**Application Components**

Applicants should be sure to have all application components, including:

1. Section A - Project narrative
2. Section B - Project budget
3. Documented match of at least 25%
4. Agency’s most recent financial audit

**NOTE: Under this SNOFO, HUD is NOT allowing the following costs, and will reject any proposals including them: Acquisition, Rehabilitation & New Construction.**

**A. e-snaps**

E-snaps is HUD’s online application system. Agencies new to e-snaps will need a staff person to create a user profile prior to submitting this local application. Only this step is necessary at this time. Agencies already having an Applicant Profile should go into e-snaps and update it. See details in Resources section.

MDHA will notify you if/when to submit your agency’s application through e-snaps, should the project be accepted and ranked for inclusion in the city’s consolidated application.

**B. Project Narrative**

All applicants should address all project narrative questions in Section A. These questions will directly correspond to scorecard criteria for the SSO project type. If your agency is unable to provide an answer to any of these questions, please explain why in the notes at the end of each section.

**C. Project Budget**

Please include the project budget for this funding cycle. Use the budget template found in Section B. Costs should be reasonable, justified, and competitive. The budget must demonstrate the project is cost effective, with costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.

• Provide an overview of the three-year project budget using the charts in Section B. Include all costs, including those that will be provided using in kind or leveraged resources (which should be at least 25% of the total cost).

• Provide a separate 1-page budget narrative that shows how budget costs were calculated and briefly explains how each item is needed to support project implementation/project.

**D. Match Requirements**

Applicants should describe the source(s) for the HUD required 25% match. Applicants should ensure that the match source aligns with project goals and proposed population served. If sources are secured but not documented, describe the plan for doing so in the project narrative financial section. Types of acceptable matches include in-kind matches, third-party services, project income, and leverage.

**In-Kind Matches.** The applicant may use the value of property, equipment, goods, or services contributed to the project, provided that the costs would have been eligible if the applicant had to pay for such items with grants funds.

**Third-Party Services.** If third-party services are to be used as a match, the applicant and the third-party services provider that will deliver the services must enter into a memorandum of understanding (MOU) *before the grant is executed.* The MOU should state what services the third party will provide and their value towards the project. To be eligible for match, the cash or in-kind must be used for services that are eligible under the activities listed in 24 CFR 578 Subpart D. <https://www.law.cornell.edu/cfr/text/24/part-578/subpart-D>

**Project Income.** Applicants that intend to use project income as match must provide an estimate of how much project income will be used for match.

**Leverage.** HUD considers any matching funds above and beyond the minimum required amount to be leverage. Leveraging includes all funds, resources, and/or services that the applicant can secure on behalf of the client being served. In addition to all cash matching funds, leveraging is broader in scope, including any other services, supplies, equipment, space, etc. that are provided by sources other than HUD.

Please note that if selected for an award, applicants will be expected to draw down funds from HUD’s Line of Credit system each quarter.

**E. Agency Financial Audit**

Applicants (and any sub-recipients) must provide the most recent agency financial audit. If your agency (or any of the sub-recipients) does not have an audit, explain why in the project narrative.

**Submission Instructions**

**Email all responses in Section A & B and other requested documents in one PDF to Suzie Tolmie- using Subject Heading *CoC Unsheltered SNOFO Application* - at** [**stolmie@nashville-mdha.org**](mailto:stolmie@nashville-mdha.org) **by Thursday, September 8, 2022, by 12:00 p.m. (NOON).**

All applications must be received by the deadline above. Late submissions will not be considered. Supplemental documents or revisions submitted after the Proposal Deadline will not be accepted.

*CoC project Grantees shall be responsible for compliance with all applicable federal, state, and local laws, ordinances, directives, rules, and regulations, including but not limited to the project requirements of 24 CFR 578.*

*Successful applicants are expected to initiate approved projects promptly after execution of the grant agreement. HUD may take action if certain performance standards are not met. In addition, applicants are expected to expend grant funds on a timely basis.*

**Resources**

The following resources may be useful in the preparation of your application:

* Eligible Supportive Services details <https://www.law.cornell.edu/cfr/text/24/578.53>

• HUD Exchange e-snaps: CoC Project Resources [https://www.hudexchange.info/projects/e-snaps/](https://www.hudexchange.info/programs/e-snaps/%20)

• Special SNOFO HUD CoC Project Competition [https://www.hud.gov/project\_offices/comm\_planning/coc/specialCoCSNOFO](https://www.hud.gov/program_offices/comm_planning/coc/specialCoCNOFO%20)

• Unique Entity Identifier (UEI) Number – SEE BELOW:

