Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Application

I. Applicant

Before Starting the Project Application

Applicants may only apply for one component type per application. Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the System for Award Management (SAM).

To ensure that applications are considered for funding, applicants should read all sections of the HUD FY 2021 CoC Program Notice of Funding Opportunity (NOFO) https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf and the local Continuum of Care 2021 –DV Bonus, CoC Bonus, and *Reallocation (if applicable) Projects Request for Applications FY 20121 CoC .

Applicant _____

Proposed Project _____

Legal Name _____

Employer/Taxpayer Identification Number (EIN/TIN) _____

Organizational DUNS _____

Street _____

City _____

County _____

Name and contact information of person to be contacted on matters involving this Application:

First Name _____

Last Name _____

Title _____

Organizational Affiliation _____

Telephone Number _____

Email: _____

*Availability of Reallocation funds and amount will be determined at the San Bernardino County Grant Review Committee (GRC) meeting on September 16, 2021. If Reallocations funds are made available, an addendum to this RFP will be published.

II.   Applicant Authorization

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application.

Authorized Representative: Enter the authorized representative's information. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. 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)

Signature of Authorized Representative

Authorized Representative

First Name

Last Name

Title

Organizational Affiliation

Telephone Number

Email:

Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Application

In the FY 2021 CoC Program Competition, CoCs may receive up to 10 bonus points on the CoC Application if the CoC Priority Listing includes new project applications created through reallocation or the CoC Bonus that utilizes housing vouchers and healthcare provided through an array of healthcare service providers. See Section VII.B.6 of the 2021 NOFO. CoC's will receive full points by demonstrating that they have applied for at least one permanent supportive housing or rapid re-housing project that utilizes housing subsidies or subsidized housing units not funded through the CoC or ESG programs.

The CoC strongly encourages agencies to submit applications that demonstrate a partnership between housing, health care, and supportive services providers to expand housing options, such as permanent supportive housing, housing subsidies, and rapid re-housing. PLEASE NOTE – A written commitment from a healthcare organization with the value of the commitment and the date(s) healthcare resources must be included with the application.

In the table below please select the CoC funding type (CoC Bonus, DV Bonus, or Reallocation (if applicable) and program component (PH-PSH, Joint TH&RRH, PH-RRH, or SS0-CES) the agency is applying for in the FY 2021 CoC Competition. NOTE: Applicants may only select one funding type and program component per application:

	PH-PSH Project	Joint TH&RRH Project	PH-RRH Project	SSO-CES
CoC Bonus				
DV Bonus				
Reallocation				

III. **Applicant Experience:**

1.	Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

2.	Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization   ☐ YES   ☐ NO

   If yes, please describe the unresolved monitoring or audit findings.

IV. **Project Detail:**

1. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?　　YES　　　　NO

2. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) 2a. If yes, list all expiring project(s) involved in the transition:

Full Grant Number	Operating Start Date	Expiration Date	Component Type

IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved e-snaps project application(s) (e.g., if the project was funded in the FY 2019 CoC Program Competition, a copy of the FY 2019 CoC Program Competition project application).

2b. Provide a brief description that addresses the scope of the proposed transition during the first year of operation.

3. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?

4. Will this project include replacement reserves in the Operating budget?

V.   Project Description

1.   Provide a description that addresses the entire scope of the proposed project.

2.   For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds				
Begin program participant enrollment				
Participants begin to occupy leased units or structure(s), and supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

You must enter a value greater than zero for at least one project milestone.

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

N/A-Project Serves All Subpopulations		Domestic Violence	
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families		HIV/AIDS	
Chronic Homeless		Other	

4. **PH-RRH, PH-PSH, and Joint TH&RRH Projects ONLY** - Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?   ☐ YES   ☐ NO

5. **PH-RRH, PH-PSH, and Joint TH&RRH Projects ONLY** - Housing First

   a. Will the project quickly move participants into permanent housing? ☐ YES ☐NO
   b. 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 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	

   c. **PH-RRH, PH-PSH, and Joint TH&RRH Projects ONLY** - Will the project prevent program participant termination for the following reasons? Check 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	
Being a victim of domestic violence	
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area.	
None of the above	

6.   **PH-RRH, PH-PSH, and Joint TH&RRH, ONLY** - Will the project follow a "Housing First" approach?

