



Continuum of Care Homeless Assistance Competition 2015 Project Renewal Application

The U.S. Department of Housing and Urban Development released the 2015 Notice of Funding Availability (NOFA) on September 17, 2015. Approximately \$1.89 billion is available in this 2015 Continuum of Care (CoC) Funding Notice Program Competition. The following is a link to the 2015 NOFA:

<https://www.hudexchange.info/resources/documents/FY-2015-CoC-Program-NOFA.pdf>

Agencies desiring to participate in the 2015 New Bedford Continuum of Care Homeless Assistance Application to HUD will be required to complete the following process in order to be eligible and prepared for this year's application submission. Agencies preparing renewal project applications will be required to submit a summary application on or before **FRIDAY, OCTOBER 9, 2015 at 3:00pm.**

Agencies planning to submit a project derived from a reallocation of an existing Renewal Project for 2015, must contact Patrick J. Sullivan, Director of the City of New Bedford Department of Planning, Housing and Community Development via e-mail patrick.sullivan@newbedford-ma.gov or by telephone at 508.979.1500 on or before **WEDNESDAY, SEPTEMBER 30, 2015 at 3:00pm.**

Submit all documents in MS WORD and in electronic format (disc, zip drive, email) to the City of New Bedford Department of Planning, Housing and Community Development, attention Patrick J. Sullivan, Director either via e-mail patrick.sullivan@newbedford-ma.gov or in person.

Funding Availability:

NOFA LINK: <https://www.hudexchange.info/resources/documents/FY-2015-CoC-Program-NOFA.pdf>

The New Bedford CoC may submit three types of projects:

1. Existing Renewal Projects
2. New applicants seeking funds for:
 - **permanent supportive housing** for chronically homeless individuals or families, or
 - **rapid rehousing** programs that will serve homeless individuals and families who enter directly from the streets or emergency shelters, youth up to age 24, and persons who meet the criteria of paragraph (4) of the definition of homeless (fleeing or attempting to flee domestic violence)

These applications will be considered for reallocation (replacing all or part of existing project (s) which will no longer be funded) or as part of a Permanent Supportive Housing Bonus.

3. A new project specifically for a centralized or coordinated assessment system. The CoC may only apply for funds in this category by using reallocation.

The Preliminary Pro Rata Need (PPRN) for New Bedford is \$1,719,257 and the Annual Renewal Demand (ARD) is \$1,944,951. HUD will continue to require Collaborative Applicants to rank all projects, except CoC planning and UFA Costs, in two tiers.

- Tier 1 is equal to 85% of the CoC’s 2015 Annual Renewal Demand (ARD) \$1,653,208;
- Tier 2 is the difference between Tier 1 and the CoC’s ARD plus any amount available for the permanent housing bonus. The purpose of this two-tiered approach is for CoCs to clearly indicate to HUD which projects are prioritized for funding.

Permanent Housing Bonus:

HUD is offering a Permanent Housing Bonus equal to 15% of the Final Pro Rata Need. Agencies applying for funding for new projects will only be accepted if the New Bedford CoC reallocates funding from current renewal projects to offer funding for a new bonus project. At this time, the CoC is not reallocating funding to create a new bonus project.

Reallocation Process:

CoCs may use reallocation to create new permanent supportive housing for chronically homeless individuals and families, rapid re-housing to serve homeless individuals, families, and unaccompanied youth coming directly from the streets or emergency shelters or persons that meet the criteria of paragraph (4) of the definition of homeless.

