

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## I. Applicant

### Before Starting the Project Application

Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM).

**To ensure that applications are considered for funding, applicants should read all sections of the HUD FY 2019 CoC Program NOFA and the local Continuum of Care 2019 –DV Bonus, CoC Bonus, and Reallocation Projects Request for Applications FY 2019 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

Applicant First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Organizational Affiliation \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email: \_\_\_\_\_

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## 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)

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Signature of Authorized Representative

### Authorized Representative

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Organizational Affiliation \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email: \_\_\_\_\_

Please select funding source and program component from below:

<u>DV Bonus</u> <input type="checkbox"/>	<u>CoC Bonus</u> <input type="checkbox"/>	<u>Reallocation</u> <input type="checkbox"/>	<u>CoC Bonus and Reallocation</u> <input type="checkbox"/>
<u>Project Components</u>	<u>Project Components</u>	<u>Project Components</u>	<u>Project Components</u>
Perm Housing - Rapid Re-Housing <input type="checkbox"/>	Perm. Housing – PSH <input type="checkbox"/>	Perm. Housing – PSH <input type="checkbox"/>	Perm. Housing – PSH <input type="checkbox"/>
Joint TH and PH-RRH <input type="checkbox"/>	Expansion Project-PSH <input type="checkbox"/>	Expansion Project-PSH <input type="checkbox"/>	Expansion Project-PSH <input type="checkbox"/>
Supportive Service Only (CES) <input type="checkbox"/>	Proj. Only <input type="checkbox"/>	Proj. Only <input type="checkbox"/>	Proj. Only <input type="checkbox"/>

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## III. Applicant Experience:

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

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



# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## IV. Project Description

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

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines

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
New project staff hired, or other project expenses begin?				
Participant enrollment in project begins?				
Participants begin to occupy leased units or structure(s), and supportive services begin?				

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

<b>Leased or rental assistance units or structure, and supportive services near 100% capacity?</b>				
<b>Closing on purchase of land, structure(s), or execution of structure lease?</b>				
<b>Rehabilitation started?</b>				
<b>Rehabilitation completed?</b>				
<b>New construction started?</b>				
<b>New construction completed?</b>				

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

3. Will your project participate in a CoC Coordinated Entry Process? (DV Projects – N/A) \_\_\_\_\_
4. Please identify the specific population focus. (Check ALL that apply)

<b>Chronic Homeless</b>		<b>Domestic Violence</b>	
<b>Veterans</b>		<b>Substance Abuse</b>	
<b>Youth (under 25)</b>		<b>Mental Illness</b>	
<b>Families</b>		<b>HIV/AIDS</b>	
		<b>Other</b>	

5. Housing First
  - a. Will the project quickly move participants into permanent housing? \_
  - b. Will the project ensure that **participants are not screened out** based on the following items? Check all that apply.

<b>Having too little or little income</b>	
<b>Active or history of substance abuse</b>	
<b>Having a criminal record with exceptions for state-mandated restrictions</b>	
<b>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</b>	
<b>None of the above</b>	

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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- c. Does the project ensure that **participants are not terminated** from the program for the following reasons? Check all that apply.

<b>Failure to participate in supportive services</b>	
<b>Failure to make progress on a service plan</b>	
<b>Loss of income or failure to improve income</b>	
<b>Being a victim of domestic violence</b>	
<b>Any other activity not covered in a lease agreement typically found in the project's geographic area.</b>	
<b>None of the above</b>	

- d. Will the project follow a "Housing First" approach?

Yes  No

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

- a) Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?\_\_\_\_\_.If your response is 'Yes' please explain how and why the project will implement this requirement.

- b) Will more than 16 persons live in one structure? 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.

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## Project Expansion Information-PROJECT EXPANSION APPLICANTS ONLY

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?

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 expansion project Increase the number of homeless persons served?
3. Will this Expansion Project bring additional supportive services to homeless persons?
4. Will this expansion project bring existing facilities up to government health and safety standards?



# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## V. Supportive Services for Participants

Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

1. Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.
2. Describe how participants will be assisted to obtain and remain in permanent housing.
3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
- a. For all supportive services available to participants, indicate who will provide them (applicant or other agency), how they will be accessed, and how often they will be provided (daily, weekly, monthly, as needed, or other).