         ☐   Yes   ☐ No

7.   **PH-RRH, PH-PSH, and Joint TH&RRH Projects ONLY** - Will participants be required to live in a particular structure, unit, or locality, at any time during the period of participation?   ☐ YES   ☐NO

         If your response is 'Yes' please explain how and why the project will implement this requirement.

       a.   Will more than 16 persons live in one structure? ☐ YES   ☐NO

         If your response is 'Yes' please explain the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

8. **PH-PSH ONLY** - A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to the 2021 NOFO Section lll.B.2. g.:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement and met the definition of chronic homeless as defined by 24 CFR 578.3 prior to entering the project;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3;
(5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household meet the definition of 'homeless individual with a disability; or
(6) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Is this project 100% Dedicated or DedicatedPLUS?

100% Dedicated_____   or DedicatedPLUS _____

VI. **SSO-CE Projects- Agencies applying for SSO-CE must complete the section below:**
Section not applicable - project is not a Coordinated Entry Project
The following questions must be answered for "Coordinated Entry" projects. See the Coordinated Entry Notice for additional information. (Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System) Notice CPD-17-01 may be accessed at the following link; https://www.hud.gov/sites/documents/17-01CPDN.PDF

a. Will the coordinated entry process cover the CoC's entire geographic area? See Section II.B.1 of the Coordinated Entry Notice for additional information.

☐ Yes, funds requested from this project will be used to meet this requirement.
☐ No, funds requested from this project will not meet this requirement.

Section not applicable - project is not a Coordinated Entry Project

b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? Required for coordinated entry project applications. The CoC's coordinated entry must be affirmatively marketed and easily accessible by individuals and families seeking housing and services. Select:

☐ Yes, the CoC's coordinated entry is affirmatively marketed to those least likely to apply for housing and services in the absence of special outreach.
☐ No, the coordinated entry does not meet the criteria.

Section not applicable - project is not a Coordinated Entry Project

c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. Required for coordinated entry project applications. Use the textbox provided to describe the advertisement strategy that will ensure coordinated entry will be accessible to individuals and families with the highest barriers to accessing assistance including persons with disabilities, and persons with limited English proficiency (see 24 CFR 578.93(c)). Using bullets instead of full paragraphs is appropriate.

Section not applicable - project is not a Coordinated Entry Project

d. Does the coordinated entry process use a comprehensive, standardized assessment process? Select:

☐ Yes, the standardized assessment process meets the criteria.

☐ No, the standardized assessment does not meet the criteria.

Section not applicable - project is not a Coordinated Entry Project

e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services. See Section II.B.3 of the Coordinated Entry Notice for additional information. Describe how the referral process for homelessness resources is coordinated with CoC and ESG providers according to the CoC's written Coordinated Entry process. Using bullets instead of full paragraphs is appropriate.

Section not applicable - project is not a Coordinated Entry Project

f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: (1) adults without children; (2) adults accompanied by children; (3) unaccompanied youth; (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and (5) persons at risk of homelessness? Select:

Section not applicable - project is not a Coordinated Entry Project

☐ Yes, the CoC only limits differences identified to the five groups permitted in Section II.B.2 of the of the Coordinated Entry Notice.

☐ No, the coordinate entry process does not meet this criteria and limits differences in access, entry, assessment, or referral for more than the five groups permitted.

Section not applicable - project is not a Coordinated Entry Project

g. This coordinated entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to program participants for which they may be eligible Select:

Section not applicable - project is not a Coordinated Entry Project

☐ Yes, this SSO-CE project will refer program participants to projects that coordinate and integrate referrals to mainstream health, social services, and employment programs.

