

**{Please share widely!}**

## Notice of Funding Opportunity Announcement

On July 31, 2024, the Department of Housing and Urban Development (HUD) announced the release of the Continuum of Care application for its competitive grants for housing and services for the homeless as defined by HUD. The Fall River Community Development Agency (CDA), acting as the Collaborative Applicant for the Fall River CoC (MA-515), is responsible to submit the CoC Collaborative Application including all new and renewal projects to the Department of Housing and Urban Development via esnaps by October 30, 2024, 8:00 p.m. EDT.

The Fall River CoC announces that the FY2024 Continuum of Care Competition for funding for housing and services for the homeless from the Department of Housing and Urban Development is open. **This year's local competition will require a Request for Proposals for new and renewal projects.**

### Funding Availability for Fall River MA-515

Not all information is available regarding funding amounts yet, but these estimates are based on our Annual Renewal Demand, this year's Tier structure, and last year's formulas. Project grant terms are one year, with the exception of new projects being provided a reasonable start-up time. I will provide updated funding availability as soon as it is available.

| Estimated Funding Availability for Fall River MA-515<br>(some amounts are subject to change) |                                 |                |                                |                               |                                   |
|--|---------------------------------|----------------|--------------------------------|-------------------------------|-----------------------------------|
| Preliminary Pro Rata Need  | Estimated Annual Renewal Demand | Tier 1 90% ARD | CoC Bonus (last year's amount) | DV Bonus (last year's amount) | CoC Planning (last year's amount) |
| ?  | \$2,251,028                     | \$2,025,925    | \$187,115                      | \$267,307                     | \$133,653                         |

This is an open competition, and this funding opportunity is open to any eligible applicant regardless of if you have received CoC funding in the past (see attached for information on eligible applicants). The CoC strongly encourages those from tribal organizations as well as those who work closely with historically marginalized communities to apply for this funding. **This competition is open to all eligible applicants.**

Please find attached a Request for Proposals Information packet and Request for Proposal forms for New and Renewal projects. Please complete the proposal forms in full, and submit your Proposal for a new or renewal project application for housing and services for the homeless to Mary D. Camara, Coordinator of Homeless Programs, Fall River Community Development Agency by 4:00 p.m. EDT, Friday, August 30, 2024 at [mdcamara@fallriverma.gov](mailto:mdcamara@fallriverma.gov). Letters of Intent are not acceptable for the FY2024 NOFO process. The forms will also be available on [www.fallriverhomeless.com](http://www.fallriverhomeless.com).

The announcement of the grant opportunity can be found at Grants.gov here: <https://grants.gov/search-results-detail/355762>.

The FY2024-2025 NOFO publication can be found here: [FY 2024 – FY 2025 Continuum of Care Competition and the Renewal and Replacement of Youth Homeless Demonstration Program Grants NOFO publication](#).

If you have any questions about the competition, or if you need assistance with the RFP, please contact me at 508.679.0131 or [mdcamara@fallriverma.gov](mailto:mdcamara@fallriverma.gov).

Thank you for all your hard work and persistence in our efforts to end homelessness.

Mary

# 2024 Continuum of Care Competition

## Request for Proposals Information Packet

### Fall River Continuum of Care MA-515

#### Notice of Funding Opportunity Announcement

On July 31, 2024, the Department of Housing and Urban Development (HUD) announced the release of the Continuum of Care application for its competitive grants for housing and services for the homeless as defined by HUD. The Fall River Community Development Agency (CDA), acting as the Collaborative Applicant for the Fall River CoC (MA-515), is responsible to submit the CoC Collaborative Application including all new and renewal projects to the Department of Housing and Urban Development via esnaps by October 30, 2024, 8:00 p.m. EDT.

The announcement of the grant opportunity can be found at Grants.gov here: <https://grants.gov/search-results-detail/355762>.

The FY2024-2025 NOFO publication can be found here: [FY 2024 – FY 2025 Continuum of Care Competition and the Renewal and Replacement of Youth Homeless Demonstration Program Grants NOFO publication](#).

