

# FFY2026 HUD Continuum of Care Program NEW Project Application

---

*United Way of Northwest Vermont*

## *Applicant Information*

---

### **Project Name\***

*Character Limit: 100*

### **Organization Name\***

*Character Limit: 50*

### **Primary Contact Name\***

*Character Limit: 25*

### **Primary Contact Email\***

*Character Limit: 25*

## *Eligibility*

---

### **Eligibility Confirmation\***

Please confirm that the applicant has one of the following eligibility statuses:

#### **Choices**

State, County, City or Township, Special District Government

Federally recognized Native American tribal government

Native American Tribal organization other than federally recognized tribal government

Nonprofit with 501(c)3 status with IRS

### **Other requirements for CCHA CoC\***

Please affirm these requirements of your organization for receiving these funds:

#### **Choices**

Have the capacity to manage federal funding and secure required matching funds.

Have experience administer programs and services assisting with homelessness/housing crisis.

### **SAM Registration\***

Applicant is registered with the Systems for Award Management (SAM) at <https://sam.gov/SAM>.

#### **Choices**

YES

NO

### Outstanding Federal Debt\*

The applicant attests that they do not have outstanding delinquent federal debt.

#### Choices

YES

NO

## Organizational Experience & Capacity

---

### Target Population\*

Describe your organization's history and experience providing services to the target population(s) you propose to serve. Include specifics like past or current grants serving this population and other concrete evidence of experience with the target population.

*Character Limit: 2500*

### Housing and /or Service Model\*

Describe your organization's experience with providing this type of housing and/or service model. Include specifics about lessons learned in housing and/or service provision.

*Character Limit: 2500*

### Experience Managing Grants\*

Provide 2-3 examples of your organization's experience managing federal, state, or local grants of similar size and scope, describing the grant outcomes and impact. Prioritize federal or state grants in the selected examples.

\*\*Include attachment (e.g., screen shot) documenting final grant spenddown (amount and percentage) for the last complete grant year for each grant offered as an example.

*Character Limit: 2500 | File Size Limit: 10 MB*

### Financial Management & Staff Capacity\*

Describe your organization's financial management systems, policies and processes that ensure accountability and compliance. Include a description of financial management staff capacity and position turnover/vacancy over the past 3 years.

*Character Limit: 2500*

### Upload attachments\*

Upload attachments that show the percentage of grant spenddown for the last complete grant year for each grant offered as an example.

Prioritize federal and state examples.

*File Size Limit: 5 MB*

## *Project Type*

---

### **NEW or EXPANSION Project\***

Is this a new or expansion project?

#### Choices

NEW

EXPANSION

### **Project Type\***

Indicate whether you will apply for PSH, RRH (DV Bonus only), TH, Street Outreach, Supportive Services Only Standalone, or Coordinated Entry (DV Bonus only).

#### Choices

PSH

RRH (DV Bonus only)

TH

Street Outreach

Supportive Services Only Standalone

Coordinated Entry (DV Bonus only)

## *Target Population & Geography*

---

### **Description of Target Population & Geography\***

Describe the target population and geographic area that will be served. Include a description of whether the project will include households who meet **Category 1, 2 and/or 4** of the federal homeless definition.

Provide evidence that the target population represents a significant need within the geography. Evidence can be either of the following:

- **Size of need:** Target population experiencing homelessness / Total population experiencing homelessness (cite Coordinated Entry monthly or annual reports as evidence); OR
- **Acuity or persistence of need:** Describe persistent and/or severe barriers that the target population faces in gaining and maintaining permanent housing.

*Character Limit: 2500*

## *Program Design for PSH project*

---

**New PSH projects will be prioritized based on stated willingness and ability to do the following:**

1. Commit to regular in-home visits for at least the first six months post-move-in, with a plan for ongoing tenancy support.

2. Apply for CoC service funding as a Supportive Service budget line item to augment matched services or demonstrate significant (50%+) leveraged services.
3. Work directly with landlords to mitigate tenancy risks and concerns.