☐ No, this SSO-CE does not meet the criteria and this SSO-CE project will not refer program participants to projects that coordinate and integrate referrals to mainstream health, social services, and employment

Section not applicable - project is not a Coordinated Entry Project

VII. **DV Bonus -Agencies applying for DV Bonus Funds must complete the section below:**
Section not applicable - project is not a DV Bonus Project

1. Providing Housing to DV Survivor–Project Applicant Experience. NOFO Section II.B.11.e.

   a) Describe in the field below how the project applicant:

      1. Ensures DV survivors experiencing homelessness are assisted to quickly move into safe affordable housing;
      2. Prioritizes survivors–you must address the process the project applicant uses, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
      3. Connects survivors to supportive services; and
      4. Moves clients from assisted housing to housing they can sustain–address housing stability after the housing subsidy ends.
      Limit 2,000 Characters

Section not applicable - project is not a DV Bonus Project

2. Ensuring DV Survivor Safety-Project Applicant Experience, NOFO Section II.B.11.e.
   Section not applicable - project is not a DV Bonus Project
   a) Describe in the field below examples of how the project applicant ensures the safety of DV survivors experiencing homelessness by:

   1. Training staff on safety planning;
   2. Adjusting intake space to better ensure a private conversation;
   3. Conducting separate interviews/intake with each member of a couple;
   4. Working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   5. Maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
   6. Keeping the location confidential for dedicated units and/or congregate living spaces set aside solely for use by survivors.
   Limit 2,000 Characters

Section not applicable - project is not a DV Bonus Project

3.   Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience. NOFO Section II.B.11.e.
Section not applicable - project is not a DV Bonus Project

a)   Describe in the field below how the project applicant evaluates its ability to ensure the safety of DV survivors the project serves.
Limit 2,000 Characters

Section not applicable - project is not a DV Bonus Project

4.. Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience. NOFO Section II.B.11. Guidance–Though you can provide examples of experience not listed, you must address elements 1 through 7.

a) Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following:

1. Prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2. Establishing and maintaining an agency environment of mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3. Providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4. Emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5. Centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6. Providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7. Offering support for parenting, e.g., parenting classes, childcare.
   Limit 5,000 Characters

Section not applicable - project is not a DV Bonus Project

5.   a)   Describe in the field below:
1. Supportive services the project applicant provides to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2. Provide examples of how the project applicant provides the supportive services to domestic violence survivors.
Limit 5,000 Characters

Section not applicable - project is not a DV Bonus Project

6.   Trauma-Informed, Victim-Centered Approaches–New Project Implementation. NOFO Section II.B.11.e

Guidance– This question requires you to provide examples of how the applicant will implement the new project, not the applicant's experience operating an existing project.

Though you can provide other examples of how you will implement the new project, you must address elements 1 through 7.

    a)   Describe in the field below examples of how the new project will:

1.   Prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.   Establish and maintain 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;
3.   Provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.   Place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.   Center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.   Provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.   Offer support for parenting, e.g., parenting classes, childcare.
   Limit 5,000 Characters

Section not applicable - project is not a DV Bonus Project

VIII. **New Expansion Projects-Agencies applying for a New Expansion Project must complete the section below:**

Section not applicable - project is not a New Expansion Project

1. Is this New project application requesting a "New Project Expansion" of an eligible renewal project of the same component type? ☐ YES ☐NO

   Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.

   1a. Eligible Renewal Grant PIN Number: _____
   1b. Eligible Renewal Grant Project Name: _____

2. Will this new expansion project Increase the number of program participants?

   2a. Currently Approved Renewal Numbers

Number of persons	Number of units	Number of beds

   2b. New effort: New Requested Numbers to Add. Enter the proposed point-in-time numbers that will be added to the renewal project.

Number of additional persons	Number of additional units	Number of additional beds

3. Will this New Expansion Project provide additional supportive services to program participants?

   ☐ Yes   ☐ No

   3a. Indicate how the project will provide additional supportive services to program participants. Check all that apply.