Agencies planning to submit a project derived from a reallocation of an existing Renewal Project for 2015, must contact Patrick J. Sullivan, Director of the City of New Bedford Department of Planning, Housing and Community Development via e-mail patrick.sullivan@newbedford-ma.gov or by telephone at 508.979.1500 on or before **WEDNESDAY, SEPTEMBER 30, 2015 at 3:00pm.**

NOFA TIMELINE	
September 17, 2015	▪ HUD issues 2015 NOFA
September 29, 2015	▪ DPHCD issues RFP for Renewals and New Projects
September 30, 2015	▪ Any reallocation requests must be received prior to this date.
October 9, 2015	▪ RFP Due Date for Renewals and New Projects
TBD	▪ Performance Review Committee Meeting/Project Review
TBD	▪ Collaborative Application Committee meetings
October 22, 2015	▪ HSPN Meeting to review and approve Application review Committee recommendations for new projects, renewal projects and priority rankings.
October 26, 2015	▪ 2015 Ranking and Selection Results posted on Network website and sent to project applicants in writing
November 2, 2015	▪ Any and all appeals due to DPHCD by 12:00pm. Agencies that have appealed will be notified in writing prior to the NOFA application submission
November 3, 2015	▪ All applicants to submit a PDF file to DPHCD of the ESNAPS application by 4:00pm
November 18, 2015	▪ CoC Application Submitted to HUD in <i>esnaps</i> ▪ Any rejected applicants may submit <i>esnaps</i> Solo Application directly to HUD

I. BACKGROUND

Similar to past years, all applications for funding will be vetted, evaluated and ranked by the CoC – Homeless Service Provider Network (HSPN) Performance Review Committee (PRC), ratified by the HSPN membership and eventually submitted to HUD via the E-SNAPS system. The Department of Planning Housing and Community Development (DPHCD) will act as the Collaborative Applicant and submit an application for funds on behalf of the New Bedford Continuum of Care for renewal projects and any new projects identified through the Request for Proposal (RFP).

HUD notes that it is important that renewal projects meet minimum project eligibility, capacity, timeliness, and performance standards identified in the 2015 NOFA or they will be rejected from consideration for funding. When considering renewal projects for award, HUD will review information in the Line of Credit Control System (LOCCS), Annual Performance Reports (APRs), information provided from the local HUD/CPD Field Office that includes monitoring reports and OMB Circular A-133 audit reports as applicable.

HUD also reviews performance standards on prior grants, and assess a project on the following criteria using a pass/fail basis:

1. The project applicant's performance against plans and goals established in the initial application as amended;
2. Project applicants must demonstrate all timeliness standards for grants being renewed, including that standards for the expenditure of grant funds have been met;
3. The project applicant's performance in assisting program participants to achieve and maintain independent living and record of success, except HMIS dedicated projects are not required to meet this standard; and
4. Evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site. These conditions may result in the rejection of an application from the competition.

HUD reserves the right to reduce or reject a funding request from the project applicant for the following reasons:

1. Outstanding obligation to HUD in arrears or for which a payment schedule has not been agreed upon;
2. Audit finding(s) for which a response is overdue or unsatisfactory;
3. History of inadequate financial management accounting practices;
4. Evidence of untimely expenditures on prior award;
5. History of other major capacity issues that have significantly impacted the operation of the project and its performance;
6. Timeliness in reimbursing subrecipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per month; and
7. History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

Similar to last year, HUD is requiring evaluation of existing renewal grants. It is possible that the national total of the Annual Renewal Demand (ARD) amounts submitted by CoCs in the 2015 CoC registration exceeds the funding available under the proposed NOFA, CoCs will be required to rank all projects applying for grant funds in E-SNAPS. To ensure that CoCs have the opportunity to prioritize their projects locally in the event that HUD is not able to fund all renewals. HUD is requiring that CoCs rank projects within 2 tiers in 2015, similar to last year’s NOFA. HUD will only select projects from Tier 2 for funding after all projects from Tier 1 have been selected. HUD’s priorities for funding are as follows:

HUD will first select projects from Tier 1 in the following order by CoC score:

1. Renewal PSH;
2. New PSH created through reallocation for 100% chronically homeless;
3. New Rapid Re-Housing projects created through reallocation for households with children;
4. Renewal transitional housing;
5. Renewal HMIS; and
6. Any other project application submitted by the CoC that was not included on the GIW.

