2026 CoC New Project Application

Northern Illinois Homeless Coalition (IL-501) Funding Competition

The CoC New Project Application is submitted to the City of Rockford. This application will not be submitted to HUD. The CoC New 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/hudnofo

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

INSTRUCTIONS:

1. CoC New Project Applications will only be accepted for the following project types in Boone, DeKalb, or Winnebago County:
    a. **CoC Bonus Funding: Transitional Housing projects that serve individuals and families.**
    b. **CoC Bonus Funding: Supportive Services Only—Coordinated Entry**
    c. **CoC Bonus Funding: Supportive Services Only—Street Outreach**
    d. **CoC Bonus Funding: Supportive Services Only—Standalone**
    e. **CoC Bonus Funding—HMIS (HMIS Lead only)**
    f. **CoC Bonus Funding—Permanent Supportive Housing**
    g. **Domestic Violence Bonus Funding:** projects that serve individuals and families fleeing domestic violence—**Transitional Housing Projects, Permanent Housing (PSH) or SSO only projects.**
2. If you have questions about eligibility criteria for proposed New Projects, please contact Angie Walker at angie.walker@rockfordil.gov.
3. Please complete a separate CoC New Project Application for each new project. For new projects with subrecipients, the lead agency is responsible for submitting the completed application and required attachments.
4. All narrative responses have a 2,000-character limit (with spaces). Applicants may provide 1 total page of additional text, if needed.
5. 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.
6. Upon submission to the City of Rockford, applications will be reviewed to ensure that they are complete. **Incomplete or late applications will not be accepted.**
7. Projects will be scored and ranked by the Ranking & Scoring Committee using the 2026 CoC NOFO New Project Ranking Tools (Written Application. Ranking tools can be found at https://www.northernillinoishomelesscoalition.org/hudnofo.) The ranking is not final until it is approved by the NIHC Board of Directors.

REQUIRED ATTACHMENTS:

1. **Match Commitments:** If awarded CoC funding, the applicant is 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. For questions about match requirements, please contact Angie Walker at angie.walker@rockfordil.gov.
2. **IRS 501c3 Certification Letter**
3. **Current agency budget**
4. **Most recent financial audit**

NOTES:

- Every applicant with a recommended and ranked new project will be required to submit an application through the electronic HUD E-Snaps system. New grantees will have to esnaps.hud.gov to request login information. Please reach out to angie.walker@rockfordil.gov prior to 8/1/2026 to set up a time for e-snaps training. **The due date for completing the E-Snaps application is August 19, 2026. If there are any difficulties with E-Snaps or submitting your application, please reach out.**
- New project applications that are **not** recommended for funding will **not** need to submit a project application in the HUD E-Snaps system.

LEAD AGENCY INFORMATION

Agency Name:			
Agency Address:			
City, State, Zip:			
Primary Contact:			
Primary Contact Phone:		E-mail:	
Agency Director:		E-mail:	
Director Phone:			
Does the agency have 501(c)(3) status?	☐ Yes ☐ No ☐ N/A		
If not a nonprofit, what type of eligible applicant is the agency?			
Date of Incorporation:			

Current fiscal year (FY) end date (e.g., year ending 12/31/25):			
Current FY projected income:		Current FY projected expense:	
Previous FY end date:			
Previous FY actual income:		Previous FY actual expense:	

Does **the applicant lead agency** have experience managing federal grants?	☐ Yes ☐ No
Describe your agency's experiencing managing federal grants.	
If the lead agency does have experience managing federal, state or other grants, did you have an issues with past performance?	☐ Yes ☐ No
Please explain your past performance.	