   3a. ☐ Increase number of or expand supportive services provided
   3b. ☐ Increase frequency or intensity of supportive services

   3c.   Currently Approved Renewal Numbers
         Number of persons _____
         Number of units _____
         Number of beds _____
   3d.   New Requested Numbers to Add
         Number of additional persons _____
         Number of additional units _____
         Number of additional beds _____

4. Will this new expansion project bring existing facilities up to government health and safety standards?

4a.   Yes - ☐   No - ☐

If yes, describe how the project is proposing to "bring existing facility(s) up to state or local government health or safety standards."

Section not applicable - project is not a New Expansion Project

IX. **Supportive Services for Participants – Agencies applying for PH-RRH, PH-PSH, and Joint TH&RRH must complete the section below:**

    1.   Describe how participants will be assisted to obtain and remain in permanent housing.

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

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided

Supportive Services	Provider	Frequency
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job		
Food		
Housing Search and Counseling		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

Please enter all values for at least one-line item and leave no incomplete line items.

4. Please identify whether the project will include the following activities:

   4a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?   Yes   ☐   No   ☐

   4b. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes   ☐   No   ☐

5. Will project participants have access to SSI/SSDI technical assistance provided by this project applicant, a subrecipient, or partner agency?   Yes   ☐   No   ☐

   5a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?   Yes   ☐   No   ☐

X.   **Housing Type and Location**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where most beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

PH-PSH - The following list summarizes each housing site in the project. For **Housing Type** enter if the housing will be scattered-site apartments, shared housing, single family homes/townhomes or other. **Units**-Please enter the number of units the project will provide. **Beds**-The number of beds associated with project. **Dedicated Chronically Homeless (CH) beds**.

Site Location	Housing Type	Units	Beds	Dedicated CH Beds

PH-RRH Only – The following list summarizes each housing site in the project. **Units**-Please enter the number of units the project will provide. **Beds**-The number of beds associated with project. **Housing Type**- Report the type of housing structures where program participants are housed.

Choose from the following housing types: Shared housing, Sigle Room Occupancy, Clustered apartments, Scattered-site apartments (including efficiencies) or Single-family homes/townhouses/duplexes.

Site Location	Total Units	Total Beds	Housing Type

Section not applicable - project is not a PH-RRH Project

Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Application

Joint TH & PH RRH Only - The following list summarizes each Transitional and Rapid Re-Housing site in the project. **Units**-Please enter the number of units the project will provide. **Beds-**The number of beds associated with project. ***HousingType-** Report the type of housing structures where program participants are housed.

Choose from the following housing types: Barracks, Dormitory, Shared housing, Sigle Room Occupancy, Clustered apartments, Scattered-site apartments (including efficiencies) or Single-family homes/townhouses/duplexes.

Section not applicable - project is not a Join TH& PH RRH Project

Site Location		Transitional Housing	Rapid Re-Housing	Total
	Total Units			
	Total Beds			
	Housing Type			

Site Location		Transitional Housing	Rapid Re-Housing	Total
	Total Units			
	Total Beds			
	Housing Type			

Site Location		Transitional Housing	Rapid Re-Housing	Total
	Total Units			
	Total Beds			
	Housing Type			

Site Location		Transitional Housing	Rapid Re-Housing	Total
	Total Units			
	Total Beds			
	Housing Type			

*Barracks and Dormitory can be used for the TH units and beds of a joint project, **but they are not appropriate for PH-RRH units and beds.**

1.   Does the TH portion of the project have private rooms per household?   ☐ YES   ☐NO

Section not applicable - project is not a Join TH& PH RRH Project

2.   What is the funding source for these units and beds? Be sure to include all funding sources used for this project, not just CoC Program funds.

