FY2026 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 July 22, 2026.** 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. All renewal applications must also be entered into the HUD E-Snaps system by the deadline (8/19/2026).
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 2026 CoC NOFO Renewal Project Ranking Tool. The ranking is not final until it is approved by the NIHC Board of Directors. Agencies will be notified by email of their ranking/scoring.
6. If you are reallocating funds and applying for a new program or transition grant, that will be completed on a New Project Application form.
7. Per the FY26 Internal Competition Policy, Rapid-Rehousing grants are not eligible for renewals.

REQUIRED ATTACHMENTS:

1. **"CoC-APR" Report for 01/01/2025 to 12/31/2025**
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.
3. **IRS 501c3 Certification Letter (if applicable)**
4. **Proof of timely SAGE APR submissions. (a screenshot or printed report from SAGE is fine).**

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 08/19/2026.** If any agencies need E-Snaps training they must reach out to the Collaborative applicant by 8/1/2026.
- Budget request should generally not be changed unless you are voluntarily reallocating funds. Upon submitting your HUD E-Snaps application, use the budget numbers that appear in the 2026 HUD CoC Grant Inventory Worksheet (GIW). If you MUST make changes, you may make non-significant changes shifting up to 10% of funds from one approved eligible activity to another.

- The Collaborative Applicant will submit all renewal projects to HUD according to the details and deadlines indicated in the 2026 HUD CoC NOFO.
- **Because HUD has not released the detailed NOFO instructions or the E-snaps application, the collaborative applicant reserves the right to ask for further info in the future, if required.**

AGENCY INFORMATION

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

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 2026):		
Current Grant End Date (Must be in 2027):		
Number of Units:		
Number of Beds:		
2025 CoC Award Amount:		

Do you have strong fiscal controls?	☐ Yes ☐ No	Do you have fiscal policies & procedures?	☐ Yes ☐ No
Do you have sufficient reserves to operate grants on a reimbursement basis?	☐ Yes ☐ No	Do you have reserves in place in case of funding or contract delays?	☐ Yes ☐ No
Has this program been monitored by HUD since 2020?	☐ 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.

☐	Families with minor 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):

☐	Renewal: Permanent Supportive Housing (PSH)
☐	Renewal: HMIS

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.	

How much of grant funds were expended in the last full year of the grant? Did you spend 76%-100% of your funds? Did you spend 50%-75% of your funds? Did you spend less than 50% of your funds?	 ☐ Yes ☐ Yes ☐ Yes
If agency's unspent funds are less than 75%, please explain why and describe strategy for reducing future unspent average.	
Was the original project funded as a result of a Samaritan Bonus or Permanent Housing Bonus	☐ Yes ☐ No
You have been asked to attach proof of timely APR reports. Have all your reports been submitted on time?	☐ Yes ☐ No
How often does the agency complete draws in the e-loccs system?	☐ Yes ☐ No
Did your agency voluntarily re-allocate any unutilized funds this cycle?	☐ Yes ☐ No
Did your agency apply to do any transitional grant this cycle?	☐ Yes ☐ No
Are at least 50% of your units in Opportunity Zones? (To check your location, go to https://www.hud.gov/opportunity-zones)	☐ Yes ☐ No

THRESHOLD REQUIREMENTS

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 and VAWA protections.
HMIS Participation	
☐	Applicant is an active participant in the Homeless Management Information System (HMIS). If the applicant 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 and requirements in 2026 CoC NOFO.
Accounting System	
☐	Applicant has an accounting system that meet 2 CFR 200.302
Unresolved Findings	
☐	Applicant has no unresolved findings with HUD.
Single Audit	
☐	Applicant has completed a single audit and submission of the IRS 990
Racial Discrimination	
☐	Applicant certifies that they will not engage in illegal racial discrimination, consistent with the requirements of 2 CFR 200.300 (a)
Safe Injection/Hard Reduction	
☐	Applicant certifies that they will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off property under their control, knowingly permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of "harm reduction".

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
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
Has someone from your organization chaired or co-chaired an NIHC committee or working group in the last two years (1/01/23 – 12/31/25)? 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

Project Budget:

Please complete the chart below using your 2024 CoC NOFO Award amount. 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).

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

How many units _____ and beds _____ is this grant funding? What is your utilization rate? _____%

What is your project's cost per unit?
Total Budget/Total # Units in the grant period? $

Are you willing to implement service requirements in your program moving forward? If yes, please describe the types of supportive services that will be provided in more detail. Please include information about the frequency, location and duration of services provided. For example: • What types of supportive services are provided (i.e. counseling, employment services, peer groups, substance abuse treatment, etc.) • How frequently are services provided? (i.e. daily, weekly, as needed, etc.) • Where are services provided? (i.e. office, in-home, etc.) • How long are services provided? (2,000-character limit).	☐ Yes ☐ No

Will the project be supplemented with resources from other resources from other public or private sources, that may include mainstream healthcare organizations, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP? How?	☐ Yes ☐ No

Does your agency agree to work toward improvement of the HUD System Performance measures (as established by the McKinney-Vento Homeless Assistance Act section 427). If yes, which SPM's will your agency focus on and how will you work to ensure that your scores are improving? Who specifically (or what position) will be responsible for reviewing and working on this?	☐ 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.

_____ _____