All questions regarding this application should be directed to Patrick J. Sullivan, Director of the City of New Bedford Department of Planning, Housing and Community Development via e-mail patrick.sullivan@newbedford-ma.gov or by telephone 508.979.1500.

II. SCORING

A. RENEWALS

Consideration for renewal funding will be based on the following local objectives:

- Ability to expend 100% of grant funding without de-obligating funds;
- Ability to maintain an occupancy or service level at full capacity, as stated in the contract and reported in the APR;
- Ability to achieve local and national CoC performance goals and objectives;
- Capacity to comply with fiscal and programmatic submission requirements;
- Proactive participation and engagement with the central point of intake for the New Bedford CoC system;
- Participation in HMIS; and
- Ability to reduce length of stay in Transitional Housing to 12 months;

All renewals are reviewed by the following APR scoring tools which are designated for each program type. (Permanent Supportive Housing & Transitional Housing).

The APR Scoring tool includes: Housing Measure, Income Measure, Employment Measure, Homeless Families Served, Chronic Homeless Served, Mainstream Benefits (TANF, Medicaid, Medicare, etc.), Draw-Down Rate.

RATING FACTORS	POINTS
Agency Experience and Capacity	10
Leverage/Match Resources	20
APR Performance/Local and National Objectives	30
Participation in HMIS, Data Quality	30
Expenditure Tracking and Close Out	10

B. PROPOSAL SELECTION

The Performance Review Committee (PRC) will complete the review and evaluation process and present a recommendation for funding approval to the HSPN at the HSPN meeting. Appeals – Agencies that do not meet the threshold score or who are not recommended for funding may appeal and address the members of the COC PRC Appeal Panel based only on the following guidelines (agencies recommended or only partial funding are not eligible to request an appeal):

- If the project is not selected for funding, the agency has the right to appeal, provided that the appeal is based upon violations of program regulations. For example, reviewing members did not consistently follow the scoring criteria and process, as detailed above or there was a conflict of interest that prevented a fair review of the proposal.
- No appeals will be heard on the basis of funding level.

C. ELIGIBLE POPULATIONS TO BE SERVED

All projects MUST serve homeless and/or chronically homeless persons. The CoC Homeless Assistance Programs considers a person to be homeless when that person resides in one of the following:

1. Places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings; or
2. Emergency shelters;
3. Transitional or supportive housing (for homeless persons who originally came from streets or emergency shelters);
4. Any of the above places but are spending a short time ninety (90) consecutive days or less in a hospital or other institution (maybe placed in emergency or transitional housing only);
5. Being evicted within a week from private dwelling units and no subsequent residences have been identified and they lack the resources and support networks needed to obtain housing (may be placed in emergency or transitional housing only); and
6. Being discharged within the week from institutions in which they have resided for more than ninety (90) consecutive days and no subsequent residence has been identified and the individual lacks the resources and support networks needed to obtain housing (maybe placed in emergency or transitional housing only).

HUD defines “chronically homeless” as an unaccompanied homeless individual with a disabling condition, or a family with at least one (1) adult member who has a disabling condition, who has either been continuously homeless for a year or more or has had at least four (4) episodes of homelessness in the past three (3) years.

HUD defines “disabling condition” as the following:

1. A disability as defined in Section 223 of the Social Security Act;
2. A physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes an individual’s ability to live independently, and of such a nature that the disability could be improved by more suitable conditions;
3. A developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
4. The disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agent for acquired immune deficiency syndrome; and
5. A diagnosable substance abuse disorder.