Section not applicable - project is not a Join TH& PH RRH Project

XI.   Project Participants - Households

Instructions:

Agencies applying for PH-PSH, PH-RRH, and Joint TH & PH-RRH are required to complete the section below. In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.
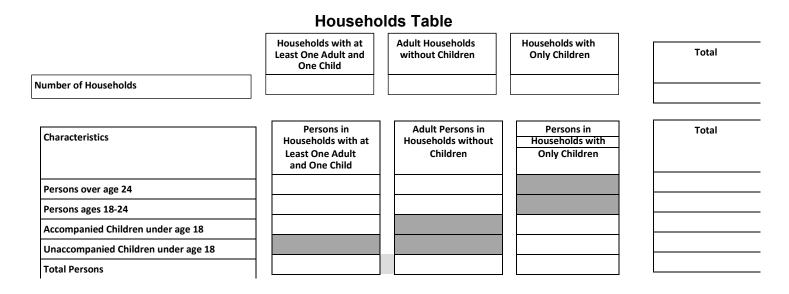
Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: Enter the "Total Number…" and "Total Persons".

a. Project Participant Household Table

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households				

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24				
Persons ages 18-24				
Accompanied Children under age 18				
Unaccompanied Children under age 18				
Total Persons				

At least one person in the Households Grid must be served.

XII.   **Project Participants - Subpopulations**

Instructions:

Agencies applying for PH-PSH, PH-RRH, and Joint TH & PH-RRH are required to complete the section below. Enter 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 a year or grant term.

Complete each of the three charts on the following pages according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

   a.   Persons in Households with at Least One Adult and One Child

In the space below, describe the unlisted subpopulations referred to above, if applicable.
Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

Describe the unlisted subpopulations referred to above, if applicable. Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

b. **Persons in Households without Children**

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non- Chronically Homeless Veterans	Chronic Substance Abusers	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopula-tions
Adults over age 24										
Adults ages 18-24										
Total Persons										

In the space below, describe the unlisted subpopulations referred to above, if applicable. Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

c. **Persons in Households with only Children**

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non- Chronically Homeless Veterans	Chronic Substance Abusers	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopula-tions
Children under age 18										
Total Persons										

In the space below, describe the unlisted subpopulations referred to above, if applicable. Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

XIII. **Funding Request:**

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes ☐ No ☐

    1a. **DV Bonus Only**: Can this project realistically be under grant agreement by September 15, 2022?

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

    Yes☐ No ☐

    2a. If yes, complete the indirect cost rate table below:

Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10% de minimis rate

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

Costs	PH-PSH	PH-RRH	Joint TH&RRH	SSO-CES
Leased Units				
Leased Structures				
Rental Assistance				
Supportive Services				
Operating				
HMIS				

At least one box must be checked.

4. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)

    Yes☐ No ☑

XIV. **Leased Units Budget – Only complete if requesting funds for Leased Units**

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2021 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at
https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2021 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12. Applicant must enter annual rent request in the Total Request column.

Total Request: Enter the total calculated amount from each row.

Total Units and Annual Assistance Requested: Enter the total number of units and the sum of the total requests per unit size per year.

Grant Term: The Grant Term is 1 year.

Total Request for Grant Term: This field should be calculated based on the total annual assistance requested multiplied by the grant term.

Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Application

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Size of Units	# of Units	*FMR	HUD Paid Rent	12 Months	Total Request
0 Bedroom		$955		12	
1 Bedroom		$1,106		12	
2 Bedroom		$1,390		12	
3 Bedroom		$1,917		12	
4 Bedroom		$2,369		12	
5 Bedroom		$2.724		12	
6 Bedroom					
7 Bedroom					
8 Bedroom					
9 Bedroom					
Total Units and Annual Assistance Requested					
Grant Term					1
Total Request for Grant Term					

* **Final FY 2021 Fair Market Rent by Unit Bedrooms-San Bernardino County-**
https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn

XV.   **Leased Structures Budget – Only complete if requesting funds for Leased Structures**

Section not applicable - project will not be leasing a structure

Instructions:

The leased structures budget detail requires a structure name and address and the monthly HUD paid rent (Actuals). This rent must be manually multiplied by 12 months and then by the grant term. Enter the Total Request for Grant Term.