#### Changes from FY2023 NOFO

Please note the following changes in this year's application:

- Two-Year Cycle for the NOFO Application – FY2024 consists of the full Collaborative Application, all renewals and any new projects. FY2025 will consist of an application process for new projects established through Bonus or Reallocated funding, FY2025 Project Listing, and a signed HUD-2991 form. Renewal project application submissions will not be required.
- Tiering – Tier 1 is set at 90% of the CoC's Annual Renewal Demand, a decrease from 93% last year.
- Cost of Living Adjustments – HUD is authorized to make reasonable cost of living adjustments to renewal amounts to help organizations afford increasing cost of operations due to inflation. HUD will adjust amounts for the supportive services and HMIS Costs budget lines for renewing projects based on the most recent three-year average of changes in State Quarterly Census of Employment and Wages (QCEW) for the category Social Assistance. (There is nothing to do on our end.)
- Building an Effective Workforce – HUD has added a new Homeless Policy Priority to the CoC Program Competition NOFO this year, recognizing the factors of low pay, high turnover, and lack of resources as core workforce challenges in the homelessness sector.

#### Eligible Applicants

Eligible project applicants for the CoC Program Competition include nonprofit organizations, faith-based organization, states, local governments, instrumentalities of state and local governments, public housing agencies, Indian Tribes and Tribally Designated Housing Entities [as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)] (24 CFR 578.15).

All subrecipients must be registered with <https://sam.gov/content/home> before application submission and must provide a valid UEI number, registered and active at the SAM website in the application.

### Eligible Projects Allowable under the FY2024 NOFO (subject to local determination)

- New projects created from **Reallocation** of funds from an existing under-performing project or **CoC Bonus** funds:
  - Permanent Housing-Permanent Supportive Housing (PH-PSH) projects;
  - Permanent Housing-Rapid Re-Housing (PH-RRH) projects;
  - Joint (Transitional Housing) TH/PH-RRH component projects.
- New projects created from **Domestic Violence Bonus** funds where 100% of the participants are or will be survivors of domestic violence, dating violence, sexual assault, or stalking:
  - Permanent Housing-Rapid Re-Housing projects (PH-RRH);
  - Joint TH/PH-RRH component projects;
  - Supportive Services Only-Coordinated Entry (SSO-CE) project (specific for DV programs).
- CoC Planning Project - Planning projects will not affect a CoC's available amount for new and renewal project applications because it is not included in the CoC's ARD calculation. Only the Collaborative Applicant is eligible to apply.
- Dedicated HMIS project (FRCoC is ineligible as we already have a grant for HMIS).
- Supportive Services Only (SSO-CE) project to develop or operate a centralized or coordinated assessment system (FRCoC is ineligible as we already have a grant for coordinated entry).
- Expansion project (**CoC and DV Bonus** or **Reallocated** funds) to increase the number of units, beds, persons served, services provided to existing program participants, or to add additional activities to HMIS and SSO-CE.
- Consolidated project to combine two but no more than 10 eligible renewal projects of the same component and same agency.
- Transition Grant to fund a new CoC project to transition an eligible renewal project being eliminated through **Reallocation** from one program component to another eligible new component over a 1-year period.

Please also note, there are new eligible Budget Line Items available under DV due to the new VAWA requirements. This activity may be included in new project applications, added to eligible renewal projects through expansion, or added to eligible renewal projects by shifting up to 10% of funds from one eligible activity to the VAWA costs line item. See pages 47-48 of the Notice of Funding Opportunity (FR-6800-N-25 NOFO.)

### Funding Availability for Fall River MA-515

Not all information is available regarding funding amounts yet, but these estimates are based on our Annual Renewal Demand, this year's Tier structure, and last year's formulas. Project grant terms are one year, with the exception of new projects being provided a reasonable start-up time.

#### Definitions:

- Preliminary Pro Rata Need: The HUD-determined formula amount based on the metropolitan cities, urban counties, and other counties claimed by the CoC as part of its geographic area during the CoC Program Registration process (the city of Fall River) – as of yet undetermined.
- Annual Renewal Demand: The total amount of all the CoC's projects that will be eligible for renewal in the FY 2023 CoC Program Competition, as seen on the GIW.
- Final Pro Rata Need: The higher of PPRN or ARD for the Continuum of Care – as of yet undetermined.
- Tier 1: 90% of the combined Annual Renewal Demand (ARD).
- Continuum of Care Bonus: Estimate – 12% of its Final Pro Rata Need (FPRN).
- Domestic Violence Bonus: Estimate – 10% of its Preliminary Pro Rata Need (PPRN).
- Continuum of Care Planning: Estimate – 5% of its Final Pro Rata Need (FPRN).