NEW PROJECT INFORMATION

Name of Project:		
Project Address, if applicable (check N/A for scattered sites or confidential address):		☐ N/A

Select the type of New Project Application:		
Reallocated funds		
☐	Transitional Housing	
☐	SSO-Stand alone ☐	SSO-Outreach ☐
☐	SSO-CE (CES Lead only) ☐	SSO-HMIS ☐
CoC Regular Bonus Funding		
Project Type (select one)		
☐	Transitional Housing	
☐	SSO-Stand alone ☐	SSO-Outreach ☐
☐	SSO-CE (CES Lead only) ☐	SSO-HMIS (HMIS Lead) ☐
☐	Permanent Supportive Housing	
Domestic Violence Bonus Funding		
☐	Transitional Housing	
☐	Permanent Supportive Housing	
☐	SSO-Stand alone ☐	SSO-Outreach ☐
☐	SSO-CE (CES Lead only) ☐	SSO-HMIS (HMIS Lead) ☐
	Region Served (select all that apply)	
☐	Boone County	
☐	DeKalb County	
☐	Winnebago County	
Reallocation, Expansion or Transition		
Did your agency voluntarily reallocate any HUD funding this FY?	☐ Yes ☐ No	
Is this new project application for an Expansion Project (i.e. expansion of a currently funded CoC project)?	☐ Yes ☐ No	

If yes, what is the grant number for the funded CoC project:	
IF yes, please explain what part of the project is being expanded and demonstrate the project is not replacing other funding sources:	
Is this application for a Transition Project (i.e. transitioning a currently funded CoC project to a new project type such as PH to TH)?	☐ Yes ☐ No
If yes, what is the grant number of the currently funded CoC project:	

Proposed Project Start Date (Must be in 2026)	
Proposed Project End Date (Must be in 2027)	

Primary Population(s):
Indicate if **25% or more** of beds/programs are reserved for, or are serving, any of the following groups. Select all that apply.

☐	Single Adults over 62
☐	Single Adults
☐	Families with children
☐	Veterans
☐	Survivors of domestic violence
☐	Transition Aged Youth (18 to 24 years old)
☐	Unsheltered
☐	Other special population:

THRESHOLD REQUIREMENTS

All new 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.	
HUD Threshold	
☐	Project complies with eligibility requirements of the CoC Interim Rule and commits to meeting the threshold requirements outlined in the 2025 HUD CoC Notice of Funding Opportunity (NOFO).
Matching Funds	
☐	Amount of matching funds meets HUD's standards and written agreements are included *(required attachment*)
Accounting System	
☐	Applicant has an **accounting system** that meet 2 CFR 200.302
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".
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.
Coordinated Entry	
☐	Project agrees to fill 100% of beds through Coordinated Entry and follow the NIHC CES Policies & Procedures, including but not limited to termination policy and VAWA protections.

HUD Monitoring Report	
☐	Lead agency does not have any unresolved HUD monitoring findings, and if so, has an adequate plan to address findings. *If there were findings, please explain findings below, including how and when findings were resolved.*
Financial Audit	
☐	Lead agency has current (within past 18 months) audit without findings, or sufficient explanation with corrective action. *Most recent audit is a required attachment. If there was a finding, please explain how and when findings were resolved.*

CoC Partnerships:

Does **the lead agency** regularly attend NIHC meetings?	☐ Yes ☐ No
Describe your agency's involvement in NIHC committees or working groups, such as Full Membership Meetings, Youth/Family Case Conferencing, Singles/Vets Case Conferencing, Coordinated Entry, Public Relations/Membership, JEDI, etc. Indicate which meetings staff from your agency attend, how frequently staff attended over the last year, and how staff support the work of the committee or working group.	

If the lead agency is not currently a member of the NIHC (either directly or indirectly), do you plan to join?	☐ Yes ☐ No
Describe your agency's future involvement in the NIHC.	

Will at least 50% of the project activity be located in an Opportunity Zone? (To check your location, go to https://www.hud.gov/opportunity-zones)	☐ Yes ☐ No
Will at least 30% of total project budget is dedicated to supportive services	☐ Yes ☐ No

Project Overview

Briefly provide an overview of your proposed new project. This summary will be provided to all. If this is an expansion project, applicants must describe the part of the project that is being expanded and demonstrate the project is not replacing other funding sources. *(2000 character limit)*

Units and Beds

Indicate the proposed number of units and beds for new project.