Leased Structures Budget Detail

Structure Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____

State: _____

Zip Code: _____

HUD Paid Rent (per month)	
12 months	12
Total Annual Assistance Requested	
Grant Term	1 Year
Total Request for Grant Term	

XVI. **Rental Assistance Budget – Only complete if requesting funds for Rental Assistance**

Section not applicable - project will not contain Rental Assistance

Instructions:

Type of Rental Assistance: Enter the applicable type of rental assistance. Options include tenant-based assistance (TRA), sponsor-based assistance (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection. Please note – RRH projects Rental Assistance: Rental assistance is limited to TRA for RRH projects.

Metropolitan or non-metropolitan fair market rent area: Prepopulated.

Size of Units: These options are prepopulated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2021 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at:
 https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column must be populated with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row must be calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: The Grant Term is 1 year.

Total Request for Grant Term: This field must be calculated based on the total annual assistance requested multiplied by the grant term

Section not applicable - project will not contain Rental Assistance

1. Type of Rental Assistance _____

2. Metropolitan or non-metropolitan fair market rent area: Riverside-San Bernardino-Ontario, CA

Rental Assistance Budget Table

Size of Units	# of Units	*FMR Area	12 Months	Total Request
0 Bedroom		$955	X 12	
1 Bedroom		$1,106	X 12	
2 Bedroom		$1,390	X 12	
3 Bedroom		$1,917	X 12	
4 Bedroom		$2,369	X 12	
5 Bedroom		$2,724	X 12	
6 Bedroom			X 12	
7 Bedroom			X 12	
8 Bedroom			X 12	
9 Bedroom			X 12	
Total and Annual Assistance Requested				
Grant Term				
Total Request for Grant Term				

* Final FY 2021 Fair Market Rent by Unit Bedrooms-San Bernardino County-
https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn

XVII. **Supportive Services Budget** - **Only complete if requesting funds for Supportive Services**

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive services.

Eligible Costs: A list of eligible supportive services for which funds can be requested is displayed. The costs listed are the <u>only</u> costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail".

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field must be calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: The Grant Term is 1 year.

Total Request for Grant Term: Calculate this field based on the total amount requested for each eligible cost multiplied by the grant term.

Eligible Costs	Quantity and Description	Annual Assistance Requested	Total Annual Assistance Requested
Assessment of Service Needs			
Assistance with Moving Costs			
Case Management			
Child Care			
Education Services			
Employment Assistance			
Food			
Housing Search/Counseling Services			
Legal Services			
Life Skills Training			
Mental Health Services			
Outpatient Health Services			
Outreach Services			
Substance Abuse Treatment			
Transportation			
Utility Deposits			
Operating Costs			
Total Annual Assistance Requested			
Grant Term		1 Year	
Total Request for Grant Term			

Eligible Costs	Quantity and Description	Annual Assistance Requested	Total Annual Assistance Requested
Assessment of Service Needs			
Assistance with Moving Costs			
Case Management	.5FTE Housing Stability Case Manager 1:20 Staff:Client Ratio. Case manager will provide housing stability case management and service linkages.	$ 25,984	$ 25,984
Child Care			
Education Services			
Employment Assistance			
Food	$100 per household to establish food at entry into program	$ 900.00	$ 900.00
Housing Search/Counseling Services			
Legal Services			
Life Skills Training			
Mental Health Services			
Outpatient Health Services			
Outreach Services			
Substance Abuse Treatment			
Transportation	$200 per household X 9 households for bus passes	$ 1,800.00	$ 1,800.00
Utility Deposits	$200 per household x 9 households for utility deposits	$ 1,800.00	$ 1,800.00
Operating Costs			
Total Annual Assistance Requested			$ 30,484

XVIII. **Operating Budget Leased - Only complete if requesting funds for Operating Costs**

Instructions:

Eligible Costs: Below is a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: Enter the amount based on the sum of the annual assistance requests entered for each activity.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		
Grant Term		1 Year

XIX.   HMIS Budget- Only complete if requesting funds for HMIS

Instructions:
Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. Below is a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field should be calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: The Grant Term is 1 year.