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.

5. Please identify whether the project will include the following activities:
- 5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes  No
- 5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes  No
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes  No

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

---

### VI. Housing Type and Location

**PH-PSH Only** - 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.

Site Location	Total Units	Total Beds

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

---

**Joint TH & PH RRH Only** - List all CoC-funded and Non CoC-funded units and beds for this project.

Site Location		Transitional Housing	Rapid Re-Housing	Total
	<b>Total Units</b>			
	<b>Total Beds</b>			

Site Location		Transitional Housing	Rapid Re-Housing	Total
	<b>Total Units</b>			
	<b>Total Beds</b>			

Site Location		Transitional Housing	Rapid Re-Housing	Total
	<b>Total Units</b>			
	<b>Total Beds</b>			

Site Location		Transitional Housing	Rapid Re-Housing	Total
	<b>Total Units</b>			
	<b>Total Beds</b>			

Site Location		Transitional Housing	Rapid Re-Housing	Total
	<b>Total Units</b>			
	<b>Total Beds</b>			

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## VII. Project Participants - Households

Instructions:

**PH-PSH, PH-RRH, and Joint TH & PH-RRH are required to complete Section VII.** 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.

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

---

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

a. Project Participant Household Table

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

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## VIII. Project Participants - Subpopulations

Instructions:

**PH-PSH, PH-RRH, and Joint TH & PH-RRH are required to complete Section VIII.** 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.

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.

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

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										

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.

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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### b. Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veteran	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										

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 Veteran	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										



# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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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.

## IX. Funding Request Instructions:

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?
2. What type of CoC funding is this project applying for in the 2019 CoC Competition (DV Bonus, CoC Bonus, or Reallocation Funds)?
3. Does this project propose to allocate funds according to an indirect cost rate?
5. Select the costs for which funding is being requested:

Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

At least one box must be checked.

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## **X. 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 2019 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/FY2019\\_code/2019summary.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/2019summary.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 2019 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 to calculate the annual rent request

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 is calculated based on the total annual assistance requested multiplied by the grant term.

Please calculate once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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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		\$826		12	
1 Bedroom		\$986		12	
2 Bedroom		\$1,232		12	
3 Bedroom		\$1,717		12	
4 Bedroom		\$2,132		12	
5 Bedroom					
6 Bedroom					
7 Bedroom					
8 Bedroom					
9 Bedroom					
Total Units and Annual Assistance Requested					
Grant Term					1
Total Request for Grant Term					

\* Final FY 2019 Fair Market Rent by Unit Bedrooms-San Bernardino County-  
[https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019\\_code/2019summary.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/2019summary.odn)

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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

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:**

**Total Annual Assistance Requested:**

**Grant Term:**

**Total Request for Grant Term:**

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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

Instructions:

**Eligible Costs:** The system populates 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 cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for 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	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. Property Taxes and Insurance	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3. Replacement Reserve	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4. Building Security	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5. Electricity, Gas, and Water	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
6. Furniture	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
7. Equipment (lease, buy)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Total Annual Assistance Requested</b>		<input style="width: 100%; height: 20px;" type="text"/>
<b>Grant Term</b>		1 Year

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## **XIII. Rental Assistance Budget – Only complete if requesting funds for 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 2019 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/FY2019\\_code/2019summary.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/2019summary.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

1. Type of Rental Assistance \_\_\_\_\_
2. Metropolitan or non-metropolitan fair market rent area: Riverside-San Bernardino-Ontario, CA

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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### 3. Rental Assistance Budget Table

Size of Units	# of Units	*FMR Area	12 Months	Total Request
0 Bedroom		\$826	X 12	
1 Bedroom		\$986	X 12	
2 Bedroom		\$1,232	X 12	
3 Bedroom		\$1,717	X 12	
4 Bedroom		\$2,132	X 12	
5 Bedroom			X 12	
6 Bedroom			X 12	
7 Bedroom			X 12	
8 Bedroom			X 12	
9 Bedroom			X 12	
Total Units and Annual Assistance Requested				
Grant Term	1 Year			
Total Request for Grant Term				

\* Final FY 2019 Fair Market Rent by Unit Bedrooms-San Bernardino County-  
[https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019\\_code/2019summary.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/2019summary.odn)

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## **XIV. 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 only 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
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
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		



# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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**XV. 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. The system populates 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 is automatically 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.

