

FY2025 New Project Pre-Application - Intent to Apply for HUD CoC Funds

This form is meant to collect information from project applicants that intend to seek project funds in the federal FY2025 HUD Continuum of Care (CoC) program funding round as part of Hennepin County CoC (MN-500) and are:

- New

The form requests information in parts:

- Attestation
- Applicant information
- Project information
- Plan for implementation
- Readiness and technical assistance needs

For further information:

- HUD CoC Program Notice of Funding Opportunity: <https://www.hud.gov/sites/dfiles/CPD/documents/FY2025-CoC-NOFO-FR-6900-N-25.pdf>
- CoC Local Competition webpage: <https://www.hennepin.us/headinghomehennepin>
- CoC Contact Person: Laura.DeRosier@hennepin.us

Note: the character limit for long response questions is 4,000. The survey will not allow longer responses. You can prepare responses ahead of time using the Open Ended Responses (DOCX, 1MB) template posted to <https://www.hennepin.us/headinghomehennepin> under the drawer: 2025 CoC NOFO new project pre-applications.

Attestation

1. Name of person completing this form *

2. Email of person completing this form *

A copy of your responses will be sent to this email.

3. Attestation *

- ☐ I am authorized to submit project interest/information on behalf of the applicant for the project described on the following pages.
- ☐ I attest that information provided is correct to the best of my knowledge.
- ☐ I understand that applicant contacts, including myself, will be added to the CoC email list to ensure receipt of Local Competition notices for applicants.
- ☐ I understand that Notice of Interest/Intent to Apply is the first step in the CoC Local Competition. Neither receipt of this notice nor my submission implies commitment to select this project or commitment to apply to the NOFO on the part of the CoC or Hennepin County.


Applicant information

4. Name of applicant agency/organization *

5. If your agency/organization already has a Unique Entity Identifier (UEI), please enter it.

All entities that receive HUD CoC program grant funds are considered to be doing business with the federal government. As such, they must have a free Unique Entity ID and maintain active registration in the System for Awards Management ([SAM.gov](https://sam.gov)). If you aren't sure whether your agency/organization has a Unique Entity ID, you can visit www.gsa.gov/entityid for information on your status and start the process to obtain a Unique Entity ID.

6. If the organization/agency is registered in [SAM.gov](https://sam.gov), what is the expiration date of the current registration?

7. Name of Executive Director or other authorized signatory for the agency/organization *

8. Applicant agency/organization type *

- ☐ Nonprofit
- ☐ Local or state government
- ☐ Local public housing authority
- ☐ Tribal government
- ☐ Tribally designated housing entity

9. Is the applicant also one of the following?

Check all that apply.

- ☐ Victim service provider
- ☐ Youth-serving provider
- ☐ Healthcare provider
- ☐ Recovery or treatment provider

10. Name of primary application contact person *

This person is the primary writer of the project application and has (or will create) an account in *e-snaps*, the online HUD application system for Continuum of Care projects. This person will also be the contact for the CoC Local Competition and set up for submitting documents for the project if selected.

11. Agency/organization affiliation of contact person *

Why we ask? Sometimes the contact person is not with the primary applicant agency. That's okay. We just need to know. We also suggest that if the primary contact is not with the applicant agency that you include a backup or additional contact person from the agency below (#11).

12. Agency/organization contact person email *

13. Additional contacts for the application, if any

This is optional. Contacts listed here will be included automatically on communications about the application process and this project specifically. Provide both NAME and EMAIL ADDRESS for each person.

14. Alternate contacts for the application, if any

This is optional. Contacts listed here will be contacted only if the primary contact cannot be reached. Provide both NAME and EMAIL ADDRESS for each person.

15. Organization's Mission or Purpose Statement *

16. Governing Board members, experience, expertise, and affiliations *

If this information is on your website, you can include the link instead of writing it out.

17. Does the Board include at least one member who is homeless or formerly homeless? *

☐ Yes

☐ No

18. If no, describe plan and timeline to include someone in the future. *

19. Describe your organization's experience providing services for people experiencing homelessness. *

20. How are people with lived experience included in the planning, implementation, and improvement of your organization's existing projects? *

Project information

21. Project name *

22. What type of HUD CoC project type are you applying for? *

Definitions of projects type are available at <https://www.ecfr.gov/current/title-24/section-578.37>

☐ Support Services Only for Coordinated Entry (SSO-CE)

☐ Support Services Only (SSO) - Standalone

☐ Support Services Only (SSO) - Street Outreach

☐ Transitional Housing (TH)

23. Number of units in SRO (Single Room Occupancy) *

How many of these units will be in your transitional housing project?

