for leasing, match resources must equal to at least 25% of the total requested HUD funding, including project and administrative costs. Please note, Cash and In-Kind Match must qualify as eligible program expenses under the CoC interim rule.

Identify all match using the chart below. Only those dollars or non-cash contributions (in-kind) that directly support the project should be listed. This may include federal, state, or local government funds, private funds, grants, and/or other sources, including donations. Worksheet should reflect information in eSnaps application.

**Match must be at least 25% of total funding requested. Documentation of match must be provided with the application.**

<b>Resource</b>	<b>Cash or In Kind</b>	<b>Amount/Value</b>	<b>% of HUD Project Award</b>
Enter here	Cash/In Kind	Enter here	Enter here %
Enter here	Cash/In Kind	Enter here	Enter here %
Enter here	Cash/In Kind	Enter here	Enter here %
Enter here	Cash/In Kind	Enter here	Enter here %
Enter here	Cash/In Kind	Enter here	Enter here %
Click here	Cash/In Kind	Click here	Click here %
Click here	Cash/In Kind	Click here	Click here %
<b>Total Match</b>			Enter here %

Attach additional forms as necessary

## Attachment B

Attachments listed below are required but unscored. Failure to include any documentation that is required may result in disqualification of the application. *Please number all attachments in accordance with the list below.*

### **All projects must include:**

- 1: Organizational audit/financial review for last completed fiscal year.
- 2: Annual Progress Report (APR) for the project's most recent completed contract year, *or* all completed quarters from the current contract year.
- 3: Line of Credit Control System (LOCCS) report showing drawdowns and final balance
- 5: Documentation of all match

### **Each applicant must include one of the following two (#6):**

- Monitoring report from US Department of Housing and Urban Development (HUD), including any responses if there were findings noted in the report
- Monitoring report from an entity other than HUD for federal or state funding (ESG, CDBG, etc), including any responses if there were findings noted in the report

### **If relevant include (#7-11):**

- A: Organization's response to any findings
- B: Documentation from HUD (or other entity) that the finding(s) or concern(s) has been satisfied
- C: Any other relevant documentation

### **New and Bonus Projects Only**

- 1: Proof of 501(c)3 status from the IRS
- 2: Financial statements, including cash flow statement
- 3: Non-profit Corporation Update (Certification of Good Standing) or equivalent
- 4: UEI number
- 5: Active registration in SAM (4 and 5 may be the same document)