



## **Appendix F. New Project Application**

# Three County Continuum of Care New Project Application Packet 2024-2025

### **Instructions:**

Complete the following form for the Application process and return with the following to the Three County CoC for a complete application (please note that the CoC may request additional documentation relevant to answers within this application):

1. A copy of applicant's two most recent annual audited financial statements.
2. A Match letter on agency **letterhead** and signed by an **authorized signer**.
3. The Three County CoC reserves the right to ask for additional documentation for new applicants to determine threshold eligibility, if needed.

**Please return this form and the requested additional documents to Janna Tetreault via email at [jtetreault@communityaction.us](mailto:jtetreault@communityaction.us) by 5:00pm on September 27, 2024.**

- The Continuum of Care reserves the right not to review late or incomplete applications or those in which applicants don't meet threshold eligibility requirements – though will consider applications that have limited additional needs for completion. All fully complete applications which are eligible will be forwarded to the CoC Ranking and Evaluation Committee for review.
- Applicants should carefully read the RFP requirements, the CoC FY24-FY25 NOFO, and review the scoring sheet before drafting answers to ensure they are compliant and highlight key areas.
- There are no character limits to the questions in the application.
- Please email questions regarding the RFP and application to Janna Tetreault at [jtetreault@communityaction.us](mailto:jtetreault@communityaction.us).

## I. Agency Information

<b>AGENCY:</b>		<b>TAX ID #:</b>		<b>PROJECT COMPONENT:</b>	
<b>AGENCY PRIMARY CONTACT INFO:</b>	<b>Name:</b>		<b>Title:</b>		<b>Phone:</b>
	<b>Email:</b>		<b>Agency Address:</b>		
<b>What is your total FY2024 agency budget?</b>					
<b>What percentage of your overall budget is Federal Funding?</b>					

## II. HUD Threshold Criteria

(Questions 1 -9 are considered threshold criteria by HUD. Applicants must meet this threshold criteria to be eligible for funding consideration)

1. Is your organization an eligible project applicant for the CoC Program Competition as found in 24 CFR 578.15 and in the Act, which includes nonprofit organizations, faith-based organizations, local governments, instrumentalities of the state and local governments, Indian Tribes, and TDHE?

Yes

No

2. Match Contribution: 24 CFR 578.73 of the Rule requires that recipients must match all grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources. Are you able to provide a match letter documenting no less than 25 percent of funds from other sources?

Yes

No

**You must submit a match letter with your application with the following:** Amount of cash or in-kind to be provided to the recipient for the project and the source; specific date the cash will be made available; The actual grant and fiscal year to which the cash match will be contributed; Time period during which funding will be available; and Allowable activities to be funded by the cash match. - *Please note: In general, program participant mainstream benefits are not considered match in the CoC Program because the benefits are not committed to the recipient/subrecipient for the activities funded through the project. Instead, benefits are provided to the program participant and are based on program participant eligibility for that program.*

<b>Eligibility Requirements for Applicants of HUD's Financial Assistance Programs</b>	
<p><b>3. Does your agency have a SAM.gov registration and valid UEI?</b>  <i>If YES - please provide it:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>4. Does the agency have any outstanding delinquent federal debt?</b>  <i>IF YES- please explain any delinquent federal debt:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>5. Is your agency under debarment or suspension from doing business with the Federal Government and/or on the Federal do not pay list?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>6. Has your agency updated its Code of Conduct so that it is compliant with 2 CFR Part 200 and submitted to HUD?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>7. Does the agency have an independent financial audit completed within 6 months of the end of the fiscal year?</b>  <b>Did you have any material findings in your most recent audit?</b>  <i>If yes, please explain</i></p> <p><b>Submit 1 copy of the applicant's two most recent annual financial statements prepared by an Independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP) (USA).</b> Each copy shall include all applicable financial statements, auditor's reports, management letters, and corresponding reissued components.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>8. Is your organization in compliance with the prohibition against lobbying Section 1352, Title 31, U.S. Code?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>9. Does your agency have any unresolved Fair Housing or Civil Rights matters?</b>  <i>IF YES- please explain any unresolved Fair Housing or Civil Rights matters:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### III. Three County CoC Threshold Criteria

(Questions 1-12 are considered threshold criteria by the Three County CoC. Applicants must meet this threshold criteria to be eligible for funding consideration)