• System for Award Management (SAM)

[https://sam.gov/content/home](https://sam.gov/content/home%20)

• 24 CFR Part 578 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Continuum of Care Project [https://files.hudexchange.info/resources/documents/CoCProjectInterimRule\_FormattedVersion.pdf](https://files.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf%20)

• Examples of Evidence-Based Practices (EBPs):

o EBPs—Outreach: [https://nhchc.org/clinical-practice/homeless-services/outreach/](https://nhchc.org/clinical-practice/homeless-services/outreach/%20)

o EBPs—Housing First (under recent studies): [https://nlihc.org/sites/default/files/Housing-First-Research.pdf](https://nlihc.org/sites/default/files/Housing-First-Research.pdf%20)

o EBP—Assertive Community Treatment: [https://ajp.psychiatryonline.org/doi/pdf/10.1176/ajp.2007.164.3.393](https://ajp.psychiatryonline.org/doi/pdf/10.1176/ajp.2007.164.3.393%20)

o EBP—Supportive Housing for Frequent System Users: [https://www.csh.org/resources-search/?p=super-utilizers](https://www.csh.org/resources-search/?p=super-utilizers%20)

• HUD’s Suggestions for Case Management Ratios: [https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Case-Management-Ratios.pdf](https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Case-Management-Ratios.pdf%20)

**“E-snaps” Steps to Take-**

You should ensure any staff who will work on Competition-related items have access to HUD’s e-snaps online application system and the information in the Applicant Profile is updated as needed.

***People new to e-snaps—***

[Create an e-snaps user profile](https://files.hudexchange.info/resources/documents/Create-an-e-snaps-User-Profile.pdf)

You must have login credentials to access *e-snaps*. If you are new to *e-snaps*, you must create your own username and password. You do so by creating an *e-snaps* user account (link above) with a user profile. A user profile is specific to a person, not an organization. Creating this user profile does not automatically give you access to *e-snaps*; at a later date, MDHA will assist you to go to the next step.

***If your agency already has an e-snaps Applicant Profile—***

[Update your organization's Applicant Profile](https://files.hudexchange.info/resources/documents/Updating-the-Applicant-Profile.pdf)

You will need to update your organization's contact information in the "Applicant Profile." Each organization has its own Applicant Profile that contains information about the organization, as well as required forms. The Project Applicant Profile must have accurate information because information entered in this profile will populate your organization's Project Application(s) and Grant Agreement(s). The contact information for this profile is used by HUD to communicate important information that usually requires a timely response.

[When a staff member has access to the organization's e-snaps account**:**](https://files.hudexchange.info/resources/documents/Give-Staff-Access-to-Your-Organizations-e-snaps-Account.pdf)

When someone has access to the organization’s *e-snaps* account, that person can add you as a "registrant" defined as registered user.

[When no one has access to the organization's e-snaps account**:**](https://files.hudexchange.info/resources/documents/Request-Access-to-Your-Organizations-e-snaps-Account.pdf)

You must submit a letter to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).

**Do not delete any of the application questions.**

**We do not have text or character limits on responses. However, with their tight time frame for reviewing, the Performance Evaluation Committee (PEC) needs agencies to be concise while including relevant details, and as brief as possible while completely answering each question.**

**Please do not submit any of the above information in your application, and start with the following page. Place your agency name in the header.**

**Organization Name & website:**

**Project Name(s):**

**Contact for this Application- Name, email address and preferred telephone # :**

**Section A**

**Supportive Services Only SSO Projects**

**Narrative Questions**

**Unique Entity Identifier (UEI) Number (see Resources):**

**E-snaps Update or creation or user profile**   
If you are an agency with an Applicant Profile in e-snaps, have you updated this?

OR- If your agency is new to the e-snaps system, has 1 staff person created a new user profile? (see details under Resources)

**YES  NO**

**I. Project Description**

Project Type & Name

☐ Permanent Housing—Permanent Supportive Housing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Permanent Housing—Rapid Re-Housing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Transitional Housing & Permanent Housing—Rapid Rehousing Housing: \_\_\_\_

☐ Supportive Services Only: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ HMIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target population for this project (Select all that apply)

☐ Chronically Homeless

☐ Minors (under 18)

☐ Young adults (18-24)