D. RANKING PROCESS

HUD is requiring that all CoCs list all projects that they approved to submit project applications to HUD, in the order of priority as determined by the CoC. CoCs should place all new and renewal project applications that the CoC determines are high priority, high performing, and meet the needs and gaps as identified by the CoC in Tier 1. HUD will select projects in Tier 1 as described in the NOFA. This means that lower ranked projects may be selected for funding above higher ranked projects, consistent with HUD's selection priorities. HUD will select all projects in Tier 1 before selecting any projects in Tier 2. Then, HUD will select projects in Tier 2 as described in the NOFA. This means that lower ranked projects may be selected for funding above higher ranked projects, consistent with HUD's selection priorities.

The CoC renewal application components and narratives serve to:

1. Confirm the capacity of agencies to provide CoC funded programs;
2. Provide information on program delivery in order to evaluate performance and meeting HUD priorities for scoring and ranking of projects by the PRC; and
3. Provide project level narrative to be utilized in the CoC Program Application (former 'Exhibit 1'). HUD will limit renewal grants to one (1) year of funding. Renewal Project Applications that request multiple years of funding will be reduced to one (1) year grant amounts.

Renewal projects must meet minimum project eligibility, capacity, timeliness, and performance standards. HUD will review information in the LOCCS; Annual Performance Reports (APRs); and information provided from the local HUD/CPD Field Office, including monitoring reports and A-133 audit reports as applicable, as well as performance standards on prior grants, and assess a project on the following criteria using a pass/fail basis:

- Applicant's performance against plans and goals;
- Timeliness standards;
- Applicant's performance in assisting program participants to achieve and maintain independent living and record of success;
- Financial management accounting practices;
- Timely expenditures;
- Capacity;
- Timeliness; and
- Eligible activities.

E. MATCH AND LEVERAGE

Applicants should start to plan for and secure commitments of match and leverage sources.

- **Match** – A 25% cash or in-kind match is required for all program components except leasing. Match is required for both new and renewal projects.
- **Leverage** – The CoC has set a goal of having 150% leverage with the 2015 application. Sources of leverage include other program funding, in-kind contributions, donations of buildings and/or professional services, other grants, etc.

Match and leverage documentation can be in the form of signed letters, memoranda of understanding, or other written evidence of a commitment and must be turned in with the the DRAFT application. At a minimum, they must:

- Be on letterhead stationary from the organization providing the funds o be signed and dated by an authorized official;
- Contain the name of the organization providing the contribution;
- Contain the type of contribution (cash, child care, case management, mental health services, etc.);
- Contain the monetary value of the contribution;
- Contain the name of the applicant agency and the name of the project to which the contribution will be given; and
- Contain the date that the contribution will be available.

**Leverage Letters must be dated 60 days from HUD Application deadline:
September 18, 2015 – November 18, 2015**

Resources and Information available:

HUD Homelessness Resource Exchange, <http://www.hudhre.info/>

HUD Supportive Housing Program Desk Guide, <http://www.hudhre.info/index.cfm?do=viewShpDeskguide>

HUD e-snaps Training and Resources Page, <http://www.hudhre.info/esnaps/>

III. APPLICATION CHECKLIST

- CoC Renewal Application
- Leverage Letter
- Match Letter

SUBMIT THE FOLLOWING DOCUMENTS:

- 2015 (or most recent) Form 990 for Recipient (as applicable) and Subrecipient
- Most recent audited financial statement
- Documentation of Match and Leverage

IV. AGENCY AND PROJECT INFORMATION

Agencies need to submit ONE cover page and application for EACH FY20 15 CoC project.

Name of Applicant Agency:			
Project Name:			
Project Location: (Physical address of the project; if project is scattered site, write "scattered site")			
Renewing HUD Grant Number:			
HUD Component Type:	<input type="checkbox"/> Permanent Housing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Rapid Rehousing		
Total Amount Requested:			
Agency DUNS Number:		Tax ID or EIN (format: 12-3456789)	

Contact Information:

Project Contact Person:			
Job Title of Contact Person:			
Agency Mailing Address:			
Contact Phone Number:		Fax number:	
Email Address:			

Alternate Contact 1:	Name:	Phone:
	Email:	
Alternate Contact 2:	Name:	Phone:
	Email:	

V. RENEWAL PROJECT APPLICATION SUMMARY BUDGET

Your agency has agreed to renew this project for a reduced amount in order for the CoC to reallocate funds to a new permanent supportive housing for the benefit of the CoC system of care.