### Unit or Facility Configuration\*

What is the unit or facility configuration? Scattered site, single site, private dwelling, congregate dwelling, etc.

Describe the site(s) and configurations.

If single site, list site owner and applicant's relationship to site (leasing, renting).

*Character Limit: 2500*

### Number of Households Served\*

How many households will be served over the course of the grant period?

*Character Limit: 10*

### Comment or Clarification on Number Served

Provide any clarification on Number Served. (optional)

*Character Limit: 250*

### Length of Grant Period\*

How long is the proposed grant period? (select one)

#### Choices

- 12 months
- 18 months
- 24 months
- 36 months
- 42 months
- 48 months
- 60 months

### Serving Households with Minor Children\*

If the project is serving households with minor children or youth, describe the concrete plan for providing childcare at the times and frequency needed to support adults to gain or maintain employment.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### Serving Households with Disabilities\*

If the project is serving households with a range of disabilities, describe the constellation of services and service partners that meet the spectrum of needs.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### **Serving Households Seeking Employment\***

If the project is serving households with heads of household age 18+ and do not have disabilities that prevent employment, describe the concrete plan for supporting those adults to seek education, training, certification, and employment.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### ***Program Design for RRH (DV Bonus only) project***

**New RRH projects will be prioritized based on stated willingness and ability to do the following:**

1. Demonstrate funding (CoC or matched/leveraged) specifically for housing navigation services.
2. Commit to at least monthly meetings with each participant to plan for ongoing housing stability following RRH exit at or before 24 months.
3. Have written standards addressing how they will determine how long a particular project participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time.
4. Have written standards addressing how they will determine what percentage, or amount, of rent and utilities costs each project participant must pay, if any, while receiving rapid re-housing assistance.
5. Types of services and assistance offered ensure participants are able to be self-sufficient and exit homelessness, with emphasis on employment income increases.

### **Unit or Facility Configuration\***

What is the unit or facility configuration? Scattered site, single site, private dwelling, congregate dwelling, etc.

Describe the site(s) and configurations.

If single site, list site owner and applicant's relationship to site (leasing, renting).

*Character Limit: 2500*

### **Number of Households Served\***

How many households will be served over the course of the grant period?

*Character Limit: 10*

### Comment or Clarification on Number Served

Provide any clarification on Number Served. (optional)

*Character Limit: 250*

### Length of Grant Period\*

How long is the proposed grant period? (select one)

#### Choices

12 months

18 months

24 months

36 months

42 months

48 months

60 months

### Serving Households with Minor Children\*

If the project is serving households with minor children or youth, describe the concrete plan for providing childcare at the times and frequency needed to support adults to gain or maintain employment.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### Serving Households with Disabilities\*

If the project is serving households with a range of disabilities, describe the constellation of services and service partners that meet the spectrum of needs.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### Serving Households Seeking Employment\*

If the project is serving households with heads of household age 18+ and do not have disabilities that prevent employment, describe the concrete plan for supporting those adults to seek education, training, certification, and employment.

Write "N/A" if this does not apply.

*Character Limit: 2500*

## *Program Design for TH project*

---

**New TH projects will be prioritized based on stated willingness and ability to do the following:**

1. Demonstrate funding (CoC-funded or leveraged) specifically for housing navigation services.
2. Commit to the creation and use of housing plans with each participant that begin no later than 30 days from program enrollment.
3. Demonstrate the capacity and plan to provide individualized services that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps or with a developmental disability. Each participant will have a services plan with goals around health and wellness, housing stability, and increased employment income.

### Unit or Facility Configuration\*

What is the unit or facility configuration? Scattered site, single site, private dwelling, congregate dwelling, etc.

Describe the site(s) and configurations.

If single site, list site owner and applicant's relationship to site (leasing, renting).

*Character Limit: 2500*

### Number of Households Served\*

How many households will be served over the course of the grant period?

