PHAC FY2023 Continuum of Care Homeless Assistance Program

Supplemental Application

**Instructions:** This form is required for all renewal applicants seeking to apply for federal funding. The questions below are supplemental to the Renewal Project Application in eSNAPS (i.e., Exhibit 2).

All fields are required. There is a 1,000-character limit in all open answer fields.

|  |  |
| --- | --- |
| Continuum of Care Name | Click or tap here to enter text. |
| Agency Name | Click or tap here to enter text. |
| Responsible Party Name | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Project Name | Click or tap here to enter text. |
| Total Agency Budget | Click or tap here to enter text. |

**Housing First:**

Are program participants allowed to enter the program without income?

Yes  No

Are program participants allowed to enter the program even if they aren’t “clean and sober” or “treatment compliant”?

Yes  No

Are program participants allowed to enter the program even if they have criminal justice system involvement?

Yes  No

Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

Yes  No

**Monitoring:**

When was your last monitoring/audit visit? To include HUD and agency financial audits.

Click or tap here to enter text.

Describe any findings and corrective actions acknowledged within the last 24 months (if any).

Click or tap here to enter text.

**Project Changes:**

Please describe any challenges and barriers impacting project performance and indicate how your agency plans to overcome them.

Click or tap here to enter text.

Describe any changes.

Click or tap here to enter text.

**Funding Request:**

Describe all budget changes or reallocations that have been made in the past year.

Click or tap here to enter text.

In the past year, did HUD deobligate any unexpended grant funds or require the return of funds? If so, what was the amount and what were the challenges and barriers that resulted in the unexpended grant funds?

Click or tap here to enter text.

What percentage of this project’s annual budget (services, leasing, operations, HMIS, administration) is represented by HUD McKinney-Vento funding?

Click or tap here to enter text.

Has the agency prepared to secure the 25% match funding required for the grant? Please describe.

Click or tap here to enter text.

Cost Per Unit: Click or tap here to enter text.

*\*Include those units to be funded under this grant application and the match. Do not include other sources.*

Chief Executive Officer Name: Click or tap here to enter text.

Chief Executive Officer Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.