Units:	
Beds:	

Project Budget

Project Activities	CoC Funding Request	Cash or In-Kind Match	Total Budget
Leasing			
Rental Assistance			
Supportive Services			
Operations			
HMIS			
Subtotal			
Administration (not to exceed 10% of subtotal)			
Total			

Does agency allocate funds according to an indirect cost rate?	☐ Yes ☐ No

Match Summary

All grant funds must be matched with an amount no less than 25% of the awarded grant amount (excluding the amount awarded to the leasing budget line item) with cash or in-kind resources. Applicants must submit written match commitments that meet HUD's standards as described in the CoC Interim Rule.

Cash or In-Kind	Government or Private	Contributor	Date of Commitment	Value of Commitment
Total Value of Cash Commitments:				
Total Value of In-Kind Commitments:				
Total Value of All Commitments:				

Section 1. Project Readiness and Capacity to Implement Project

A. Please describe the agency or partnership's fiscal capacity, experience managing federal or other government grants, and plan to operate a project of this size. What is something your agency or partnership does well that demonstrates readiness to take on a new project? *(2000 character limit)*

B. Please describe the plan and timeline to implement the grant from the date the grant is executed. Please include: • Description of plan and timeframe for hiring staff, enrolling clients, housing clients, and acquisition or development of buildings, if applicable. • Please describe the plan to onboard, support, and retain staff members. *(2000 character limit)*

C. 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?

DV Bonus New Project Applications are asked to specifically highlight the following types of supportive services in accordance with HUD DV Bonus application review standards:

- Child custody
- Credit history
- Housing search and counseling
- Crisis DV services
- Long-term housing stability safety planning
- Education services

(2000 character limit)

D. Describe the project's experience and plan to successfully connect clients to mainstream resources (SSI, SSDI, TANF, Medicaid, County Care, SNAP, All Kids, WIOA, Veterans Health Care, or other local/state programs). *(2000 character limit)*

E. Describe how the project will work towards increasing the income of clients through obtaining employment and/or enrolling and maintaining other cash benefits like SSI/SSDI. *(2000 character limit)*

Section 3. Data Collection

A. Please describe the program's ability to collect data electronically and your agency's plan to participate in the Homeless Management Information System (HMIS) or HMIS-comparable database for Victim Service Providers (VSPs). Include information about:

- Current database use (HMIS or other database)
- Staffing plan or defined position responsible for database management
- Identified equipment or included equipment costs in proposed project budget

(2000 character limit)

Section 4. Evaluation and Outcomes

A. Describe the evaluation and quality improvement process that will be used for this specific project.
   - What will be measured, when, how, and by whom?
   - Include information on expected outcomes for clients served.

(2000 character limit)

B. Describe how agency incorporates outcome data and implements evaluation plans to ensure client level outcomes are met, and agency's process for improving projects based on findings. Provide examples based on comparable projects or other client-level projects. *(2000 character limit)*

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).	☐ Yes ☐ No

FOR TRANSITIONAL HOUSING APPLICATIONS ONLY (ONLY COMPLETE IF YOU ARE APPLYING FOR THIS FUNDING TYPE):

NEW TRANSITIONAL PROGRAMS MUST OBTAIN 7 OUT OF 10 FOLLOWING POINTS TO BE FUNDED. IF YOU DO NOT HAVE THOSE POINTS, THIS APPLICATION WILL BE REJECTED:

1. WILL YOUR PROJECT DEMONSTRTE THAT IT WILL PROVIDE OR PARTNER WITH OTHER ORGANIZATIONS TO PROVIDE ELIGIBLE SERVICES THAT ARE NECESSARY TO ASSIST PROGRAM PARTICIPATNS TO OBTAIN AND MAINTAIN HOUSING? (2 PTS) YES _____ NO _____

