**FY2017 CoC Renewal Project Application**

Applicant Agency Name:

Sponsor Agency Name:

Project Name:

HUD Component Type (RRH, PSH, TH, SSO):

Total HUD request:

Agency Contact Name (person completing request):

Job Title:

Email Address:

Mailing Address:

Telephone Number:

Agency representative Authorized to sign grant documents:

Job Title:

Email Address:

Telephone Number:

Please check one box below:

|  |  |
| --- | --- |
| Agency **will** apply for renewal of CoC funding  |  |
| Agency **will not** apply for renewal CoC funding |  |

Please identify if your project incorporates any of the following changes:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Change in budget |  | Change in sponsor agency |  | Change in applicant agency |  |
| Change in component type  |  | Change in number of clients served |  | Change in target population |  |

Please provide a brief description of your project. If you have identified any changes above, please explain.

Please identify the unit mix of your project. Enter the total number of units and beds (based on unit mix of HUD application)

Unit Breakdown

|  |  |  |
| --- | --- | --- |
| Household Type | Units | Beds |
| Individuals |  |  |
| Families |  |  |

Please identify the total number of beds dedicated to the chronically homeless by household type.

Dedicated Chronic Homeless Beds

|  |  |  |
| --- | --- | --- |
| Household Type | Units | Beds |
| Individuals |  |  |
| Families |  |  |

For the beds not currently dedicated to the chronically homeless, please identify the number of beds that will be **prioritized** for the chronically homeless at turnover. Please see the HUD Exchange FAQs for more information on the difference between dedicated and prioritized beds or follow this link:

<https://www.hudexchange.info/faqs/1888/what-is-the-difference-between-a-dedicated-permanent/>

Prioritized Chronic Homeless Beds

|  |  |  |
| --- | --- | --- |
| Household Type | Units | Beds |
| Individuals |  |  |
| Families |  |  |

Does your project use a housing first approach? If yes, please describe how your program meets the standards of a housing first program.

Please identify if potential applicants are ineligible for your program based on the criteria below (Y/N):

|  |  |
| --- | --- |
| Having too little or no income |  |
| Active substance abuse or history of substance abuse |  |
| Criminal record with exceptions for state-mandated restrictions |  |
| History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement) |  |

Please identify if enrolled participants are terminated from your program based on the criteria below (Y/N):

|  |  |
| --- | --- |
| 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 |  |
| Any other activity not covered in a lease agreement typically found in the project’s geographic area |  |