<p><b>1. Does the agency have experience with receiving federal or state funding to operate similar programming?</b>  <i>If Yes, please describe the agency's experience:</i></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>2. Does the agency provide clients with specialized resources to meet the unique needs of clients with physical, cognitive, or behavioral disabilities and provide reasonable accommodations for clients with linguistic and/or cultural challenges? (I.e. ramps, Spanish language forms, etc.)</b>  <i>IF YES- please explain any specialized resources and reasonable accommodations available:</i></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>3. Will this project serve people experiencing homelessness in Berkshire, Hampshire, or Franklin Counties?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>4. Which HUD categories of homelessness will this project serve? Please refer to the list found in the document <a href="#">here-CoC and ESG Homeless Eligibility - Four Categories in the Homeless Definition - HUD Exchange</a></b></p>	<p><input type="checkbox"/> Literally Homeless (Cat. 1)  <input type="checkbox"/> Imminent Risk of Homelessness (Cat. 2)  <input type="checkbox"/> Homeless Under Other Federal Statutes (Cat. 3, requires requesting permission from HUD)  <input type="checkbox"/> Fleeing/Attempting to Flee Domestic Violence (Cat. 4)</p>
<p><b>5. Does the agency provide due process to clients who are asked to leave any program?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>6. Does the agency comply with Public Law 90-284 referring to the Fair Housing Act (42 USC 3601-20), as amended?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>7. Does your organization comply with HUD directives regarding Equal Access to Housing Docket Number: HUD-2015-0104; Docket Name: FR-5863-P-01?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>

8. Does your agency have a process for receiving & incorporating feedback from persons with lived experience of homelessness outside of Board representation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your agency comply with the Violence Against Women Act requirements in the Housing Chapter of VAWA, 34 U.S.C. 12491-12496, 24 CFR part 5, subpart L, and program-specific regulations, if applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the agency agree to collect/enter the data from funded homeless projects into the local HMIS and provide required information for reporting to HUD? (Or for VSPs, a comparable database)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the agency agree to participate in and coordinate all program referrals for this project through the Coordinated Entry Process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the agency agree to use a Housing First approach?	<input type="checkbox"/> Yes <input type="checkbox"/> No

After reading the following link, are there any additional disclosures your agency should provide in response? Please include those in the space below.

<https://www.hud.gov/sites/dfiles/SPM/documents/ELIG-REQS-GRANTS-2018v2.pdf>

\_\_\_\_\_  
Signature of Agency Representative      Date

## IV. New Project Application

<b>A. Funding Request</b>											
<b>1. Will it be feasible for the project to enter a grant agreement on and around February 1, 2025, or October 1, 2025 for YHDP projects?</b> <b>If No, please explain:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>2. What type of CoC funding is this project applying for in this CoC Program Competition?</b>	<input type="checkbox"/> CoC Bonus <input type="checkbox"/> DV Bonus <input type="checkbox"/> Reallocation <input type="checkbox"/> Reallocation & CoC Bonus										
<b>3. What type of CoC component is this project applying for in this CoC Program Competition?</b>	<input type="checkbox"/> PH – PSH <input type="checkbox"/> PH – RRH <input type="checkbox"/> Joint TH/PH-RRH <input type="checkbox"/> PH-RRH for DV Bonus <input type="checkbox"/> Joint TH/PH-RRH for DV Bonus <input type="checkbox"/> YHDP										
<b>4. Does this project propose to allocate funds according to an indirect cost rate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>5. Select the costs for which funding is requested, see the chart of “Possible Component Types and Eligible Activities” below for eligible activities by component type:</b>	<table border="0"> <tr> <td><input type="checkbox"/> Leased Units</td> <td><input type="checkbox"/> Operating</td> </tr> <tr> <td><input type="checkbox"/> Leased Structures</td> <td><input type="checkbox"/> HMIS</td> </tr> <tr> <td><input type="checkbox"/> Rental Assistance</td> <td><input type="checkbox"/> Acquisition/</td> </tr> <tr> <td><input type="checkbox"/> Supportive Services</td> <td>Rehabilitation/New</td> </tr> <tr> <td></td> <td>Construction</td> </tr> </table>	<input type="checkbox"/> Leased Units	<input type="checkbox"/> Operating	<input type="checkbox"/> Leased Structures	<input type="checkbox"/> HMIS	<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Acquisition/	<input type="checkbox"/> Supportive Services	Rehabilitation/New		Construction
<input type="checkbox"/> Leased Units	<input type="checkbox"/> Operating										
<input type="checkbox"/> Leased Structures	<input type="checkbox"/> HMIS										
<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Acquisition/										
<input type="checkbox"/> Supportive Services	Rehabilitation/New										
	Construction										
<b>6. Is your organization a victim service provider defined in 24 CFR 578.3?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>7. Will the funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No										

