**** FY2024 CoC Renewal Project Application**

 **Northern Illinois Homeless IL-501 Funding Competition**

The CoC Renewal Project Application is submitted to the City of Rockford. This application will not be submitted to HUD. The CoC Renewal Project Application is used to gather information relevant to our local Continuum of Care project review process. Updates and information found at: <https://www.northernillinoishomelesscoalition.org/>

For questions on completing this application, please contact Angie Walker, Collaborative Applicant representative, by email at angie.walker@rockfordil.gov.

**INSTRUCTIONS:**

1. Please complete a separate CoC Renewal Project Application for each renewal project. For renewal projects with subrecipients, the lead agency is responsible for submitting the completed application and required attachments.
2. All narrative responses have a 2,000-character limit (with spaces). Applicants may provide 1 total page of additional text, if needed.
3. Email the completed application and required attachments to angie.walker@rockfordil.gov by **5:00pm on September 13, 2024.** Any application received on previous year’s forms will not be accepted. If you are submitting multiple applications, send each project’s application and attachments in a separate email message. Please use the agency and project name in the subject line of each email message.
4. Upon submission to the Collaborative Applicant, applications will be reviewed to ensure that they are complete. Incomplete applications may not be accepted.
5. Projects will be scored and ranked by the Ranking/Scoring Committee using the 2024 CoC NOFO Renewal Project Ranking Tool. Ranking tools has been made by and populated by ICA through your responses here and HMIS data. The ranking is not final until it is approved by the NIHC Board of Directors.

**REQUIRED ATTACHMENTS:**

1. **“CoC-APR” Report for 6/1/23 to 5/31/24**
	1. Renewal projects that do not have data for the full time period of 6/1/23 to 5/31/24 are NOT required to submit an APR but will follow the policy for scoring.
2. **Match Commitments:** Agencies awarded CoC funding are required to provide a match commitment of cash and/or in-kind resources at no less than 25% of the awarded grant amount (excluding any amount awarded to the leasing budget line item). Applicants must submit written match commitments that meet HUD’s standards as described in the [CoC Interim Rule](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/).
3. **IRS 501c3 Certification Letter (if applicable)**

**NOTES:**

* Every applicant will be asked to submit an application for each renewal project through the electronic HUD E-Snaps system. A copy of the completed HUD E-Snaps application must be submitted to the Collaborative Applicant. **The due date for completing the E-Snaps application is 10/25/2024.**
* Do not make changes to your budget request unless you are voluntarily reallocating funds. Upon submitting your HUD E-Snaps application, use the budget numbers that appear in the 2024 HUD CoC Grant Inventory Worksheet (GIW).
* The Collaborative Applicant will submit all renewal projects to HUD according to the details and deadlines indicated in the 2024 HUD CoC NOFO.

# AGENCY INFORMATION

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| --- | --- |
| Agency Name:  |  |
| Agency Address:  |  |
| Primary Contact:  |  |
| Primary Contact Phone:  |  | E-mail: |  |
| Agency Director:  |  |
| Director Phone:  |  | E-mail: |  |
| Agency’s UEI Number |  |
| Fiscal year of agency’s most recent financial audit: |  |
| Discuss any findings from most recent audit and actions your agency has taken or plans to take to address any concerns: |  |

# RENEWAL PROJECT INFORMATION

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| --- | --- |
| Project Name:  |  |
| Project Address, if applicable (check N/A for scattered sites or confidential address): |  | [ ]  N/A |
| Region Served (Select all that apply): | [ ]  Boone County [ ]  DeKalb County [ ]  Winnebago County |
| Current Grant Start Date (Must be in 2024): |  |
| Current Grant End Date (Must be in 2025): |  |
| Number of Units: |  |
| Number of Beds: |  |
| [2023 CoC Award Amount](https://suburbancook.org/hud-continuum-of-care/): |  |
| Has this program been monitored by HUD since 7/1/2019? |  [ ]  Yes [ ]  No  | If yes, provide the date: |  |
| Discuss any findings from that monitoring and actions your agency has taken or plans to take to address areas for improvement: |  |

# Primary Population(s):

Indicate if **25% or more** of beds are reserved for, or are serving, any of the following groups. Select all that apply.

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| --- |
|[ ]  Families with children |
|[ ]  Veterans  |
|[ ]  Survivors of domestic violence |
|[ ]  Transition Aged Youth (18 to 24 years old) |
|[ ]  Single Adults |
|[ ]  Substance abuse |
|[ ]  Mental Health |
|[ ]  Other special population:  |

# Program Type (choose one):

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|[ ]  Permanent Supportive Housing / Leasing  |
|[ ]  Permanent Supportive Housing / Rental Assistance  |
|[ ]  Permanent Housing / Rapid Re-Housing |

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| Is project applying as a Consolidated Project (i.e. combining existing renewal projects)? Must receive approval from CoC prior to consolidating existing renewal projects.  | [ ]  Yes [ ]  No  |
| If yes, please explain.  |