| <b>Estimated Funding Availability for Fall River MA-515</b><br>(some amounts are subject to change) |  |                       |                                       |                                      |  |
|---|--|-----------------------|---------------------------------------|--------------------------------------|--|
| <b>Preliminary Pro Rata Need</b>  | <b>Estimated Annual Renewal Demand</b> | <b>Tier 1 90% ARD</b> | <b>CoC Bonus (last year's amount)</b> | <b>DV Bonus (last year's amount)</b> | <b>CoC Planning (last year's amount)</b> |
| ?   | \$2,251,028                            | \$2,025,925           | \$187,115                             | \$267,307                            | \$133,653                                |

### **FY2024 CoC Competition Timeline**

| <b>Fall River MA-515</b><br>(some dates are subject to change)   |   |  |
|--|---|--|
| Public announcements at various local meetings, including the Homeless Service Providers Coalition and the Mayor's Task Force to End Homelessness, regarding the upcoming FY2024 CoC Competition Application and the possibility for opportunities to apply for funding for new Permanent Supportive Housing units | March 14, 2024<br>April 11, 2024<br>April 25, 2024<br>May 9, 2024<br>May 23, 2024 | June 13, 2024<br>June 27, 2024<br>July 11, 2024<br>July 25, 2024<br>August 8, 2024 |
| HUD releases FY2024 NOFO   | July 31, 2024   |  |
| Collaborative Applicant distributes bulk email announcing the NOFO availability and the opportunity to apply for funding for new Permanent Supportive Housing units  | August 2, 2024  |  |
| Collaborative Applicant issues by email and public posting a Request for Proposals for new and renewal projects  | August 15, 2024   |  |
| Deadline for RFPs for all projects (no later than 30 days prior to final deadline of October 30, 2024)   | August 30, 2024   |  |
| Collaborative Applicant conducts threshold review of all proposals for applicant and project eligibility and forwards all relevant information to the Review & Ranking Committee for review prior to meeting   | September 4, 2024   |  |
| Review & Ranking Committee meeting to approve/reject and prioritize new and renewal projects   | September 9-13, 2024<br>(meeting date pending)                                    |  |
| Accept/Reject/Reduce notification by email and/or public notice (no later than 15 days prior to final deadline of October 30, 2024)  | September 16, 2024  |  |
| Fall River Homeless Service Providers Coalition meeting to approve Review & Ranking Committee recommendations  | September 26, 2024<br>(or earlier by concurrence through email)                   |  |
| Review & Ranking Committee results publicly posted   | September 27, 2024  |  |
| Internal deadline for submission of final drafts for all new and renewal projects to Collaborative Applicant   | September 27, 2024  |  |
| Public Posting of FY2024 Consolidated Application  | October 21, 2024  |  |
| Internal deadline for submission of FY2024 Consolidated Application and all new and renewal projects to HUD  | October 25, 2024  |  |
| FINAL deadline for submission of FY2024 Consolidated Application and all new and renewal projects to HUD by 8:00 p.m. EDT (public posting of final draft)  | October 30, 2024  |  |
| Deadline for FY2025 for submission of any new or reallocated projects to HUD by 8:00 p.m. EDT  | August 29, 2025   |  |

## Submission

Please submit your Proposal for a new or renewal project application for housing and services for the homeless to Mary D. Camara, Coordinator of Homeless Programs, Fall River Community Development Agency by 4:00 p.m. EDT, Friday, August 30, 2024 at [mdcamara@fallriverma.gov](mailto:mdcamara@fallriverma.gov). Letters of Intent are not acceptable for the FY2024 NOFO process.

## Other CoC Programming Requirements

- **Match:** All CoC-funded subrecipients are responsible to match 25% of the entire grant, except Leasing funds. Match funds may be either cash or in-kind and can only be spent on eligible CoC program costs. <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-match/coc-match-overview/>
- **Homeless Management Information System:** All CoC-funded subrecipients must participate in HMIS, except Domestic Violence providers who must report in a comparable database that is compliant with HUD reporting. <https://www.hudexchange.info/programs/hmis/hmis-requirements/>
- **Coordinated Entry System:** All CoC-funded subrecipients must participate in the CoC's CE System. <https://www.hudexchange.info/homelessness-assistance/coordinated-entry/#coordinated-entry-notice>
- **Participation:** Any organization seeking new or renewal funding must actively participate in the application process. To schedule a meeting to obtain more information or assistance, contact Mary Camara at 508.679.0131, [mdcamara@fallriverma.gov](mailto:mdcamara@fallriverma.gov).