8. Will this project include replacement reserves in the Operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you requesting CoC Program funds for construction costs in this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is this a "Project Expansion" of an eligible renewal project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is this project 100% Dedicated or DedicatedPLUS as described in section I.B.2.b.(5) of the 24-25 NOFO?	<input type="checkbox"/> 100% Dedicated <input type="checkbox"/> DedicatedPLUS <input type="checkbox"/> No

**Possible Component Types and Eligible Activities**

PH (PSH)	PH (RRH)	Joint TH/PH-RRH
Acquisition/ Rehabilitation/New Constructions		
Leased Units		Leased Units
Leased Structures		Leased Structures
Rental Assistance	Rental Assistance	Rental Assistance
Supportive Services	Supportive Services	Supportive Services
Operations		Operations
HMIS	HMIS	HMIS

## Acquisition/ Rehabilitation/New Construction Budget Detail

For each structure, enter the following information:

Name of Structure	Street Address 1	Street Address 2	City	State	Zip Code	Acquisition Assistance Requested	Rehabilitation Assistance Requested	New Construction Assistance Requested	Total Assistance Requested

## Leased Units Budget Detail

Please enter the number of units of each bedroom size for which the project is requesting leased units assistance and the rent to be paid by the CoC Program grant each month per unit. This "HUD Paid Rent" column cannot exceed the [FMR amount](#)

Size of Units	Number of units	HUD Paid Rent	Total Request = number of units * HUD Paid Rent * 12
SRO			
0 Bedroom			
1 Bedroom			
2 Bedroom			
3 Bedroom			
4 Bedroom			
5 Bedroom			
6 Bedroom			
7 Bedroom			
8 Bedroom			
9 Bedroom			



## Rental Assistance Budget Detail

### Type of Rental Assistance:

- Project-Based
- Tenant-Based
- Sponsor-Based

Please enter the number of units of each bedroom size for which the project is requesting rental assistance and the rent to be paid by the CoC Program grant each month per unit. This "HUD Paid Rent" column cannot exceed the [Fair Market Rent](#).

Size of Units	Number of units	FY2023 FMR	Total Request = number of units * FMR * 12
SRO			
0 Bedroom			
1 Bedroom			
2 Bedroom			
3 Bedroom			
4 Bedroom			
5 Bedroom			

## Supportive Services Budget Detail

Please complete the following table describing the quantity and description of any supportive services for which assistance is requested. For a description of the categories listed in this table, please review the CoC Program interim rule at [2016-22589.pdf \(govinfo.gov\)](https://www.govinfo.gov/laws/cfr/pdf/2016-22589.pdf):

Eligible Costs	Quantity AND Description	Annual Assistance Requested
Assessment of Service Needs		
Assistance with Moving Costs		
Child Care		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		
Operating Costs		
Total Annual Assistance Requested		

## Operating Budget Detail

Please complete the following table describing the quantity and description of any operating items for which assistance is requested. For a description of the categories listed in this table, please review the CoC Program interim rule at [2016-22589.pdf \(govinfo.gov\)](#):

Eligible Costs	Quantity AND Description	Annual Assistance Requested
Maintenance/Repair		
Property Taxes and Insurance		
Replacement Reserve		
Building Security		
Electricity, Gas, and Water		
Furniture		
Equipment (lease, buy)		
Total Annual Assistance Requested		

## HMIS Budget Detail

Please complete the following table describing the quantity and description of any HMIS items for which assistance is requested. For a description of the categories listed in this table, please review the CoC Program interim rule at [2016-22589.pdf \(govinfo.gov\)](#):

Eligible Costs	Quantity AND Description	Annual Assistance Requested
Equipment		
Software		
Services		
Personnel		
Space & Operations		
Total Annual Assistance Requested		

## Summary Budget

Please complete the following table describing the funding requested for each year of the grant term:

<b>Eligible Costs</b>	<b>Total Assistance Requested for Grant Term</b>
<b>Acquisition</b>	
<b>Rehabilitation</b>	
<b>New Construction</b>	
<b>Leased Units</b>	
<b>Leased Structures</b>	
<b>Rental Assistance</b>	
<b>Supportive Services</b>	
<b>Operating</b>	
<b>HMIS</b>	
<b>Sub-total Costs Requested</b>	
<b>Admin</b>	
<b>Total Assistance Plus Admin Requested</b>	
<b>Cash Match</b>	
<b>In-Kind Match</b>	
<b>Total Match</b>	
<b>Total Budget</b>	

