

**\*\*\*Subrecipients may use additional sheets as necessary for Part 2 (Experience) and Part 3 (Project Description), However, HUD imposes character count restrictions. Please monitor character count for Project Description and Detail using a character counter (not word counter). Descriptions should be limited to an estimated 3000. Should these descriptions require modification or allow for more, you will be notified**

**1. AGENCY INFORMATION**

**Organization Name:**

**Organization Type:**

**EIN/TIN#:**

**UEI#:**

**Congressional District(s):**

**Is this a faith-based organization? YES NO**

**Has the organization ever received a Federal grant, either directly or through a State/local agency? YES NO**

**Funding Amount Requested:**

**Address:**

**Name of Authorized Signatory:**

**Name of Contact Person:**

**Contact Email:**

**Contact Phone Number:**

**2. EXPERIENCE**

1. Describe the experience of the Project Applicant in effectively utilizing federal funds and performing activities proposed in the application, given funding and time limitations.
  
2. Describe the experience of the Project Applicant in leveraging other Federal, State, local, and private sector funds.  
Describe the basic organization and management structure of the Project Applicant. Include evidence of internal and external coordination and an adequate financial accounting system.
  
3. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant?    YES                      NO  
If “yes” – describe any unresolved monitoring or audit findings.

### 3. **PROJECT INFORMATION**

**Project Name:**

**Project Component Type:** Choose an eligible component type below:

- Permanent Housing
- Joint Transitional Housing and Permanent Housing-Rapid Rehousing
- Supportive Services Only
- HMIS

**Project Description:** The purpose of this section is to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term being requested.

1. Provide a description that addresses the entire scope of the proposed project.
2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work (1-year grant term).
3. Will the project participate in the Coordinated Entry process?

YES                       NO

If “no” above, please explain why your project will not participate in a CoC Coordinated Entry Process.

**Population to be served:**

- Chronic Homeless
- Veterans
- Youth (under 25)
- Families
- Domestic Violence
- Substance Abuse
- Mental Illness
- HIV/AIDS
- Other (provide an explanation)

If “none of the above”, please explain. [Click here to enter text.](#)

**Note – Permanent Supportive Housing (PSH) projects are required to serve 100% chronic homeless or populations listed under DedicatedPLUS as described in the FY2024 NOFO (pp. 15, 33 and references to subsections regarding New Projects).**

**Number of households and number of persons to be served over one (1) year term:**

**Households:**

**Persons:**

**Housing First Model:**

1. Will the project quickly (an average of 15-30 days) move participants into permanent housing?  YES  NO
  
2. Does the project ensure that participants are not screened out based on the following items? Select all that apply.
  - Having too little or little income
  - Active or history of substance abuse
  - 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
  
3. Does the project ensure that participants are not terminated from the program 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 increase income
  - Being a victim of domestic violence
  - Any other activity not covered in a lease agreement typically found in the project’s geographic area
  - None of the above

**Housing:**

1. If applicable, provide a description of the proposed development (construction or rehabilitation) activities and the responsibilities that the applicant will have in developing, operating, and maintaining the property.

2. Will participants be required to live in a particular structure, unit, or locality?

YES       NO

If “yes”, provide a description of how and why the project will implement this requirement.

3. Will there be more than 16 persons living in one structure?

YES       NO

If “yes”, provide a description of the local market conditions that necessitate a project of this size and how the project will be integrated into the neighborhood.

**4. SUPPORTIVE SERVICES, HOUSING, and HMIS**

**Supportive Services:**

1. School age children: If applicable, the project must have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate. Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing.

2. Describe the supportive services that will be provided to help project participants obtain and remain in permanent housing.

3. For all supportive services available to participants, indicate who will provide them (applicant, partner, non-partner) and how often the services will be provided (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi- annually, annually, or as needed). If your project participants will not have access to an item on the list below, indicate “N/A.”

| <b>Supportive Services</b>           | <b>Provider</b><br>(Applicant/Subrecipient/<br>Partner/Non-Partner) | <b>Frequency</b><br>(Daily/Weekly/Bi-Weekly/<br>Quarterly/Semi-Annually/<br>Annually/As Needed) |
|--------------------------------------|---|---|
| Assessment of services needs         |   |   |
| Assistance with moving costs         |   |   |
| Case management                      |   |   |
| Child care                           |   |   |
| Education services                   |   |   |
| Employment assistance & job training |   |   |
| Food                                 |   |   |
| Housing search & counseling services |   |   |
| Legal services                       |   |   |
| Life skills training                 |   |   |
| Mental health services               |   |   |
| Outpatient health services           |   |   |
| Outreach services                    |   |   |
| Substance abuse treatment services   |   |   |
| Transportation                       |   |   |
| Utility deposits                     |   |   |

4. Will the project provide transportation assistance to clients to enable them to attend mainstream benefits appointments, employment training, or jobs?