The value must be a number

24. Number of beds in SRO (Single Room Occupancy) *

How many of these beds will be in your transitional housing project?

The value must be a number

25. Number of units in 0 bedroom/efficiency *

How many of these units will be in your transitional housing project?

The value must be a number

26. Number of beds in 0 bedroom/efficiency *

How many of these beds will be in your transitional housing project?

The value must be a number

27. Number of units in 1 bedroom *

How many of these units will be in your transitional housing project?

The value must be a number

28. Number of beds in 1 bedroom *

How many of these beds will be in your transitional housing project?

The value must be a number

29. If you will have units that are larger than 1 bedroom, provide size of room and number of units and beds in each

30. Who is your target population? *

31. How many households do you plan to serve in this project? *

Program capacity

The value must be a number

32. Provide a description of your proposed project *

33. What are your proposed uses of HUD CoC Program funds? *

Select all that apply. Descriptions of eligible uses of funds are available at <https://www.ecfr.gov/current/title-24/section-578.43>.

- ☐ Rental assistance to participants
- ☐ Agency leasing of a building or individual units for participants or service delivery
- ☐ Operations of a building for housing or services
- ☐ Supportive services
- ☐ HMIS or alternative database costs
- ☐ Administration expenses (10% limit)
- ☐ VAWA eligible expenses

34. How will your project reduce the length of time people remain homeless and quickly connect participants to housing? *

35. How will your project connect participants with mainstream health, social services, and other programs for which they are eligible to apply and which meet the needs of program participants? *

36. How will your project connect participants with mainstream employment opportunities and/or education and training to increase ability to gain employment? *

37. How will your project connect participants with mental health and/or chemical health resources? *

38. What other support services will be provided and who will provide them? *

39. Describe your plan for connecting participants to the CoC's Coordinated Entry system? *

40. Describe your plan for participating in HMIS. Include who will enter data into HMIS, frequency of data entry, and how you will ensure data quality. *

41. Indicate your intent to operate within the following conditions. *

HUD has outlined these project expectations in the NOFO.

	Yes	No	Unsure	N/A
Limit PSH participation to persons that qualify as elderly or physically disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure all households with children are informed of their educational rights and support to use them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Require service participation agreements for all households in TH, RRH, or PSH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid use of Housing First and Harm Reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide access to substance use treatment services onsite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Optional: Provide additional details about your project that haven't already been captured

Plan for implementation

43. What is your likely source of matching funds for this project? *

Match must equal at least 25% of HUD CoC Program grant request. E.g. HUD CoC grant request \$50,000 requires match of \$12,500 in cash or eligible in-kind services. Match funds may come from any source except HUD CoC, HUD ESG, HUD YHDP, or other closely related HUD homeless program sources.

44. How does your organization plan to leverage other funds (e.g., Targeted Case Management, ARMHS, Housing Support), cash, and other in-kind resources for this project? *

Under the CoC Program Interim Rule and the recent NOFAs, CoC projects are expected to have 25% match and leverage at least 150% of the value of the HUD CoC Grant from other resources.

45. Total Project Budget *

The value must be a number

46. Estimated HUD Budget Request *

Complete the CoC Budget Form first. This value should match.

The value must be a number

47. Describe the current status of this project. Include where the project is at in development and how high of a priority this project will be in your current portfolio of work. *

48. How confident are you that this project will be up and running by the project start date in 2026?
*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

Readiness and technical assistance needs

All questions in this section are OPTIONAL. They help us understand your experience with the HUD CoC Program Competition and requirements of HUD CoC funding so we can support you in the application process.

49. Describe the experience level of the project applicant with the following activities:

	Expert	Advanced	Limited	None
Operating a federally-compliant program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using HMIS for data collection and reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using Coordinated Entry to fill housing openings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing homeless-specific services or housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. Anything else we should know about your readiness or technical support needs during the application process?

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