## HUD Resources

The announcement of the CoC grant competition at Grants.gov: <https://grants.gov/search-results-detail/355762>.

The FY2024-2025 NOFO publication: [FY 2024 – FY 2025 Continuum of Care Competition and the Renewal and Replacement of Youth Homeless Demonstration Program Grants NOFO publication](#).

General information regarding the Continuum of Care Program Competition: [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

HUD Homeless Definition: <https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/>

Chronic Homeless Definition: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/>

Housing First: <https://endhomelessness.org/resource/housing-first/>

Housing and Healthcare Coordination and Systems Integration: <https://www.hudexchange.info/programs/housing-healthcare/>

People With Lived Experience (PWLE): <https://www.hudexchange.info/programs/coc/centering-lived-experience/>

Equity among underserved communities (scroll down to Homelessness): <https://www.hud.gov/equity>

# 2024 Continuum of Care Competition

## Request for Proposal Form – RENEWAL

### Fall River Continuum of Care MA-515

Please submit your Proposal for a new or renewal project application for housing and services for the homeless to Mary D. Camara, Coordinator of Homeless Programs, Fall River Community Development Agency by 4:00 p.m. EDT, Friday, August 30, 2024 at [mdcamara@fallriverma.gov](mailto:mdcamara@fallriverma.gov). Letters of Intent are not acceptable for the FY2024 NOFO process.

| Agency Information                    |  |
|---------------------------------------|--|
| Legal Name of Applicant Agency:       |  |
| Physical Address:                     |  |
| Mailing Address:                      |  |
| Agency UEI (12 digits, from SAM.gov): |  |
| Tax ID or EIN:                        |  |
| Agency Contact Person:                |  |
| Title:                                |  |
| Email:                                |  |
| Phone:                                |  |
| Fax:                                  |  |

| Project Information   |  |
|---|--|
| Project Name:   |  |
| Project Location (physical address or if scattered-site, write “scattered site”): |  |
| Project Contact Person:   |  |
| Title:  |  |
| Email:  |  |
| Phone:  |  |
| Fax:  |  |
|   |  |
| <input type="checkbox"/> New  | <input type="checkbox"/> Renewal               |
| <input type="checkbox"/> Bonus  | <input type="checkbox"/> Expansion Project     |
| <input type="checkbox"/> DV Bonus   | <input type="checkbox"/> Consolidation Project |
| <input type="checkbox"/> Reallocation   | <input type="checkbox"/> Transition Grant      |

## RENEWAL PROJECT

|                           |                          |
|---------------------------|--------------------------|
| Renewal Budget Total:     | \$ _____                 |
| # of Current Units: _____ | # of Current Beds: _____ |

If you checked either Expansion Project, Consolidated Project or Transition Grant, in the section above, please detail the exact nature of what is being proposed through the use of one of these options as relates to the renewal of your project. Please be sure that your understanding and application of these terms is consistent with the NOFO and this RFP. If none of these were checked, please write "Not Applicable."

### Project Narratives

|  |   |
|--|---|
| 1. Does the project have 100% dedicated beds for chronically homeless individuals and/or families? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|--|---|

|  |   |
|--|---|
| 2. Does the project operate using the Housing First model? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|--|---|

If YES: Briefly identify if there are any circumstances which would lead to your tenant's removal from the program (e.g. 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 or other activity not covered in a typical lease agreement).