*Character Limit: 10*

### Comment or Clarification on Number Served\*

Provide any clarification on Number Served. (optional)

*Character Limit: 250*

### Length of Grant Period\*

How long is the proposed grant period? (select one)

#### Choices

- 12 months
- 18 months
- 24 months
- 36 months
- 42 months
- 48 months
- 60 months

### Serving Households with Minor Children\*

If the project is serving households with minor children or youth, describe the concrete plan for providing childcare at the times and frequency needed to support adults to gain or maintain employment.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### **Serving Households with Disabilities\***

If the project is serving households with a range of disabilities, describe the constellation of services and service partners that meet the spectrum of needs.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### **Serving Households Seeking Employment\***

If the project is serving households with heads of household age 18+ and do not have disabilities that prevent employment, describe the concrete plan for supporting those adults to seek education, training, certification, and employment.

Write "N/A" if this does not apply

*Character Limit: 2500*

## *Program Design for Street Outreach project*

**New Street Outreach projects will be prioritized based on stated willingness and ability to do the following:**

1. Closely partner with Parks department(s), police department(s), or other first responders to coordinate outreach activities, including but not limited to co-locating Street Outreach staff with partner agency(s).
2. Connect unsheltered persons to Coordinated Entry and temporary shelter.
3. Assist unsheltered persons to access mainstream resources, e.g., Medicare, Medicaid, SNAP, SSI (if describing referrals-based access, provide evidence that the organizations/agencies receiving referrals will accept them in a timely fashion).
4. Assist unsheltered persons to establish a reliable mailing address where they can receive benefits and other correspondence.

### **Number of Households Served\***

How many households will be served over the course of the grant period?

*Character Limit: 10*

### **Comment or Clarification on Number Served**

Provide any clarification on Number Served. (optional)

*Character Limit: 250*

### Length of Grant Period\*

How long is the proposed grant period? (select one)

#### Choices

12 months  
18 months  
24 months  
36 months  
42 months  
48 months  
60 months

### Serving Households with Minor Children\*

If the project is serving households with minor children or youth, describe the concrete plan for providing childcare at the times and frequency needed to support adults to gain or maintain employment.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### Serving Households with Disabilities\*

If the project is serving households with a range of disabilities, describe the constellation of services and service partners that meet the spectrum of needs.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### Serving Households Seeking Employment\*

If the project is serving households with heads of household age 18+ and do not have disabilities that prevent employment, describe the concrete plan for supporting those adults to seek education, training, certification, and employment.

Write "N/A" if this does not apply.

*Character Limit: 2500*

## *Program Design for Supportive Services Only Standalone project*

### **New Supportive Service Only Standalone:**

1. Note that SSO projects may serve households up to six months post-move-in if the household met the definition of homelessness – **Categories 1, 2 or 4** – prior to move-in.
2. Addresses barriers to obtaining or maintaining housing (SUD, unemployment, childcare) and increasing self-sufficiency and will conduct annual assessments of service needs.

3. Has a strategy to engage people who have historically not engaged with services

### Number of Households Served\*

How many households will be served over the course of the grant period?

*Character Limit: 10*

### Comment or Clarification on Number Served

Provide any clarification on Number Served. (optional)

*Character Limit: 250*

### Length of Grant Period\*

How long is the proposed grant period? (select one)

#### Choices

- 12 months
- 18 months
- 24 months
- 36 months
- 42 months
- 48 months

### Serving Households with Minor Children\*

If the project is serving households with minor children or youth, describe the concrete plan for providing childcare at the times and frequency needed to support adults to gain or maintain employment.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### Serving Households with Disabilities\*

If the project is serving households with a range of disabilities, describe the constellation of services and service partners that meet the spectrum of needs.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### Serving Households Seeking Employment\*

If the project is serving households with heads of household age 18+ and do not have disabilities that prevent employment, describe the concrete plan for supporting those adults to seek education, training, certification, and employment.