Eligible Costs			Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units			\$
1b. Leased Structures			\$
2. Housing Relocation and Stabilization			\$
3. Short-term/Medium-term Assistance			\$
4. Long-term Rental Assistance			\$
5. Supportive Services			\$
6. Operating			\$
7. HMIS			\$
8. Sub-Total Costs Requested			\$
9. Admin (Up to 10%)			\$
10. Total Assistance plus Admin Requested			\$
11. Cash Match			\$
12. In-Kind Match			\$
13. Total Match			\$
14. Total Budget			\$

VI. PROJECT NARRATIVE

Please limit all narrative responses throughout the application to not exceed more than 750 characters per question. Responses should not exceed the length of the page and/or box. Please note: If a response does exceed the length of the box, please either shorten the response or indicate that the response will be provided as an attachment immediately after the section.

1. SUMMARY: Provide a brief summary of your project.

1a. Describe how your project aligns with Opening Doors - the Federal Strategies to End Homelessness. www.usich.gov/opening_doors/

Objective 1: Increase Progress towards Ending Chronic Homelessness	YES	NO
a. Does the project prioritize client selection based on duration of homelessness and vulnerability?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the project accept all clients regardless of substance use history, or current use?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the project accept clients regardless of criminal history?	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the project accept clients regardless of income or financial resources?	<input type="checkbox"/>	<input type="checkbox"/>
f. Does the project use a harm-reduction model for drugs and/or alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>
g. Does the project include mandatory case management as a condition of remaining in the program?	<input type="checkbox"/>	<input type="checkbox"/>

Please briefly explain any “no” answers for A-F, and “yes” answer for G (300 characters maximum, per explanation).

2. TRANSITIONAL HOUSING PROJECTS:

USE THE MOST RECENT VERSION OF YOUR APR TO ANSWER THESE QUESTIONS:

GOALS	PERFORMANCE STANDARD	%
1. Housing Stability - Households exiting transitional housing will move directly to permanent housing. Goal 75%	% of persons who exited to permanent housing (subsidized or unsubsidized) during the operating year.	
2. Increase Total Income - Persons will maintain or increase earned and unearned income. Goal 54% <i>(Includes wages and mainstream resources)</i>	The % of persons age 18 or older who increased their total income (from all sources) as of the end of the operating year or program exit.	
3. Increased Earned Income – Persons who increased employment income. Goal 20%	The % of persons age 18-61 who increased their income (i.e. employment income) as of the end of the operating year or program exit.	
4. Utilization Rate - Program operates at full capacity, with low vacancy rate, and quickly fills vacancies. Goal 90%	Average daily utilization rate during the operating year.	
5. HMIS - Program maintains adequate data quality in HMIS.	See Data Quality Report	N/A

2a. If the Transitional Housing program is not meeting any of the performance benchmarks above, please explain why and discuss the barriers/challenges to meeting the listed goals.

3. RAPID REHOUSING PROJECTS:

USE THE MOST RECENT VERSION OF YOUR APR TO ANSWER THESE QUESTIONS:

GOALS	PERFORMANCE STANDARD	%
1. Housing Stability - Persons residing in rapid re-housing will remain in this housing for a minimum of 1 year or exit to other permanent housing. Goal 85%	The % of persons who remain in the PH program as of the end of the operating year or exited to PH during the operating year.	
2. Increase Total Income - Persons will maintain or increase earned and unearned income. Goal 85% <i>(Includes wages and mainstream resources)</i>	The % of persons age 18 and older who maintain or increased their total income (from all sources) as of the end of the operating year or program exit.	
3. Increase Earned Income - Adults will obtain or maintain employment income. Goal 20%	The % of persons age 18 – 61 who maintained or increased their income (i.e. employment income) as of the end of the operating year or program exit.	
4. Utilization Rate - Program operates at full capacity, with low vacancy rate, and quickly fills vacancies. Goal 90%	Average daily utilization rate during the operating year.	
5. HMIS - Program maintains adequate data quality in HMIS	See Data Quality Report	N/A