If NO: Briefly describe why the renewal program does not use a Housing First approach.

|  |   |
|--|---|
| 3. Has your agency experienced any monitoring/audit findings reported by FRCDA or any other entity, i.e., internal contracted auditors, another funding entity within the past two calendar years?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <p>If YES: Briefly discuss what issues have existed (findings, unspent balances, inability to invoice for financial expenditures in a timely manner, or failure to consistently submit all required reporting on a timely basis), what circumstances arose that caused them, how the agency responded/is responding, and what steps are being taken to ensure full compliance going forward.</p> |   |
| <br><br><br><br><br><br><br><br><br><br>   |   |

|   |   |
|---|---|
| 4. Has the project fully connected with public/private healthcare organizations to assist program participants to receive primary care, housing related services and obtain medical insurance consistent with the NOFO?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <p>If YES: Briefly identify with whom such coordination has been undertaken, how long it has existed or when it is anticipated to start and provide a description of the nature of the healthcare collaboration and the extent to which it benefits program participants.</p> <p>If NO: Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward collaboration with a healthcare partner.</p> |   |
| <br><br><br><br><br><br><br><br><br><br>  |   |

|   |   |
|---|---|
| 5. Does the agency engage People With Lived Experience (PWLE), including involving them in informing programming and policy-making?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <p>If YES: Briefly identify the level of involvement those with lived experience have in shaping policy and program administration.</p> <p>If NO: Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward empowering those with lived experience within the project and authentically listening and acting upon their suggestions.</p> |   |
| <br><br><br><br><br><br><br><br><br><br>  |   |



|  |   |
|--|---|
|  |   |
| 6. Has the agency, specific to the project, intentionally and effectively instituted racial equity and/or equity initiatives including efforts to obtain input and include historically marginalized populations when identifying any barriers to participation faced by such persons?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <p>If YES: Briefly describe what the agency has done, the breadth of its efforts and its relatedness to the project. Please discuss whether this is agency-wide, program-specific, related to staff, and/or related to service delivery, barriers, etc.</p> <p>If NO: Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers in order to ensure racial equity and equity for historically marginalized populations.</p> |   |
|  |   |

|   |   |
|---|---|
| 7. How has your agency, in operating this project, authentically reached out to LGBTQ+ community and/or ensured that LGBTQ+ individuals and/or families receive supportive services and housing free from discrimination? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Does your agency have an anti-discrimination policy that expressly prohibits such discrimination?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Briefly discuss your response.  |   |
|   |   |

**Fiscal Information**

|  |   |
|--|---|
| Do you anticipate having unexpended funds at the expiration date of your current contract?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Have you had unexpended funds at the expiration of grant terms in the past two years?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| If YES: Briefly identify why funding was returned discussing how that will change in the coming grant cycle if the proposed renewal is funded. |   |
| <br><br><br><br><br><br><br><br><br><br>   |   |

**Match Information**

Prior to grant execution, a signed letter(s) on agency letterhead is required detailing the source and amount of the required 25% match for this project and identifying whether the Match source is cash or in-kind. The 25% Match applies to the entire project grant except Leasing.

If the source is cash, written documentation should be provided on the source agency's letterhead, signed, and dated by an authorized representative, and, at a minimum, should include the following:

1. Amount of cash to be provided to the recipient for the project;
2. Specific date the cash will be made available;
3. The actual grant and fiscal year to which the cash match will be contributed;
4. Time period during which funding will be available; and
5. Allowable activities to be funded by the cash match.

If in-kind services are included as a match, a Memorandum of Understanding is required with a third party to establish unconditional commitment to provide a service, the specific service to be provided, the profession of the persons providing the service, and the hourly cost of the service to be provided.

**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 agrees to complete the HUD Project Application forms with the same information as contained in this application unless the Performance 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 the Fall River Continuum of Care’s Homeless Management Information System (HMIS) or comparable system for DV projects.
- Applicant understands that HUD CoC-funded homeless projects are monitored by the Fall River Community Development Agency as the CoC Lead or the Department of Housing and Urban Development. This can include an annual site visit and most recent audited financial statement.
- Applicant must comply with all reporting requirements as set by the Department of Housing and Urban Development and the Fall River Community Development Agency.

If awarded funding, the applicant agrees to inform the Fall River Community Development Agency when the following occurs:

- Changes to an existing project such as unit configurations or budget revisions;
- Organization has staff turnover in the CoC-funded project; and
- Issues with Match requirements.

|   |  |
|---|--|
| Signature of Authorized Representative: |  |
| Printed Name:                           |  |
| Title:                                  |  |
| Date:                                   |  |

**Submission**

Please submit your Proposal for a new or renewal project application for housing and services for the homeless to Mary D. Camara, Coordinator of Homeless Programs, Fall River Community Development Agency by 4:00 p.m. EDT, Friday, August 30, 2024 at [mdcamara@fallriverma.gov](mailto:mdcamara@fallriverma.gov). Letters of Intent are not acceptable for the FY2024 NOFO process.