Total Request for Grant Term: Calculate this field based on the total amount requested for each eligible cost multiplied by the grant term.

* A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		$0
Grant Term:		1 Year
Total Request for Grant Term:		$0

XX.   **Match**

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs.

1.   Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?   Y ES   N O

1a.   Briefly describe the source of the program income:

(limit 1000 characters)

1b.   Estimate the amount of program income that will be used as Match for this project:

2. In the table below:

    2a. Enter Type of Commitment: Enter Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

    2b. Type of Source: Enter Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

    2c. Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of Written Commitment: Enter the total dollar value of the contribution.

Type of Commitment	Type of Source	Name the Source of the Commitment	Date of Written Commitment	Value of Written Commitment

XXI.   Summary Budget

Instructions:

The appropriate amount of eligible costs, cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1-year Grant Term
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operating	
HMIS	
Sub-total Costs Requested	
Admin. (up to 10%)	
Total Assistance plus Admin Requested	
Cash Match	
In-Kind Match	
Total Match	
Total Budget	

Please provide reasonable cost to the community for the number of households served and the type of housing and services being provided.

Cost Efficiency Table

A.	In the column to the right, please enter the Projected Number of Units	
B.	In the column to the right, please enter the Annual Project Cost (All HUD and Cash Match)	
C.	In the column to the right, please enter the Annual Cost per Unit (divide B by A)	

Appendix I

A.   Definitions

1.   *Centralized or coordinated assessment system* means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

2.   *Chronically homeless.* (1) An individual who: **(i)** Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and **(ii)** Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and **(iii)** Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; **(2)** An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or **(3)** A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

3.   CoC Bonus Project. Collaborative Applicants may include new project applications of up to 5 percent of its CoC Final Pro Rata Need (FPRN). New projects created through the CoC Bonus must meet the project eligibility and project quality threshold requirements established by HUD in Sections V.C.3.b and c of the NOFO. To be eligible to receive a CoC Bonus project, a Collaborative Applicant must demonstrate its CoC ranks projects based on how they improve system performance as outlined in Section VII.B.2.b of the NOFO.

4.   Continuum of Care and Continuum means the group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

5.   DedicatedPLUS Project. A permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals, households with children, and unaccompanied youth (including pregnant and parenting youth) that at intake meet one of the following categories: (1) experiencing chronic homelessness as defined in 24 CFR 578.3; (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project; (3) residing in a place not meant for human habitation, emergency shelter, or Safe Haven and had been admitted and enrolled in a permanent housing project within the last year but were unable to maintain a housing placement and met the definition of chronic homeless as defined by 24 CFR 578.3 prior to entering the project; (4) residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3; (5) residing and has resided in a place not meant for human habitation, Safe Haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household meet the definition of 'homeless individual with a disability; or (6) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds were dedicated to chronically homeless individuals and families, as described in Section III.B.2.b, under the grant that is being renewed may either become a DedicatedPLUS project or may continue to dedicate 100 percent of its beds to chronically homeless individuals and families. If a renewal project that has 100 percent of its beds dedicated to chronically homeless individuals and families elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Projects that were awarded as DedicatedPLUS in a previous CoC Program Competition are required to include households with children to qualify as a DedicatedPLUS project in the FY 2021 CoC Program Competition.

6.   *Developmental disability* means, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002):

(1) A severe, chronic disability of an individual that—
   (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
   (ii) Is manifested before the individual attains age 22;
   (iii) Is likely to continue indefinitely;
   (iv) Results in substantial functional limitations in three or more of the following areas of major life activity:
      (A) Self-care;
      (B) Receptive and expressive language;
      (C) Learning;
      (D) Mobility;
      (E) Self-direction;
      (F) Capacity for independent living;
      (G) Economic self-sufficiency.
   (v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
(2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of "developmental disability" in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