## **B. Experience**

- 1. Describe your organization's experience in effectively utilizing federal funds and performing the activities proposed in the application. Please include details on your organization's experience in working with the proposed population and in providing housing and services similar to those proposed in the application. For example, DV Bonus project applicants should demonstrate successful performance in serving survivors of domestic violence, dating violence, sexual assault, or stalking, and ability to house survivors and meet safety outcomes.**

Response:

- 2. Describe your organization's experience in leveraging Federal, State, local, and private sector funds.**

Response:

3. **Describe experience with using a Housing First approach.** Include: 1) Eligibility criteria; 2) Process for accepting new clients; and 3) Process and criteria for exiting clients. *Must demonstrate there are no preconditions to entry and that entry is allowed regardless of past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.*

Response:

### **C. Design and Capacity of Housing and Supportive Services**

- 1. Provide a description that addresses the entire scope of the proposed project, including the location of the project. Please be sure to describe the extent to which this project:**
  - a. Demonstrates that type (including the number and configuration of units) and location of the housing fits the needs of the clients to be served.
  - b. Demonstrates that the type and scale of all the supportive services offered, regardless of funding source, will ensure successful retention in or help to obtain permanent housing.
  - c. Establishes performance measures for housing and income that are objective, measurable, trackable and meet or exceed established HUD or CoC benchmarks;

Response:

**2. Will the project move participants quickly into permanent housing (within 30 days)?**

Yes  No

**IF YES- Explain how participants will be moved into permanent housing quickly. Some examples of strategies include agreements with landlords or housing authorities, housing units included in project design, and projects which use a current inventory for housing.**

Response:

**3. Please share how this project will utilize the Coordinated Entry system for all program participant referrals and maintain a commitment to equity in housing placement and participants served.**

Response:

**4. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the agency to develop and maintain the property using CoC Program funds.**

Response:



**5. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)**

N/A – Project Serves All Subpopulations

Veterans

Youth (under 25)

Families

Domestic Violence

Substance Abuse

Mental Illness

HIV/AIDS

Chronic Homelessness

Other

If Other, please explain:

**6. Will the project enroll program participants who have the following barriers? (Select ALL that apply)**

Having too little or little income

Active or history of substance use

Having a criminal record with exceptions for state-mandated restrictions

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)

None of the above

**7. Will the project prevent program participant termination for the following reasons? (Select ALL that apply)**

Failure to participate in supportive services

Failure to make progress on a service plan

Loss of income or failure to improve income

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area

None of the above

**8. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?**

Yes  No

***IF YES** – Explain how and why the project will implement this requirement.*

Response:

**9. Will more than 16 persons live in a single structure?**

Yes  No

***IF YES-** Describe the local market conditions that necessitate a project of this size:*

***AND** Describe how the project will be integrated into the neighborhood:*

**10. Describe the extent of need for this type of project for the proposed populations it will serve and demonstrate how this project will fill that gap.**

Response:

**11. Describe how program participants will be assisted to obtain and remain in permanent housing that is safe, affordable, accessible, and acceptable to their needs.**

Response:

**12. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.**

Response:

**13. Will the project include:**

**a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?**

Yes  No

**b. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?**

Yes  No

**14. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?**

Yes  No

***IF YES - Has the staff person technical assistance completed SOAR training in the past 24 months?***

Yes  No

**15. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

Response:

**16. Please describe how this project leverages housing resources with housing subsidies or units not funded through the CoC or ESG program.**

Response:

**17. Please describe how this project leverages health resources, including a partnership commitment with a healthcare organization.**

Response:

**18. Indicate the maximum number of units and beds available for program participants.**

**Total Units:**

**Total Beds:**

**19. How many of the beds entered above are dedicated to persons experiencing chronic homelessness?**

**Total CH Dedicated Beds:**

**20. FOR JOINT TH-RRH APPLICATIONS ONLY-** *Joint TH-RRH projects must be able to accommodate client choice of entering TH or RRH, and for anyone in TH to move to RRH if they would like. This means that Joint Component TH-RRH Projects must have twice the RRH capacity as TH.*

*Please indicate the inventory available for each portion:*

**Transitional Housing Units:**

**Rapid Re-Housing Beds:**

**Transitional Housing Beds:**

**D. Fiscal**

**1. Describe your organization's financial management structure.**

Response:

**2. Have you returned any funds to HUD (or other federal government agency) or the state on any existing grants in the last two years?**

Yes       No       N/A

*IF YES- how much has been returned?*

*AND what is the reason that the funds have been returned?*

*AND what actions are you taking to ensure full spending?*

**3. (If applicable) Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years?**

Yes       No       N/A

*IF NO- what is the reason that the funds have not been drawn down?*

*AND what actions are you taking to ensure timely draw down?*

4. (If applicable) Have you submitted on-time Annual Progress Reports (APRs) for all HUD CoC grants in the last two years?