2. DOES YOUR AGENCY HAVE EXPERIENCE OPERATING TRANSITIONAL HOUSING OR OTHER PROJECTS THAT HAVE SUCCESSFULLY HELPED HOMELESS INDIVIUDUALS AND FAMILIES EXIT HOMELESSNESS WITHIN 24 MONTHS? (1 PT) YES _____ NO _____

3. HAS THE APPLICANT PREVIOUSLY OPERATED OR IS CURRENTLY OPERATING TRANSITIONAL HOUSING OR ANOTHER HOMELESSNESS PROJECT OR DO YOU HAVE A PLAN TO PERMANENTLY HOUSE HALF OF YOUR TENANTS IN 24 MONTHS AND A PLAN TO ENSURE HALF LEAVE WITH EMPLOYMENT INCOME ACCORDING TO HMIS? (1 PT) YES _____ NO _____

4. WILL THE PROJECT BE SUPPLEMENTED WITH RESOURCES FROM OTHER PUBLIC/PRIVATE SOURCES (MAY INCLUDE BUT NOT LIMITED TO THE FOLLOWING: MEDICARE, MEDICAID, SSI, SNAP OR OTHER MAINSTREAM HEALTHCARE OR EMPLOYMENT PROGRAMS)? (1 PT) YES _____ NO _____

5. DEMONSTRATE THAT THE PROPOSED PROJECT WILL REQUIRE PARTICIPANTS TO TAKE PART IN SUPPORTIVE SERVICES IN LINE WITH 24 CFR 578.75 (H). (2 PTS) YES_____ NO _____

6. DEMONSTRATE THAT THE PROPOSED PROJECT WILL PROVIDE 20 HOURS PER WEEK OF CUSTOMIZED SERVICES FOR EACH PARTICIPANT (EG: CASE MANAGEMENT, EMPLOYMENT TRAINING, SUBSTANCE ABUSE TREATMENT, ETC). THIS 40 HOUR REQUIREMENT COULD BE REDUCED DUE TO EMPLOYMENT, AGE, OR PHYSICAL/DEVELOPMENTAL DISABILITIES. (2 PTS) YES _____ NO _____

7. DEMONSTRATE THAT THE AVERAGE COST PER HOUSEHOLD SERVED FOR THE PROJECT IS REASONABLE. TOTAL GRANT AMOUNT/#HOUSEHOLDS. (1 PT) YES _____ NO _____

FOR SUPPORTIVE SERVICES ONLY (SSO) STANDALONE APPLICATIONS (ONLY COMPLETE IF YOU ARE APPLYING FOR THIS FUNDING TYPE):

NEW SSO PROGRAMS MUST OBTAIN 4 OUT OF 5 FOLLOWING POINTS TO BE FUNDED. IF YOU DO NOT HAVE THOSE POINTS, THIS APPLICATION WILL BE REJECTED:

1. THE SSO PROJECT IS NECESSARY TO ASSIST PEOPLE IN EXITING HOMELESSNESS, ADDRESSING BARRIERS TO STABLE HOUSING (EG.,SUBSTANCE USE DISORDER, UNEMPLOYMENT, CHILDCARE, UNEMPOLYMENT, ETC). (1 PT) YES _____ NO _____

2. THE PROPOSED PROJECT HAS A STRATEGY FOR PROVIDING SUPPORTIVEW SERVICES TO ELIGIBLE PROGRAM PARTICIPATNTS INCLUDING TOSE WHO DO NOT TRADITIONALLY ENGAGE WITH SUPPORTIVE SERVICES. (2PTS) YES _____ NO _____