☐ Individuals seeking substance use treatment

☐ Families with children

☐ Single adults

☐ Households fleeing domestic violence

☐ Individuals living with HIV/AIDS

☐ Medically vulnerable

☐ Individuals living with severe mental illness

☐ Veterans

☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_

1. Briefly describe the project, including the **project’s main goals.** Include specifics on the housing units/locations you will offer to participants, to be enhanced by this project’s proposed services, and indicate whether they are primarily Permanent/Permanent Supportive Housing (91-unit PSH downtown, units at Urban Housing Solutions, Emergency Housing Vouchers, 18 Housing Choice Vouchers set aside each month, etc.- you can cite more than 1 of these), OR Rapid Rehousing resources (again, you can mention more than 1- Safe Haven Family Shelter, Salvation Army, etc.)
2. Describe the proposed project’s strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
3. What are the needs of the clients this project will serve, and how will this project address those needs?
4. Describe the proposed project’s specific plan for ensuring project participants will be individually assisted to obtain the benefits of mainstream health, social services, and employment projects for which they are eligible to apply, and which meet the needs of the project participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education). Include information about any related training your agency provides, or training attended regularly by staff.
5. Describe the plan for rapid implementation if funded, including a description of how the project will be ready to begin housing the first project participant. Be sure to provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.
6. What is the proposed caseload per case manager/outreach worker for this project? Include caseloads for all project case managers/outreach workers (even those whose positions will be funded by different/match sources). Explain why this proposed ration will offer the level of attention necessary to house unsheltered people and retain this housing.
7. How many people and households does the project estimate serving in the first funding year? For the 3-year term?

Year 1 3-year term

a. Total Households: \_\_\_\_\_\_ a. Total Households: \_\_\_\_\_\_

b. Total Individuals: \_\_\_\_\_\_ b. Total Individuals: \_\_\_\_\_\_

1. Briefly provide any additional notes on Project Description that you would like evaluators to know.

**II. Project Approach and Alignment with Policy Priorities**

1. Please explain how this project will address CoC unsheltered homelessness. Include a description of how you will identify people living unsheltered and connect them to housing.
2. Explain how this project will work with a broad array of stakeholders, including traditional partners (e.g., housing and service agencies) as well as non-traditional partners (e.g., affordable housing developers, the business community, and healthcare providers). In particular, describe if and how this project 1) will leverage housing resources with housing subsidies or units not funded through CoC or ESG projects and/or 2) will leverage health resources, including a partnership commitment with a healthcare organization.

NOTE: In points for leverage to the CoC, HUD is looking for projects that utilize 50% housing subsidies/units NOT funded through CoC or ESG. Also, HUD has indicated that a separate notice for stability housing vouchers will soon be issued. MDHA will let you know if that happens, and if these can be tied to proposals for this SNOFO funding.

HUD also wants commitments from health care organizations equaling 50% of funding being requested.

1. Describe how this project will advance racial equity in homelessness service provision.
2. Explain how this project will adhere to a Housing First or Low Barriers model or approach.
3. How will this project consider perspectives from individuals with lived experience in project design, planning implementation, evaluation, etc.?
4. Please describe the evidence-based practices your project will use, as well as any additional practices.

**III. Project Performance & Evaluation**

1. Please describe the project’s evaluation plan. Include a description of how you will measure project effectiveness, cost effectiveness, and overall system impact through objective data outcomes (e.g., exits to permanent housing, health and wellbeing outcomes, reduction in length of time homeless, etc.).
2. How will the project review project participant outcomes with an equity lens, including the disaggregation of outcome data by race, ethnicity, gender identity, age, etc.?
3. Provide any additional notes on Project Approach and Alignment with Policy Priorities that you would like evaluators to know.

**IV. Financial**

1. What is the estimated cost per person (total number of participants divided by the total budget?
2. Has your agency been financially audited in the last three years?

☐ Yes

☐ No\*

\*If not, why?

1. Describe any findings or exceptions found in your most recent agency financial audit. Explain any corrective action being taken and whether these findings have been resolved.

**V. Agency Background and Experience**

1. Describe the experience of the applicant and sub-recipients (if any) working with the proposed population and providing housing/services similar to that proposed in the application.
2. Describe the experience of the applicant and sub-recipients (if any) utilizing a Housing First approach.
3. Describe the applicant’s experience in effectively utilizing federal funds, including HUD grants and other public funding. For example, does the applicant show satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients, regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants?

**VI. Equity Factors**

1. Describe the agency’s efforts to advance racial equity within the organization, including:

a. having under-represented individuals (e.g., BIPOC, LGBTQIA+, etc.) in leadership and managerial positions; and

b. having reviewed internal policies and procedures from an equity lens and developing a plan to ensure that policies do not impose undue barriers on certain groups.