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| Is project’s most recent 3-year recapture average 2% or less? Recapture is calculated based on data in HUD quarterly spending reports. The calculation is the sum of all recaptured funds for the 2020-21, 2021-22, and 2022-23 grant years divided by 3. If projects have been operating for less than 3 years, they are excluded from scoring.  | [ ]  Yes [ ]  No  |
| If agency’s 3-year recapture average is more than 2%, please describe strategy for reducing future recapture average. *(Note: The Alliance will follow up directly with agencies that have a 3-year recapture average of more than 2%).* |
| Is project voluntarily reallocating any funding?  | [ ]  Yes [ ]  No  |
| Was the original project funded as a result of a Samaritan Bonus or Permanent Housing Bonus | [ ]  Yes [ ]  No  |

**THRESHOLD REQUIREMENTS**

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| All renewal projects must meet threshold criteria to be eligible for funding. Threshold review will take place prior to the review and ranking process. Please check the box in each category to confirm your commitment.  |
| **Coordinated Entry Participation** |
|[ ]  Project fills 100% of beds through Coordinated Entry and follows Coordinated Entry Policies/Procedures, including but not limited to termination policy, HUD Equal Access rule, fair housing requirements, and VAWA protections. |
| **HMIS Participation** |
|[ ]  Lead agency is an active participant in the Homeless Management Information System (HMIS). If lead agency is a Victim Services Provider (VSP), is an active participant in the HMIS-comparable database and is able to produce an Annual Performance Report (APR) that meets HUD requirements. |
| **Matching Funds** |
|[ ]  Matching funds for the renewal project meet HUD’s standards as described in the [CoC Interim Rule](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/) and requirements in 2024 CoC NOFO. |
| **Serving Families (only applicable to projects that serve families with children)** |
|[ ]  Project accepts all families with children 18 and under without regard to child’s age or gender. |
|[ ]  Project has a staff person responsible for ensuring that children are enrolled in school and connected to services in the community. |

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| ***Low Demand Service Model (Select one answer for each)*** |
| If a person experiences a relapse, treatment intervention, brief hospitalization, or a brief incarceration (less than 90 days): |
|[ ]  The program will NOT retain a spot for that participant for that period (up to 90 days). |
|[ ]  The program will retain a spot for the participant for that period (up to 90 days). |
| Comments (if applicable): |

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| ***Does the project prevent program participants termination for the following reasons:***  |
|[ ]  Failure to participate in supportive services.  |
|[ ]  Failure to make progress of service plan.  |
|[ ]  Loss of income or failure to improve income.  |
|[ ]  If a person uses an illegal drug off-site but is not a danger to self, neighbors and/or other participants. |
|[ ]  If a person with a mental illness refuses to participate in counseling, to see the doctor, or to take prescribed medication |
|[ ]  Any other activity not covered in the least agreement typically found for unassisted persons.  |
| Comments (if applicable): |

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| Does your project follow a Housing First Model?If yes, please describe how your agency implements Housing First practices as an agency and specific to this CoC Renewal Project | [ ]  Yes [ ]  No   |

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| Is someone with lived experience of homelessness or domestic violence on the agency’s Board of Directors or advisory board? | [ ]  Yes [ ]  No  |
| Is there a staff member with lived experience of homelessness or domestic violence working at the agency? | [ ]  Yes [ ]  No  |
| Is there inclusion of black, indigineous and other people of color (BIPOC) on the agency’s Board of Directors or advisory board? | [ ]  Yes [ ]  No  |
| Is there inclusion of black, indigineous and other people of color (BIPOC) working at the agency? | [ ]  Yes [ ]  No  |
| Does the program conduct anonymous client satisfaction surveys or alternative methods of anonymous feedback, and provide an opportunity for feedback from all clients at exit regardless of reason for leaving? | [ ]  Yes [ ]  No  |

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| Has someone from your organization chaired or co-chaired an NIHC committee, or working group in the last two years (5/1/22 – 4/30/24)? If so, include the name of the staff person and indicate the committee below. If no, has someone participated as a general member of a committee or working group, describe? | [ ]  Yes [ ]  No  |
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**Project Budget:**

Please complete the chart below using your [2023 CoC NOFO Award amount](https://suburbancook.org/hud-continuum-of-care/.%20). Do not make changes to budget unless you are cutting funds to be used for reallocation. Upon submitting your HUD application in E-Snaps, you will use the budget numbers that appear in the 2024 Grant Inventory Worksheet (GIW).

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| --- | --- | --- | --- |
| **Project Activities** | **CoC Program Funding** | **Cash or In-Kind Match** | **Total Estimated Budget** |
| Leasing |   |   |  |
| Rental Assistance |   |   |  |
| Supportive Services |   |   |  |
| Operations |   |   |  |
| HMIS |   |   |  |
| *Subtotal* |  |  |  |
| Administration  |   |   |  |
| **Total** |  |  |  |

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| What is your projects cost per unit? |
| Budget/Units? $ |

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| Is there anything else you would like to tell us about your project?If yes, please write a project narrative below (2,000-character limit). | [ ]  Yes [ ]  No   |

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# Certification: *By submitting this application electronically you certify that you are authorized to submit this application and that the information provided is accurate.*

**I CERTIFY THAT I AM ABLE TO SUBMIT THIS APPLICATION ON BEHALF OF THE ABOVE AGENCY.**

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