YES       NO

5. Will the project use a single application form for four or more mainstream programs?

YES       NO

6. Will the project follow-up at least annually with participants to ensure mainstream benefits are renewed and received?

YES       NO

7. Do project participants have access to Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) technical assistance provided by the applicant or a partner agency?

YES       NO

If “yes” – has the staff person who will provide the technical assistance completed SSI/SSDI Outreach Access and Recovery (SOAR) training in the past 24 months?

YES       NO

**Housing Type:**

For each project type list the number of housing **units** and the number of **beds** to be maintained/assisted at project capacity by **location** (Mobile or Baldwin County) and **housing type** (Barracks, single room occupancy [SRO] units, shared housing, clustered apartments, scattered-site apartments, or single-family homes/townhomes/duplexes). For proposed projects of the Joint TH-RRH Component type, please complete for both RRH and TH.

| <b>Unit/Bed Type</b>                     | <b># Units</b> | <b># Beds</b> | <b>Location</b> | <b>Type</b> |
|--|----------------|---------------|-----------------|-------------|
| Permanent Supportive Housing:            |                |               |                 |             |
| Rapid Re-Housing:                        |                |               |                 |             |
| Transitional Housing (for Joint TH-RRH): |                |               |                 |             |
| <b>TOTALS:</b>                           |                |               |                 |             |

## 5. Participants – Households

Using the table below, list the number of households or persons to be served at maximum program capacity. The numbers in this section are intended to reflect a single point in time at maximum capacity and **not** the number served over the course of the grant term.

| <b>Households</b>                   | Households with at Least One Adult and One Child          | Adult Households without Children            | Households with Only Children            | <b>Total</b> |
|-------------------------------------|---|--|--|--------------|
| <b>Total Number of Households</b>   |   |  |  |              |
|                                     |   |  |  |              |
| <b>Characteristics</b>              | Persons in Households with at Least One Adult & One Child | Adult Persons in Households without Children | Persons in Households with Only Children | <b>Total</b> |
| Adults over age 24                  |   |  |  |              |
| Adults ages 18-24                   |   |  |  |              |
| Accompanied Children under age 18   |   |  |  |              |
| Unaccompanied Children under age 18 |   |  |  |              |
| <b>Total Persons</b>                |   |  |  |              |

## 5. Subpopulations

Using the table below, indicate the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are **intended to reflect a single point in time at maximum capacity and not** the number served over the course of the grant term.

| Characteristics   | Adults over age 24 | Adults ages | Children under age 18 |
|---|--------------------|-------------|-----------------------|
| Chronically Homeless Non-Veterans                       |                    |             |                       |
| Chronically Homeless Veterans                           |                    |             |                       |
| Non-Chronically Homeless Veterans                       |                    |             |                       |
| Chronic Substance Abuse                                 |                    |             |                       |
| Persons with HIV/AIDS                                   |                    |             |                       |
| Severely Mentally Ill                                   |                    |             |                       |
| Victims of Domestic Violence                            |                    |             |                       |
| Physical Disability                                     |                    |             |                       |
| Developmental Disability                                |                    |             |                       |
| <b>Persons not represented by listed subpopulations</b> |                    |             |                       |

## 5. Outreach for Participants

Enter the percentage of project participants who will be coming from each of the following locations:

|   |  |
|---|--|
| Directly from the street or other locations not meant for human habitation: |  |
| Directly from emergency shelters:   |  |
| Directly from Safe Havens:  | <b>There are no Safe Havens in this community.</b> |
| Persons fleeing domestic violence:  |  |
| <b>Total of above percentages:</b>  |  |



If the total is less than 100 percent, identify how the persons assisted meet HUD's definition of homelessness and the project type eligibility requirements:

Describe the outreach plan to bring homeless participants into the project:

**6. Budget Information**

1. Will it be feasible for the project to be under grant agreement by September 30, 2025?

YES                       NO

2. Is the project applying for funds through the DV Bonus?

YES                       NO

3. Does this project propose to allocate funds according to an indirect cost rate?

YES                       NO

4. Select a grant term:

- 1-Year
- 2-Years
- 3-Years
- 4-Years
- 5-Years
- 15-Years

5. Select the costs for which funding is being requested:

- Acquisition/Rehabilitation/New Construction
- Leased units
- Leased Structures
- Rental Assistance
- Supportive Services
- Operating Costs
- HMIS

**\*\*\* Contact Christy Reese for Budget Worksheets and FMR Instructions**

Complete the budget summary below.

| Eligible Costs   | Total Assistance Requested |
|--|----------------------------|
| Acquisition  |                            |
| Rehabilitation   |                            |
| New Construction                                       |                            |
| Leased Units (Joint TH/PH-RRH Only)                    |                            |
| Leased Structures (Joint TH/PH-RRH Only)               |                            |
| Rental Assistance (PH(RRH), Joint TH/PH-RRH Only)      |                            |
| Supportive Services (PH(RRH), Joint TH/PH-RRH, SSO-CE) |                            |
| Operations (Joint TH/PH-RRH Only)                      |                            |
| HMIS (PH(RRH), Joint TH/PH-RRH, HMIS)                  |                            |
| <b>Sub-total Costs Requested:</b>                      |                            |
| <b>Cash Match</b>                                      |                            |
| <b>In-Kind Match</b>                                   |                            |
| <b>Total Match</b> (25% of budget minus leasing)       |                            |
|  |                            |
| <b>Total Budget (Sub-total Costs + Total Match)</b>    |                            |

**7. Attachments (Please attach the following items with your application):**

- Non-profit documentation: IRS 501(c)(3) designation letter
  - Most recent independent audit
  - Most recent IRS 990
  - Current board roster, including at least one homeless or formerly homeless member
  - Copies of budget for last year, this year, and next year if available
  - Copies of code of conduct/ethics, conflict of interest policy, and personnel, procurement, and accounting procedures
  - Agreement to participate in HMIS (*Contact Christy Reese: c.reese@hfal.org or (251) 533-7221*)
  - Fair Housing and Equal Opportunity Certification
  - Budget forms (*Contact Christy Reese: c.reese@hfal.org or (251) 533-7221*)
  - Match commitments.
- Match equals 25% of total requested funding (minus Leasing, if applicable) Commitment letters must identify the source (agency, grant, partner, etc.), the type (cash or in-kind), and the dollar amount from each source.
- Cash Match Example: Department of Labor (DOL) provides reimbursement of employment training at \$350.00 per participant for 50 participants. Total match = \$17,500. Documentation of commitment is a letter from the agency receiving the DOL grant stating that \$17,500 will be provided to project participants for activities which would be eligible expenses under the CoC Program.
  - In-Kind Example: University provides two interns to provide Life Skills Training for 4 hours a week at \$10.00 per hour – for half a year. Total match (2interns x 4hours x \$10/hr x 26weeks) equals \$2,080. Documentation of commitment is a letter from the University, on their letterhead, stating the intention to provide the interns for four hours a week over the course of half a year.
  - Commitment letters must be on letterhead.

### **Post Award Information**

Once HUD conditionally funds project applications, the Collaborative Applicant (Housing First, Inc.) will be notified of any issues and/or conditions of the award.

HUD will notify conditionally selected applicants in writing which may include request for additional documentation to show the project is financially feasible. This documentation must be a firm commitment (letter or contract) from the source of cash match or a Memorandum of Understanding (MOU) with the source of in-kind match. HUD will require the submission of the additional project information no later than 30 days after the date of the letter, except as otherwise provided in 24 CFR 578.21(c)

All funding awards are granted to the sub-recipient on a reimbursement basis. Eligible expenses for reimbursement and matching expenses must be recorded in accordance with General Accounting Principles. Requests for reimbursement will be made to the Collaborative Applicant/grant recipient – Housing First, Inc. – on a monthly basis. This will be completed using a provided format and supported by adequate documentation of all eligible expenses. Sub-recipient projects will be reimbursed within 10 business days from the date a complete request for reimbursement is validated.

## **Project Compliance Certification**

A. For all projects:  
Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.  
15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

*\* Active SAM Status Requirement.*

*I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.*

*{Signature required on the following page}*

Name of Authorized Certifying Official: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

PHA Number (For PHA Applicants Only): \_\_\_\_\_

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

\_\_\_\_\_  
**Authorized Official Signature**

\_\_\_\_\_  
**Date**