3a. If the Rapid Rehousing program is not meeting any of the performance benchmarks above, please explain why and discuss what barriers /challenges exist to meeting the listed goals.

4. PERMANENT HOUSING PROJECTS:

USE THE MOST RECENT VERSION OF YOUR APR TO ANSWER THESE QUESTIONS:

GOALS	PERFORMANCE STANDARD	%
1. Housing Stability - Persons residing in permanent housing will remain in this housing for a minimum of 1 year or exit to other permanent housing. Goal 85%	The % of persons who remain in the PH program as of the end of the operating year or exited to PH during the operating year.	
2. Increase Total Income - Persons will maintain or increase earned and unearned income. Goal 85% <i>(Includes wages and mainstream resources)</i>	The % of persons age 18 and older who maintain or increased their total income (from all sources) as of the end of the operating year or program exit.	
3. Increase earned income - Adults will obtain or maintain employment income. Goal 20%	The % of persons age 18 – 61 who maintained or increased their income (i.e. employment income) as of the end of the operating year or program exit.	
4. Utilization Rate - Program operates at full capacity, with low vacancy rate, and quickly fills vacancies. Goal 90%	Average daily utilization rate during the operating year.	
5. HMIS - Program maintains adequate data quality in HMIS	See Data Quality Report	N/A

4a. If the Permanent Housing program is not meeting any of the performance benchmarks above, please explain why and discuss what barriers /challenges exist to meeting the listed goals.

5. PERMANENT HOUSING PROGRAMS ONLY: For programs that are not mandated to serve 100% chronic homeless, describe how your agency will identify and increase the number of chronically homeless individuals and families participating in your permanent housing program. For programs that are mandated to serve 100% chronic homeless, describe how your agency will identify and enroll chronic homeless participants with the longest histories of homelessness within the Coc.

6. EDUCATIONAL ASSURANCES: For programs serving families with children, describe how your agency collaborates with local education authorities to assist in identifying and serving of homeless families with school age children and assures program participants are informed of their eligibility for educational services. (How do they ensure that children are enrolled in school, connected to Head Start, Part C of the Disabilities Education Act, and the McKinney Vento education services). (500 characters maximum)

7. Does your project use Energy Star equipment/appliances and/or plan for the purchasing of Energy Star products for new or replacement equipment/appliances?

Yes

No

VII. FISCAL INFORMATION

NOTE: ALL PROJECTS MUST COMPLETE THE ATTACHED BUDGET WORKSHEET(S) FOR YOUR PROJECT PROVIDED AS ATTACHEMENT I.

1. Start and end date of your most recent HUD award (current contract year):

_____ to _____

2. Total amount of award: \$_____

3. Do you anticipate you will have unexpended funds at the expiration date of your current contract?

Yes

No

If yes, how much? \$_____

4. Have you had unexpended HUD funds at the expiration of grant terms in the past two (2) years?

Yes

No

If yes, how much was unexpended?

2013 \$_____

2012 \$_____

2011 \$_____

5. If money was returned in the current or previous years, explain why dollars were returned

VIII. BUDGET

1. **LEVERAGE:** Provide a signed letter(s) by your agency or other documentation of public, private, or mainstream program funding that will, in aggregate, provide at least 150% leverage of the CoC grant award.
2. **MATCH:** Provide a signed letter(s) on agency letterhead detailing the source and amount of the required 25% match. *Note: Match can include in-kind components that are exclusively and directly part of the project.