Yes  No  N/A

**IF NO-** what is the reason that APRs were late?

***AND** what actions are you taking to ensure timely submission?*

**E. Implementation Timeline**

1. Please describe the plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant.

Response:

**F. Equity Factors**

**1. Do you know the percentage of your total program leadership who are part of underrepresented populations?**

Yes       No

**If yes**, state the percentage without including any personally identifiable staff information and if under 10%, explain how your program will increase that percentage.

**If no**, how do you know that underrepresented individuals have a significant voice in agency operations? If you know that underrepresented individuals do not have a significant voice in agency operations, how do you plan to improve this?

Response:

**2. Does your agency's Board of Directors include representation of at least 2 people (or 10%, whichever is greater) of people with lived experience of homelessness? If not, how do you plan to address this in the future? Please explain any barriers to reaching this goal.**

Response:

**3. How are you developing program policies with feedback from persons with lived experience?**

Response:



**4. Describe agency efforts that demonstrate agency policies and procedures have been evaluated with an equity lens/have developed anti-discrimination practices that demonstrate racial equity measures in service delivery; and which have been introduced in order to ensure safety, privacy, respect, and access regardless of gender identity or sexual orientation for LGBTQ+ persons:**

Response:

**5. The Three County CoC is developing an equity outcomes dashboard to send to projects on a regular schedule. Equitable outcome measures will be included in compliance monitoring starting next year for funded subrecipient partners. Please describe how you plan to review this data to determine whether programmatic changes are needed to address disparities.**

Response:

## HUD's New Project Rating\*

See below for additional rating criteria that will be included for New Projects in terms of meeting threshold expectations.

### **Permanent Supportive Housing or Rapid Rehousing**

<u>New Project Application Rating Factors</u>	<u>Points Available</u>	<u>Criteria</u>	<u>Response Found</u>
New Permanent Housing projects must receive at least 4 out of the 5 points available for this project type. <b>New Permanent Housing projects that do not receive at least 4 points will be rejected.</b>	1	The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants.	<i>Three County CoC New Project Application – B1</i>
	1	The type of supportive services that will be offered to program participants will ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source.	<i>Three County CoC New Project Application – B10</i>
	1	The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply meets the needs of program participants (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)	<i>Three County CoC New Project Application – B13, B14</i>
	1	Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g. provides the participants with some type of transportation to access needed services, safety planning, case management, and additional assistance to ensure retention of PH).	<i>Three County CoC New Project Application – B11, B12</i>
	1	The average cost per household service is reasonable, meaning that the costs for housing and services provided by the project are consistent with the population the project plans to serve.	

## Joint Transitional Housing/Rapid Re-Housing

<u>New Project Application Rating Factors</u>	<u>Points Available</u>	<u>Criteria</u>	<u>Response Found</u>
New Joint TH/PH-RRH component project applications must receive at least 6 out of 8 points available for this project type. <b>New Joint TH/PH-RRH component projects that do not receive at least 6 points will be rejected.</b>	1	The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants (e.g. two or more bedrooms for families)	<i>Three County CoC New Project Application – B1</i>
	2	The proposed project will provide enough rapid rehousing assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing. This may be demonstrated by identifying a budget that has twice as many resources for the RRH portion of the project than the TH portion, by having twice as many PH-RRH units at a point in time as the TH units, or by demonstrating that the budget and units are appropriate for the population being served by the project.	<i>Three County CoC New Project Application – B19</i>
	1	The type of supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing, including all supportive services regardless of funding source.	<i>Three County CoC New Project Application – B10</i>
	1	The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply, and which meets the needs of program participants (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)	<i>Three County CoC New Project Application – B13, B14</i>
	1	Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g. provides the participants with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing)	<i>Three County CoC New Project Application – B1, B12</i>
	1	The project adheres to a Housing First model as defined in section I.B.2.b.(15) of the NOFO	<i>Three County CoC New Project Application – A4</i>
	1	The average cost per household served is reasonable, meaning that the costs for housing and services provided by the project are consistent with the population the project plans to serve.	

\*As identified in the NOFO Section III.C.4.(b)