Write "N/A" if this does not apply

*Character Limit: 2500*

## Program Design for Coordinated Entry (DV Bonus only) project

### Number of Households Served\*

How many households will be served over the course of the grant period?

*Character Limit: 10*

### Comment or Clarification on Number Served

Provide any clarification on Number Served. (optional)

*Character Limit: 250*

### Length of Grant Period\*

How long is the proposed grant period? (select one)

#### Choices

- 12 months
- 18 months
- 24 months
- 36 months
- 42 months
- 48 months
- 60 months

### Serving Households with Minor Children\*

If the project is serving households with minor children or youth, describe the concrete plan for providing childcare at the times and frequency needed to support adults to gain or maintain employment.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### Serving Households with Disabilities\*

If the project is serving households with a range of disabilities, describe the constellation of services and service partners that meet the spectrum of needs.

Write "N/A" if this does not apply.

*Character Limit: 2500*

### Serving Households Seeking Employment\*

If the project is serving households with heads of household age 18+ and do not have disabilities that prevent employment, describe the concrete plan for supporting those adults to seek education, training, certification, and employment.

Write "N/A" if this does not apply.

*Character Limit: 2500*

## *Partnerships for Success*

---

### **Partnerships and Services\***

Describe and document all formal partnerships with other agencies that support the primary applicant to meet one or more of the following priorities. It is **NOT** expected that a project would have partnerships that meet most/all of the priorities below. Rather, the partnerships that are documented should explicitly tie to the program design and overall project objectives.

- a. Provision of onsite substance use treatment services
- b. Provision of offsite substance use treatment services
- c. Connection to inpatient substance use treatment beds
- d. Provision of behavioral health services (onsite or offsite)
- e. Connection to education, job training, and employment services
- f. Provision of housing search and navigation services
- g. Provision of housing tenancy support services
- h. Connection to mainstream resources such as Medicare, Medicaid, SNAP, SSI, and state or local General Assistance
- i. Connection to faith communities and other community support structures (mentoring, volunteering, etc)
- j. Provision of economic self-sufficiency and financial empowerment services
- k. Connection to higher levels of care
- l. Connection to medical care
- m. Connection to childcare

*Character Limit: 2500*

## *Plan for Permanent Housing*

---

### **Plan for Permanent Housing\***

Describe how participants will be supported to obtain permanent housing. Be specific about concrete activities and timeline for housing-related efforts.

- Applicants who designate specific housing navigation staffing (may be partial FTEs) will be prioritized
- Applicants who can demonstrate results from current or past CoC or non-CoC funded housing navigation efforts will be prioritized (e.g., HOP or other program funds that have been used successfully).

Describe how participants will be supported to maintain permanent housing. Be specific about

the level and quality of supports, including how often participants are engaged.

If the project is designed to connect participants with higher levels of care, indicate where/by whom the higher levels of care are provided and the concrete plan to connect participants.

**Note:** Applicants who can demonstrate existing partnerships with providers of higher levels of care AND commitments from those providers to accept referrals will be prioritized.

*Character Limit: 2500*

## *Budget Match and Additional Leverage*

---

### **Budget & Narrative\***

Upload a detailed annual budget covering all Budget Line Items using the standard budget template for **direct** or **indirect** costs. Links to templates can also be found on the CCHA website.

The budget is required to match 25% of the grant, with emphasis on housing or healthcare leverage.

\*Note that leasing budget lines are not included in the grant's match calculation.

For more information, see **HUD's materials on match**.

Optional: Add justification narrative if needed or write "none".

*Character Limit: 1000 | File Size Limit: 5 MB*

### **Sources & Amounts of Leverage**

Each source and amount of leverage must be accompanied by a letter from the partnering entity.

Upload documentation of all leverage, both cash and in-kind.

**Due to HUD's emphasis on leveraging non-CoC funds, leverage above and beyond the 25% required match will receive 5 bonus points in the local competition.**

Optional: Add justification narrative if needed or write "none".

*Character Limit: 1000 | File Size Limit: 10 MB*