

A. Applicant Information

Please provide the following information.

1. Is this a New Project Application or Renewal Coordinated Entry or Street Outreach
2. Name of Organization: _____
3. Organization Address: _____
4. Organization Type
 - nonprofit organizations state local government
 - instrumentalities of state and local governments
 - Indian Tribes and Tribally Designated Housing Entities (TDHE)
5. EIN Number: _____
6. UID Number: _____
7. Funding Category/Project type
 - PSH TH SSO-SO SSO
8. Is this application creating a new project though the reallocation of a project funded under the 2024 NOFO?
 Yes No
9. Is a Sub-Recipient Organization included in this application?
 Yes No
10. Congressional Districts
Chose ONE or more of the following. For help locating the correct congressional district go to: <https://www.govtrack.us/congress/members/map>
 - FL-024 Miami-Dade FL-023 North Miami Beach & Bal Harbor
 - FL-025 Hialeah & Medley FL-026 Homestead
 - FL-027 Miami Beach, Coral Gables, Kendall, Palmetto Bay and Cutler Bay
11. Proposed Project Start and End Dates (Consider using 10/01/XXXX for CoC grants):
Start Date: ___/___/2026 End Date: ___/___/2027

B. Project Details

Please provide the following information.

1. Are you a faith-based organization?

Yes No

2. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?

Yes No

3. Expected Award: \$ _____

4. Applicant Contact Person

Full Name: _____

Title: _____

Email: _____

Phone Number: _____

C. Experience

Please provide the following information.

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.

In 3000 characters, including spaces, describe why you are the appropriate entity to receive funding. Provide examples that illustrate your experience and expertise in the following:

1. Working with and addressing the target population(s) identified housing and supportive service needs. New projects must address experience working with seniors, persons with physical disabilities and persons with developmental disabilities.
2. Developing and implementing relevant programs, including your outcomes as they relate to exits to permanent destinations and increasing employment growth. Include in your response: % of exits to permanent destinations and % of persons who increased their employment income as a result of your intervention.
3. Identifying and securing matching funds.
4. Partnerships with other organizations or subrecipients to advance HUD goals.
5. What data-based practices are or will be used to examine outcomes and track performance.
6. How are persons with lived experience of homelessness involved in the operation of the proposed project.

2. In 3000 characters, including spaces: Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds. If the project applicant and subrecipient have no experience leveraging other funds, include the phrase “No experience leveraging other federal, state, local, or private sector funds.”



3. In 3000 characters, including spaces: Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and the financial accounting system that will be used to administer the grant.

4. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

Yes No

5. Describe how you are verifying participant eligibility. Include intake procedures for ensuring participants have lawful presence for PSH, homeless verification (and chronic homeless verification for PSH), disability verification for PSH, and collection of documents to calculate client contributions for PSH. How do you store legacy documentation for chronic homeless verification and disability verification for PSH. Include procedures for collecting and storing documentation for the annual recertification of need.

D. Project Detail

Please provide the following information.

1. Project Name: _____

2. Does this project use one or more properties that have been conveyed through the Title V process?

Yes No

3. Is the Project in an Opportunity Zone?

Yes (Attachment Requirement) No

E. Project Description

Please provide the following information.

1. In 2000 characters, including spaces: Provide a description that addresses the entire scope of the proposed project.

Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. Describe the behavioral health services and supportive employment that will be provided. Describe any anticipated referrals to other programs and services outside of the program. Describe staffing matrix and their role in addressing HUD goals. Describe how you will accommodate clients with service animals or pets, if you have separate policies, please explain each. Describe how your project will implement service participation requirements. For TH and PH: If you are providing a shared housing approach please describe your model. Describe how services will be provided on-site.

Attach service participation requirements Supportive Service Agreement which may include a contract, occupancy agreement, lease, or equivalent. CE, SO and TH should describe how they support after hours placements. For new PSH, clearly describe how you will accommodate seniors and people with physical and developmental disabilities. SO proposals must describe their collaboration with first responders and law enforcement AND highlight strategies used to engage service resistant, unsheltered persons. For TH proposals describe your plan to implement requirement for 40 hours a week of supportive services for people 61 years old and younger, include a list of services rendered to comply with those requirements.

The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application. Responses are binding, and respondents will be expected to do what they propose.

2. Please complete the table below:

Project Milestones	Days from Execution of Grant Agreement
New project staff hired, or other project expenses begin?	
Participant enrollment in project begins?	
Participants begin to occupy leased or rental assistance units or structure(s), and supportive services begin?	
Leased or rental assistance units or structure, and supportive services near 100% capacity?	
If applicable, closing on purchase of land, structure(s), or execution of structure lease? Rehabilitation started?	
If applicable, rehabilitation completed?	
If applicable, new construction started?	
If applicable, new construction completed?	