3. WILL THE PROJECT BE SUPPLEMENTED WITH RESOURCES FROM OTHER PUBLIC/PRIVATE SOURCES (MAY INCLUDE BUT NOT LIMITED TO THE FOLLOWING: MEDICARE, MEDICAID, SSI, SNAP OR OTHER MAINSTREAM HEALTHCARE OR EMPLOYMENT PROGRAMS)? (1 PT) YES _____ NO _____

4.SERVICES PROVIDED ARE COST EFECTIVE ACCORDING TO 2 CFR 200.404? (1 PT) YES _____ NO _____

FOR SUPPORTIVE SERVICES ONLY (SSO) HMIS APPLICATIONS (ONLY COMPLETE IF YOU ARE APPLYING FOR THIS FUNDING TYPE):

NEW SSO PROGRAMS MUST OBTAIN 3 OUT OF 4 FOLLOWING POINTS TO BE FUNDED. IF YOU DO NOT HAVE THOSE POINTS, THIS APPLICATION WILL BE REJECTED:

1.WILL THE HMIS FUNDS BE EXPENDED IN A WAY TO FURTHER THE COC'S IMPLEMENTATION AND ABILITY TO USE AS A PROACTIVE CASE MANAGEMENT TOOL? (1 PT) YES _____ NO _____

2. WILL HMIS COLLECT DATA ELEMENTS AS SET FORTH IN THE STANDARDS? (1 PT)

YES _____ NO _____

3. WILL HMIS UNDUPLICATE CLIENT RECORDS? (1 PT) YES _____ NO _____

4. WILL HMIS PRODUCE ALL HUD REQUIRED REPORTS & PROVIDE DATA AS REQUIRED? (1 PT)

YES _____ NO _____

FOR SUPPORTIVE SERVICES ONLY (SSO) OUTREACH APPLICATIONS (ONLY COMPLETE IF YOU ARE APPLYING FOR THIS FUNDING TYPE):

NEW SSO PROGRAMS MUST OBTAIN 5 OUT OF 6 FOLLOWING POINTS TO BE FUNDED. IF YOU DO NOT HAVE THOSE POINTS, THIS APPLICATION WILL BE REJECTED:

1. WILL YOUR SSO PROJECT BE ASSIST PEOPLE IN EXITING HOMELESSNESS AND INCREASE SELF SUFFICIENCY AND ASSESS THEM ANNUALLY FOR SERVICE NEEDS? (1 PT) YES _____ NO _____

2. WILL THE PROJECT BE SUPPLEMENTED WITH RESOURCES FROM OTHER PUBLIC/PRIVATE SOURCES (MAY INCLUDE BUT NOT LIMITED TO THE FOLLOWING: MEDICARE, MEDICAID, SSI, SNAP OR OTHER MAINSTREAM HEALTHCARE OR EMPLOYMENT PROGRAMS)? (1 PT) YES _____ NO _____

3. WILL YOUR PROJECT PROVIDE SUPPORTIVE SERVICES TO ELIGIBLE PARTICIPANTS INCLUDING THOSE WITH HISTORIES OF UNSHELTERED HOMELESSNESS AND THOSE WHO DO NOT USUALLY ENGAGE WITH SUPPORTIVE SERVICES? (2 PTS) YES _____ NO _____

4. DOES YOUR AGENCY HAVE A HISTORY OF WORKING WITH LAW ENFORCEMENT & FIRST RESPONDERS TO ENGAGE UNSHELTERED INDIVIDUALS TO ACCESS SHELTERS, TREATMENT OR OTHER HOUSING OPTIONS WITHOUT INTERFERING WITH LOCAL LAWS? (1 PT) YES _____ NO _____

5. DOES THE APPLICANT HAVE A HISTORY OF PROVIDING OUTREACH ACCORDING TO 24 CFR 578.53(E13) AND HAS DEMOSTRATED SUCCESS IN EXITING PEOPLE FROM HOMELESSNESS? (1 PT)

YES _____ NO _____

6.THE SERVICES PROVIDED ARE COST EFECTIVE ACCORDING TO 2 CFR 200.404? (1 PT)