IX. MATCH / LEVERAGES RESOURCES

It is a priority of the New Bedford CoC and HUD that all projects leverage both cash and in-kind resources. HUD scores continuums across the country based on the leveraged resources brought to each project; therefore, it is in the New Bedford’s CoC’s best interest to account for and provide information on all leveraged resources for all projects.

MATCH:

Provide a SIGNED LETTER(s) on agency letterhead detailing the source and amount of the required 25% match. **match can include in-kind components that are exclusively and directly part of the project.* Match is cash or non-cash (in-kind) resources provided by the recipient toward the actual costs of operating the project. Cash can come from other grant funding, unrestricted general funds, fundraising activities, private donations, etc. Enter the Source, amount of your match and when the funds will be available for one year. Match must total at least 25% of your HUD eligible activities costs + administration request. Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC Program interim rule.

Match Source	HUD Budget Category (Operations, Supportive Services, HMIS)	Value (\$)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL MATCH RESOURCES		\$

LEVERAGE:

Leverage Resources for Application Year (Start Date in 2016)

Leverage Letters must be dated 60 days from HUD Application deadline:
September 18, 2015 – November 18, 2015

Complete this chart for all other resources that are committed to this project. Resources can be cash, including the cash match for the project, and other private/public funding; value of buildings, equipment, materials, services provided by your agency or others, volunteer time, etc.

You must scan and attach signed agreements, letters, MOU or other documented evidence of each contribution. Commitment letters must be on letterhead, signed and dated by an authorized representative and must at minimum contain the following elements:

1. Type of contribution (e.g. cash, child care, case management, etc.);
2. Name of organization providing the contribution;
3. Amount/ Cash Value of contributions.

Type of Contribution	Name of Contributor Organization	Value (\$)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL LEVERAGED RESOURCES		\$

X. AGENCY QUESTIONNAIRE

Please check either yes or no to the questions below:

	Yes	No
In the past ten (10) years, has your organization ever had its nonprofit status revoked or withheld by the IRS, the Secretary of State, or the State Attorney General?	<input type="checkbox"/>	<input type="checkbox"/>
Has your organization been sued in the last five (5) years? If yes, explain and provide how your agency handled the complaint.	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your managers or staff with fiscal responsibilities involved in litigation presently that has any bearing on fiduciary trust or employee relations?	<input type="checkbox"/>	<input type="checkbox"/>
Have any unfavorable court rulings been handed down against your organization or Executive Director in the last five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization currently have any unresolved fiscal reporting, or program issues with any of its funding sources?	<input type="checkbox"/>	<input type="checkbox"/>
Has your agency had a Federal grant revoked in the past three (3) years due to non-compliance, lack of meeting program timelines and/or outcomes expected?	<input type="checkbox"/>	<input type="checkbox"/>

XI. ASSURANCES

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

- Applicant will complete the HUD Project Application forms with the same information as contained in this application unless the Application Review Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant.
- Applicant agrees to participate fully in Housing Works, this community's Homeless Management Information System (HMIS).
- Applicant understands that HUD CoC funded homeless projects are monitored by City of New Bedford as the CoC lead. This can include an annual site visit and submission annually of the applicant's most recent Annual Performance Reports (APR) submitted to HUD and most recent audited financial statement.

If awarded funding, the applicant agrees to inform the City of New Bedford when the following occurs:

- Organization has staff vacancies that are of a duration that could affect the projected number of participants served or result in HUD funds not being fully expended;

ASSURANCES, Continued from previous page

- Changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD;
- Increase/decrease of other funding to the project that could affect the projected number of participants served, services provided, ability to meet matching and/or leveraging requirements, etc.; and
- Significant delays in the start-up of a new project.

Name: (please type)	
Title:	
Phone:	
Email:	
Signature of Authorized Representative:	
<input type="checkbox"/> "X" indicates electronic signature submitted	
Date:	