3. Describe how your project will participate in the CoC Coordinated Entry Process? Ensure your response aligns with Miami-Dade County Homeless Trust's standards of care found here: <https://www.homelesstrust.org/homeless-trust/providers/home.page>

4. Please identify the project's specific population focus (Select ALL that apply):

- | | | |
|---------------------------------------------------|------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chronic Homeless | <input type="checkbox"/> Elderly (62 or older) | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Youth (under 25) | <input type="checkbox"/> Families |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> HIV/AIDS |

Substance Abuse (N/A to PSH. SA services should be available to PSH participants but SA is not an allowable disability type for inclusion in the program)

Other (describe): _____

5. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?

Yes No

6. If Yes, in 1000 characters including spaces, describe why the project applicant has chosen to implement this program design for your project program participants. For example, if a project applicant owns a building to provide PSH for program participants or program participants will be required to meet with a case manager at least monthly in their first year of the project and the case managers offices are in the identified locality. For project applicants requesting TRA, it is particularly important to explain why implementing this requirement is necessary for facilitating the provision of supportive services. Will more than 16 persons live in one structure?

7. Indicate whether the CoC PSH project is:

- Not Dedicated to people experiencing chronic homelessness
(only allowed for new projects)
- 100% Dedicated CoC PSH
- DedicatedPLUS CoC PSH (recommended for renewal PSH)

F. Supportive Services for Participants

Please provide the following information.

1. Describe how healthcare inclusive of behavioral health services, and housing resources are being coordinated and leveraged to assist persons experiencing homelessness obtain and remain in permanent housing, and how this program is ideally suited to further reduce unsheltered homelessness in Miami-Dade. Describe how the project applicant plans to help program

participants move into permanent housing, and how the plan ensures program participants stabilize and remain in permanent housing. An acceptable response will acknowledge the needs of the target population, and include plans to address those needs through current, and proposed case management activities, and the availability and accessibility of supportive services such as—housing search, primary health services, mental health services, substance abuse counseling, educational services, employment services, life skills, and child care services

2. If program participants will be housed in units not owned or operated by the project applicant, the narrative should also describe:

- 1. How the project will identify appropriate units?*
- 2. The project's established arrangements with homeless and support service providers?*
- 3. How the project will engage landlords?*

3. What specific plan does this project have to ensure program participants are assisted in obtaining employments and the mainstream benefits for which they are eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)

Describe:

1. How the project will help program participants obtain income (e.g., access to employment programs and educational opportunities)
2. How the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams
3. How the requested CoC Program funds will contribute to program participants becoming more independent (e.g. accessing Medicare, Medicaid, early childhood education).

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

Supportive Service	Provider (Applicant, Partner or Non-partner) <i>Applicant must be selected if Supp. Service dollars are being requested as part of this grant</i>	Frequency (Daily, Weekly, Monthly, Bi-annually, Annually, As Needed)
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

Please identify whether the project will include the following activities:

5. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?

Yes No

If yes, please explain: _____

6. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?

Yes No

If yes, please explain: _____

7. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

Yes No

If yes, please explain: _____

8. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.

Yes No

If yes, please explain: _____

G. Housing Type and Location


Please provide the following information.

1. Total Number of Units:

2. Total Number of Beds:

3. How many of the total beds are dedicated to the chronically homeless:

4. Project Address:

H. Data for Households

Please provide the following information.

1. Use tables below to enumerate the Population to be Served in the Project (Point-in-Time)

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

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

Project Participants - Subpopulations

2. Use table below to enumerate the Persons in Households with At Least One Adult and One Child –

Characteristic	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Substce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Phys. Disblty	Dvlpmntl Disblty	Persons Not Other-wise Represented
Adults over age 24									
Persons ages 18-24									
Children under age 18									
Total Persons									

3. Use table below to enumerate the Persons in Households without Children

Characteristic	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Substce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Phys. Disblty	Dvlpmntl Disblty	Persons Not Other-wise Represented
Adults over age 24									
Persons ages 18-24									
Children under age 18									
Total Persons									

4. Use table below to enumerate the Persons in Households with Only Children

Characteristic	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Substce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Phys. Disblty	Dvlpmntl Disblty	Persons Not Other-wise Represented
Adults over age 24									
Persons ages 18-24									
Children under age 18									
Total Persons									

5. Describe the “Persons Not Otherwise Represented” referred to above: _____

I. Funding Request

Please provide the following information.

1. Will it be feasible for the project to be under grant agreement by September 30, 2026?

Yes No, explain: _____

2. What type of CoC funding is this project applying for

CoC including CoC Bonus DV Bonus

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

Yes No

4. Has this rate been approved by your cognizant agency?

Yes (if "Yes" attach federal letter and Attachment 8 HUD form 426) No

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

[N/A] Acquisition/Rehabilitation/New Construction

Leased Units

Leased Structures

Rental Assistance

Supportive Services

Operating

HMIS

6. If this project will require an initial grant term greater than 12 months, please chose one of the following (this option will delay the 12 month renewal term in the second and subsequent renewal cycles):

13 months (latest start date 11/1/2026)

14 months (latest start date 10/1/2026)

15 months (latest start date 9/1/2026)

16 months (latest start date 8/1/2026)

17 months (latest start date 7/1/2026)

18 months (latest start date 6/1/2026)