# 2024 Continuum of Care Competition

## Request for Proposal Form – NEW

### Fall River Continuum of Care MA-515

Please submit your Proposal for a new or renewal project application for housing and services for the homeless to Mary D. Camara, Coordinator of Homeless Programs, Fall River Community Development Agency by 4:00 p.m. EDT, Friday, August 30, 2024 at [mdcamara@fallriverma.gov](mailto:mdcamara@fallriverma.gov). Letters of Intent are not acceptable for the FY2024 NOFO process.

| Agency Information                    |        |
|---------------------------------------|--------|
| Legal Name of Applicant Agency:       |        |
| Physical Address:                     |        |
| Mailing Address:                      |        |
| Agency UEI (12 digits, from SAM.gov): |        |
| Tax ID or EIN:                        |        |
| Agency Contact Person:                |        |
|                                       | Title: |
|                                       | Email: |
|                                       | Phone: |
|                                       | Fax:   |

| Project Information   |   |
|---|---|
| Project Name:   |   |
| Project Location (physical address or if scattered-site, write “scattered site”):                                     |   |
| Project Contact Person:   |   |
|   | Title:  |
|   | Email:  |
|   | Phone:  |
|   | Fax:  |
| <input type="checkbox"/> Bonus <input type="checkbox"/> Reallocation <input type="checkbox"/> Domestic Violence Bonus |   |
| <input type="checkbox"/> Permanent Supportive Housing (PH-PSH)  | <input type="checkbox"/> Rapid Rehousing (PH-RRH)                               |
| <input type="checkbox"/> Rapid Rehousing (PH-RRH)   | <input type="checkbox"/> Joint Transitional Housing/Rapid Rehousing (TH/PH-RRH) |
| <input type="checkbox"/> Joint Transitional Housing/Rapid Rehousing (TH/PH-RRH)                                       | <input type="checkbox"/> SSO-CE (Coordinated Entry)                             |

NOTE: Funding for new projects may come from either CoC Bonus funding, Reallocation, a combination of CoC Bonus funding and Reallocation or DV Bonus funding. New projects seeking funding through the DV Bonus must be dedicated to survivors of domestic violence, dating violence, sexual assault or stalking as defined at 24 CFR 578.3 Definition for Homeless, paragraph (4) and as defined in the NOFO.

**NEW PROJECT**

|                            |                           |
|----------------------------|---------------------------|
| New Proposed Budget Total: | \$ _____                  |
| # of Proposed Units: _____ | # of Proposed Beds: _____ |

**Project Narratives**

|  |   |
|--|---|
| 1. Is there a need within the Fall River CoC for the project you are proposing?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| If YES: Please provide a brief description of the proposed project and data/evidence that demonstrates both the need and how the proposed project will meet that need. |   |
| <br><br><br><br><br><br><br><br><br><br>   |   |

|  |   |
|--|---|
| 2. Will the project have 100% dedicated beds for chronically homeless individuals and/or families? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|--|---|

|   |   |
|---|---|
| 3. Will the project be operated using the Housing First model?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| If YES: Briefly identify if there are any circumstances which would lead to your tenant's removal from the program (e.g. 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 or other activity not covered in a typical lease agreement). |   |
| If NO: Briefly describe why the proposed program will not use a Housing First approach.   |   |
| <br><br><br><br><br><br><br><br><br><br>  |   |

|  |   |
|--|---|
| 4. Has your agency experienced any monitoring/audit findings reported by FRCDA or any other entity, i.e., internal contracted auditors, another funding entity within the past two calendar years?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <p>If YES: Briefly discuss what issues have existed (findings, unspent balances, inability to invoice for financial expenditures in a timely manner, or failure to consistently submit all required reporting on a timely basis), what circumstances arose that caused them, how the agency responded/is responding, and what steps are being taken to ensure full compliance going forward.</p> |   |
| <br><br><br><br><br><br><br><br><br><br>   |   |