YES _____ NO _____

FOR SUPPORTIVE SERVICES ONLY (SSO) COORDINATED ENTRY APPLICATIONS (ONLY COMPLETE IF YOU ARE APPLYING FOR THIS FUNDING TYPE):

NEW SSO PROGRAMS MUST OBTAIN 3 OUT OF 4 FOLLOWING POINTS TO BE FUNDED. IF YOU DO NOT HAVE THOSE POINTS, THIS APPLICATION WILL BE REJECTED:

1. WILL THE CES SYSTEM BE EASILY AVAILABLE & REACHABLE TO ALL INDIVIDUALS IN THE SERVICE AREA WHO ARE SEAKING ASSISTANCE? (1 PT) YES _____ NO _____

2.WILL THERE BE A STRATEGY FOR ADVERTISING THAT REACHES THOSE WITH THE HIGHEST NEED (1 PT)? YES _____ NO _____

3. WILL THERE BE STANDARDIZED ASSESSMENT PROCESSES? (1 PT) YES _____ NO _____

4. WILL THE PROJECT ENSURE THAT INDIVIDUALS ARE DIRECTED TO SERVICES THAT MEET THEIR NEEDS? (1 PT) YES _____ NO _____

DOMESTIC VIOLENCE (DV) BONUS FUNDING

Please answer the following questions only if you are applying for DV Bonus Funding.

The following questions are asked as part of the DV Bonus CoC New Project Application for Transitional Housing. These questions are taken from HUD scoring criteria for all DV Bonus Funding New Projects. The NIHC is asked to respond to these questions about all recommended DV Bonus New Projects as part of the collective CoC Application submitted to HUD. The quality of our responses determines overall competitiveness to receive DV Bonus Funding. To be aligned with these HUD priorities and to strengthen the likelihood of receiving the DV Bonus Funding, we ask these questions to projects as part of the local competition.

A1. Describe your agency's experience serving individuals or families of persons experiencing trauma or lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes. • Taking steps to ensure privacy/confidentiality during the intake and interview process • Making determinations and placements into safe housing • Keeping information and locations confidential • Training staff on safety and confidentiality policies and practices • Taking security measures for units (congregate or scattered site) that supports survivors' physical safety and location confidentiality *(2000 character limit)*

A2. Please describe your agency's experience using trauma-informed, victim-centered approaches to meet the needs of DV survivors. Additionally, describe the proposed plan to use these approaches in the proposed new project. Please include examples of the following:

- Establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials
- Providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma
- Emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations
- Providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs
- Offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services

(2000 character limit)

A3. How does your agency plan to include the voices of survivors with lived expertise in your program development? *(2000 character limit)*

A4. How will your agency ensure that you are providing the necessary data for CoC reporting since you are using a comparable data base and not HMIS? *(2000 character limit)*

NEW PROJECT APPLICATION CHECKLIST

Please ensure the following documents are completed and submitted by email to angie.walker@rockfordil.gov before **5pm on July 22, 2026.**

Copies of required attachment forms can be found at:
https://www.northernillinoishomelesscoalition.org/hudnofo

☐	2026 CoC New Project Application
☐	Match Commitment (written commitments of match support)
☐	IRS 501(c)(3) letter for lead agency
☐	Current agency budget for lead agency
☐	Most recent financial audit for lead agency

Every applicant with a recommended and ranked new project will be asked to submit an application through the electronic HUD E-Snaps system. A copy of the completed HUD E-Snaps application must be submitted to the City of Rockford. **The due date for completing the E-Snaps application and submitting to the City of Rockford is August 19, 2026**.

New project applications that are **not** recommended for funding will **not** need to submit a project application in the HUD E-Snaps system.

****Because HUD has not yet made their application available to CoC's, we reserve the right to request further information at a later date.**

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

_____ _____

Signature **Date**

Best contact number: _____