7.   *Domestic Violence (DV) Bonus*. DV Bonus. A new project that is dedicated to survivors of domestic violence, dating violence, sexual assault, or stalking who qualify under paragraph (4) of the definition of homeless at 24 CFR 578.3. New DV Bonus projects are subject to the limitation on new projects in Section II.B.1.a of the NOFO, and a CoC may apply for up to 15 percent of its Preliminary Pro Rata Need (PPRN) to create a new DV Bonus project(s); however, this amount is limited to a: (1) a minimum of $50,000 if 15 percent of the CoC's PPRN is less than $50,000; or (2) maximum of $5 million if 15 percent of the CoC's PPRN is more than $5 million. See Sections II.B.5 and II.B.11.e of the NOFO for project application requirements and how DV Bonus projects will be reviewed and selected.

8.   *New Project Expansion*. The process by which a renewal project applicant submits a new project application to expand its current operations by adding units, beds, persons served, services provided to existing program participants, or in the case of HMIS, increase the current HMIS activities within the CoC's geographic area. For the new

expansion project to be selected for conditional award the renewal project application must also be selected for conditional award. DV Bonus funds can only be used to expand an existing renewal project if the expansion project is dedicated to survivors of domestic violence, dating violence, or stalking who qualify under paragraph (4) of the definition of homeless at 24 CFR 578.3.; however, as explained in Section II.B.11.e, only the new project application for the expansion will be considered for DV Bonus funds. For projects that are expanding their current CoC Program-funded project, project applicants will be required to submit: (1) the renewal project application that will be expanded; and (2) a new project application with the expansion information.

9. A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

10. The Joint TH and PH-RRH component project combines two existing program components–transitional housing and permanent housing-rapid rehousing–in a single project to serve individuals and families experiencing homelessness. HUD will require the recipient to adopt a Housing First approach (see Sections II.A.2 and III.B.2.o of the NOFO) across the entire project and program participants may only receive up to 24-months of total assistance. For more information about Joint TH and PH-RRH component projects, see Section V.C.3.c of the NOFO. If funded, HUD will limit eligible costs as follows, in addition to other limitations found in the Rule: (1) leasing of a structure or units, and operating costs to provide transitional housing; (2) short- or medium-term tenant-based rental assistance on behalf of program participants to pay for the rapid rehousing portion of the project; (3) supportive services; (4) HMIS; and (5) project administrative costs. When a program participant is enrolled in a Joint TH and PH-RRH component project, the recipient or subrecipient must be able to provide both components, including the units supported by the transitional housing component and the tenant-based rental assistance and services provided through the PH-RRH component, to all participants. A program participant may choose to receive only the TH unit or the assistance provided through the PH-RRH component, but the recipient or subrecipient must make both types of assistance available. Additionally, if CoC Program funds are not being requested for both TH and PH-RRH units, the project application must describe and include the number of TH and PH-RRH units that will be utilized by the project from another funding source, if selected for conditional award, and provide details in the project description of how TH and PH-RRH assistance will be provided.

11. *Permanent Supportive Housing*. Permanent supportive housing means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

12. Physical Disability. A physical disability means a physical impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.

13. *Rapid Re-Housing*. Rapid Re-Housing places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program.

14. *Reallocation*. Reallocation is a process used by CoCs to shift funds in whole or part from existing eligible renewal projects to create one or more new projects without decreasing the CoC's ARD. New projects created through reallocation must meet the requirements set forth in Section II.B.1 of the NOFO and the project eligibility and project quality thresholds established by HUD in Sections V.C.3.b and c of the NOFO. CoCs may only reallocate eligible renewal projects that have previously been renewed under the CoC Program. To create a Transition Grant (see Section III.B.2.z of the NOFO), the CoC must wholly eliminate one or more projects and use those funds to create the single, new transition grant. YHDP projects cannot be reallocated. To receive funding for a new project, the Collaborative Applicant must demonstrate all project applications are evaluated and ranked based on the degree to which they improve the CoC's system performance. Availability of Reallocation funds and amount will be determined at the San Bernardino County GRC meeting on September 16, 2021. If Reallocations funds are made available, an addendum to this RFP will be published.