|  |   |
|--|---|
| 5. Will the proposed project fully connect with public/private healthcare organizations to assist program participants receive primary care, housing related services and obtain medical insurance consistent with the NOFO?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <p>If YES: Briefly identify with whom such coordination will be undertaken and when it is anticipated to start and provide a description of the nature of the healthcare collaboration and the extent to which it benefits program participants.</p> <p>If NO: Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward collaboration with a healthcare partner.</p> |   |
| <br><br><br><br><br><br><br><br><br><br>   |   |

|   |   |
|---|---|
| 6. Does the agency engage People With Lived Experience (PWLE), including involving them in informing programming and policy-making?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <p>If YES: Briefly identify the level of involvement those with lived experience have in shaping policy and program administration.</p> <p>If NO: Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward empowering those with lived experience within the project and authentically listening and acting upon their suggestions.</p> |   |
| <br><br><br><br><br><br><br><br><br><br>  |   |

|  |   |
|--|---|
| 7. Has the agency, specific to the project, intentionally and effectively instituted racial equity and/or equity initiatives including efforts to obtain input and include historically marginalized populations when identifying any barriers to participation faced by such persons?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <p>If YES: Briefly describe what the agency has done, the breadth of its efforts and its relatedness to the project. Please discuss whether this is agency-wide, program-specific, related to staff, and/or related to service delivery, barriers, etc.</p> <p>If NO: Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers in order to ensure racial equity and equity for historically marginalized populations.</p> |   |
| <br><br><br><br><br><br><br><br><br><br>   |   |

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|---|---|
| 8. How has your agency, in operating this project, authentically reached out to LGBTQ+ community and/or ensured that LGBTQ+ individuals and/or families receive supportive services and housing free from discrimination? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Does your agency have an anti-discrimination policy that expressly prohibits such discrimination?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Briefly discuss your response.  |   |
|   |   |



**Fiscal Information**

|  |   |
|--|---|
| Do you anticipate having unexpended funds at the expiration date of your current contract?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Have you had unexpended funds at the expiration of grant terms in the past two years?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| If YES: Briefly identify why funding was returned discussing how that will change in the coming grant cycle if the proposed renewal is funded. |   |
|  |   |

**Match Information**

Prior to grant execution, a signed letter(s) on agency letterhead is required detailing the source and amount of the required 25% match for this project and identifying whether the Match source is cash or in-kind. The 25% Match applies to the entire project grant except Leasing.

If the source is cash, written documentation should be provided on the source agency's letterhead, signed, and dated by an authorized representative, and, at a minimum, should include the following:

1. Amount of cash to be provided to the recipient for the project;
2. Specific date the cash will be made available;
3. The actual grant and fiscal year to which the cash match will be contributed;
4. Time period during which funding will be available; and
5. Allowable activities to be funded by the cash match.

If in-kind services are included as a match, a Memorandum of Understanding is required with a third party to establish unconditional commitment to provide a service, the specific service to be provided, the profession of the persons providing the service, and the hourly cost of the service to be provided.

**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 agrees to complete the HUD Project Application forms with the same information as contained in this application unless the Performance 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 the Fall River Continuum of Care's Homeless Management Information System (HMIS) or comparable database for DV projects.

- Applicant understands that HUD CoC-funded homeless projects are monitored by the Fall River Community Development Agency as the CoC Lead and the Department of Housing and Urban Development. This can include an annual site visit and most recent audited financial statement.
- Applicant must comply with all reporting requirements as set by the Department of Housing and Urban Development and the Fall River Community Development Agency.

If awarded funding, the applicant agrees to inform the Fall River Community Development Agency when the following occurs:

- Changes to an existing project, such as unit configurations or budget revisions;
- Organization has staff turnover in the CoC-funded project; and
- Issues with Match requirements.

|   |  |
|---|--|
| Signature of Authorized Representative: |  |
| Printed Name:                           |  |
| Title:                                  |  |
| Date:                                   |  |

**Submission**

Please submit your Proposal for a new or renewal project application for housing and services for the homeless to Mary D. Camara, Coordinator of Homeless Programs, Fall River Community Development Agency by 4:00 p.m. EDT, Friday, August 30, 2024 at [mdcamara@fallriverma.gov](mailto:mdcamara@fallriverma.gov). Letters of Intent are not acceptable for the FY2024 NOFO process.