All total fields must be calculated once the required field has been completed and saved.

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Equipment</b>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>2. Software</b>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>3. Services</b>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>4. Personnel</b>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>5. Space &amp; Operations</b>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Total Annual Assistance Requested:</b>		<input style="width: 100%; height: 20px;" type="text"/>
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		<input style="width: 100%; height: 20px;" type="text"/>

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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### **XVI. 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.

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

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.

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

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## XVII. Summary

Budget Instructions:

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of 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.	
Total Assistance plus Admin Requested	
Cash Match	
In-Kind Match	
Total Match	
Total Budget	

Will the project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?

Yes                      No       

If Yes, describe the source of the program funds and estimate the amount of program income that will be used as Match for this project.

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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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**

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

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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## 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.** A CoC is eligible to apply for up to 5 percent of its Final Pro Rata Need (FPRN), or 25 percent of the CoC's Preliminary Pro Rata Need (PPRN) minus its ARD, whichever is greater. New projects created through the CoC Bonus must meet the project eligibility and quality threshold requirements established by HUD in Sections V.C.3.b and V.C.3.c of this NOFA. To be eligible to receive a bonus project, a CoC must demonstrate that it ranks projects based on how they improve system performance as outlined in Section VII.B.1.a of the FY CoC NOFA.

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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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 with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at intake are:
  - (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;
  - (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 prior to entering the project;
  - (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; 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.
  
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):

# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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- (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.* In the FY 2019 CoC Program Competition, CoCs will be able to apply for a DV Bonus for Permanent Housing-Rapid Rehousing (PH-RRH) projects, Joint TH and PH-RRH component projects, and SSO projects for coordinated entry (SSO-CE). Except as provided in Section II.B.1.a of this NOFA, a CoC may apply for up to 10 percent of its Preliminary Pro Rata Need (PPRN), or a minimum of \$50,000, whichever is greater, or a maximum of \$5 million, whichever is less, to create DV Bonus projects. A CoC may apply for the following types of projects: a. Rapid Re-housing (PH-RRH) projects that demonstrate trauma-informed, victimcentered approaches. b. Joint TH and PH-RRH component projects as defined in Section III.C.2.n of this NOFA that demonstrate trauma-informed, victim-centered approaches. c. SSO Projects for Coordinated Entry (SSO-CE) to implement policies, procedures, and practices that equip the CoC’s coordinated entry to better meet the needs of people experience homelessness who are survivors of domestic violence, dating violence, or stalking (e.g., to implement policies and procedures that are trauma-informed, clientcentered or to better coordinate referrals between the CoC’s coordinated entry and the victim service providers coordinated entry system where they are different).

## Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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8. *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. For projects that are expanding their current CoC Program-funded project, project applicants will be required to submit three project applications: (1) the renewal project application that will be expanded; and (2) a new project application with just the expansion information; and (3) a renewal project application that incorporates the renewal and new expansion activities and the combined budget line items for the renewal and the new expansion.
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. *Homelessness (Paragraph 4)* - Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.
11. *Joint TH and PH-RRH Component Project.* Joint TH and PH-RRH Component Project. 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. Recipients should prioritize those with the highest needs using an evidence-based approach designed to provide stable housing and services that, to the greatest extent possible, move the participant towards self-sufficiency and independence. 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 of the FY 2019 CoC NOFA.



# Continuum of Care 2019-Domestic Violence (DV) Bonus, CoC Bonus, and Reallocation Projects Application

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If funded, HUD will limit eligible costs as follows, in addition to other limitations found in 24 CFR part 578: (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 transitional housing 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 still describe the number of TH and PH-RRH units that will be utilized by the project, if selected for conditional award, and provide details in the project description of how TH and PH-RRH assistance will be provided.

12. *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.
13. *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. See- [https://www.onecpd.info/resources/documents/FinalHMISDataStandards\\_March2010.pdf](https://www.onecpd.info/resources/documents/FinalHMISDataStandards_March2010.pdf).
14. *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.