1. Describe the agency’s efforts to incorporate the perspectives of people with lived experience into organizational policies and practices, including:

a. having representation from multiple individuals with lived experience on the Board of Directors or other equivalent policymaking entity and

b. having a relational process for receiving and incorporating feedback from individuals with lived experience.

1. Provide any additional notes on Agency Background & Experience that you want evaluators to know (including information on sub-recipients).

**VII. CoC System Participation & Impact**

*System Needs & Impact*

1. Please describe how this project aligns with the CoC’s developing plan for addressing unsheltered homelessness, which includes the following priorities, some offered before entry into housing as well as after, to assure retention, including but not limited to: outreach, assistance accessing housing (paperwork/documents, housing search & placement), peer support from people with lived expertise, mental health services (Assertive Community Treatment ACT teams/ needed services otherwise restricted by funding sources), alcohol/drug treatment, assistance in getting benefits/ utilizing the SSI/SSDI Outreach Assessment and Referral/SOAR process, & landlord incentives).

*Participation*

1. Besides General CoC meetings, what other meetings does your agency attend? (e.g., committee meetings)

2.a. How many committee meetings has your agency attended in the last 12 months (do your best here, instead of connecting with staff to verify)?

1. Agencies that have never applied for funding, or are new to the CoC process only:

Will you join the CoC and agree to contribute to its work by serving on one or more committees?

1. How will this project participate in HMIS and CE?
2. Provide any additional notes on CoC System Participation & Impact that you would like evaluators to know.

**Section B: Budget**

Your budget must reflect the annual and total grant amount for all three years combined.

SUPPORTIVE SERVICES BUDGET DETAIL

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Costs** | **Annual Assistance Requested** | **Grant Term** | **Total Assistance Requested for Grant Term** |
| Annual Assessment of Services | $0 | 3 Years | $0 |
| Moving costs (1-time) | $0 | 3 Years | $0 |
| Case management | $0 | 3 Years | $0 |
| Childcare | $0 | 3 Years | $0 |
| Education services | $0 | 3 Years | $0 |
| Employment assistance and job training | $0 | 3 Years | $0 |
| Food | $0 | 3 Years | $0 |
| Housing search and counseling services | $0 | 3 Years | $0 |
| Legal services | $0 | 3 Years | $0 |
| Life skills training | $0 | 3 Years | $0 |
| Mental health services | $0 | 3 Years | $0 |
| Outpatient health services | $0 | 3 Years | $0 |
| Outreach services | $0 | 3 Years | $0 |
| Substance abuse treatment services | $0 | 3 Years | $0 |
| Transportation | $0 | 3 Years | $0 |
| Utility deposits | $0 | 3 Years | $0 |

SUMMARY BUDGET

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Costs** | **Annual Assistance Requested (Applicant)** | **Grant Term (Applicant)** | **Total Assistance Requested for Grant Term (Applicant)** |
| 1a. Leased Units | $0 | 3 Years | $0 |
| 1b. Leased Structures | $0 | 3 Years | $0 |
| 2. Rental Assistance | $0 | 3 Years | $0 |
| 3. Supportive Services | $0 | 3 Years | $0 |
| 4. Operating | $0 | 3 Years | $0 |
| 5. HMIS | $0 | 3 Years | $0 |
| 6. Sub-total Costs Requested |  | | $0 |
| 7. Admin (Up to 10%) |  |
| 8. Total Assistance Plus Admin Requested | $0 |
| 9. Cash Match |  |
| 10. In-Kind Match |  |
| 11. Total Match | $0 |
| 12. Total Budget | $0 |

Match is actual cash or in-kind resources contributed to the grant. All costs paid for with matching funds must be for activities that are eligible under the CoC Project, even if the recipient is not receiving CoC Project grant funds for that activity. **All grant funds must be matched with an amount no less than 25% of the requested grant amount** (excluding the amount awarded to the leasing budget line item) with cash or in-kind resources. Match resources may be from public (not statutorily prohibited by the funding agency from being used as a match) or private resources. See: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-match/match-requirements/>

Has the applicant secured AND documented a match of at least 25%?

**YES  NO**

If so, please explain what kind of match and if the applicant has ensured that the match source has no stipulations on spending that could affect project funding. If applicant has not secured AND documented a match, please explain why.

BUDGET NARRATIVE

Provide a separate 1-page budget narrative on the next page that shows how budget costs were calculated and briefly explains how each item is needed to support project implementation/project. Please provide sufficient detail so members of the Performance Evaluation Committee (PEC) clearly understand the request- number of FTEs, # of participants expected to access the service, etc. If applicant plans on subcontracting any services, please note.