FY2023 CONTINUUM OF CARE RENEWAL PROJECT APPLICATIONS REQUIRED DOCUMENTS CHECKLIST

DUE BY WEDNESDAY, AUGUST 16, 2023, BY 12:00 P.M. PACIFIC DAYLIGHT TIME

The following documents along with this checklist must be attached and submitted with the FY2023 CoC Renewal Project Application.

Agency Name:
Project Name:

☐ **Exhibit 5: Project Information Form**

    ☐ **Attachment 10:** Certification of Consistency in the Consolidated Plan[1]

    ☐ **Attachment 11:** Environmental Review[2] – Limited Scope Environmental Review Form or Environmental Review of Categorically Excluded Not Subject to Section 58.5 or Environmental Clearance Letter

    ☐ **Attachment 12:** 25% Match Documentation, including letters of match commitment and/or in-kind Memorandum of Understanding (MOU)

    ☐ **Attachment 13:** Document(s) supporting Housing First Model

    ☐ **Attachment 14:** Housing First Assessment[3]

☐ **Exhibit 6: Project Effectiveness**

    ☐ **Attachment 15:** Annual Performance Report for last completed grant term of the CoC Renewal Project, if applicable.

☐ **Exhibit 7: Equity, Access, and Inclusion**

☐ **HUD CoC Project Application (e-SNAPS and related attachments)[4]**

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[1] Instructions for completing Attachment 10 can be found on the Orange County CoC NOFO webpage at https://ceo.ocgov.com/fy2023cocnofo
[2] Environmental Reviews should be dated within the last five (5) years. Instructions for completing Attachment 11 can be found on the Orange County CoC NOFO webpage at https://ceo.ocgov.com/fy2023cocnofo
[3] Instructions for completing Attachment 14 can be found on the Orange County CoC NOFO webpage at https://ceo.ocgov.com/fy2023cocnofo
[4] For detailed instruction on entering data into e-SNAPS visit the HUD Exchange for the *Renewal Project Application Detailed Instructions and Navigational Guide*: https://www.hud.gov/sites/dfiles/CPD/documents/CoC/FY-2023-CoC-RENEWAL-Application-Detailed-Instructions.pdf

EXHIBIT 5: PROJECT INFORMATION FORM

Agency Name:

Renewal Project Name:

Renewal Grant Amount:

Grant Term:

Program Type:
☐ Permanent Housing Project – Permanent Supportive Housing (PSH)
☐ Permanent Housing Project – Rapid Rehousing (RRH)
☐ Supportive Services Only (SSO) – Coordinated Entry System
☐ Joint Transitional Housing and Permanent Housing – Rapid Rehousing Project (Joint TH/PH-RRH)
☐ Homeless Management information System (HMIS)

1. **Is your agency considering any of the activities listed below that may impact the renewal project application? If so, select the activity below.**
☐ Voluntary Re-Allocation
☐ Consolidation Project
☐ Transition Project
☐ Not Applicable

   a. **If any of the activities were selected, please describe what your agency is considering for this project.**

2. **Please describe the household type and/or subpopulation that the project serves. Include total number of households and participants to be served.**

3. **Has the agency returned any funds in the last three (3) completed grant terms for this CoC Renewal Project?**
☐ Yes   ☐ No   ☐ Not applicable, project has not yet completed a full grant term

    a. **If yes, please complete the chart below detailing the returned funds and grant year. Please note that these figures may be verified with the U.S. Department of Housing and Urban Development (HUD).**

Year	Grant Start – Grant End Date	Amount Returned	Reason for Return
2021			
2020			
2019			
2018			

4. **Has the CoC Renewal Project been monitored by HUD in the last four years?**
☐ Yes   ☐ No

5. **How much match (cash and in-kind) does your agency expect to provide for this CoC Renewal Project as part of the FY2023 CoC NOFO?** Match Requirements - All eligible funding costs, except leasing, must be matched with no less than 25% cash or in-kind contribution. Provide verification of 25% match and label the documents **Attachment 12**.

Total Commitment Amount		Source(s)
Cash	**In-Kind**	

6. **The CoC Renewal project is required to participate in the Orange County Coordinated Entry System (CES) and will require 100% of housing opportunities be filled through CES. Please describe how your CoC Renewal Project will partner with CES to efficiently maximize housing opportunities available through this project.**

7. **Describe how the project utilizes the coordinated entry system process to promote participant choice, coordinate homeless assistance and housing, and make services to ensure people experiencing homelessness receive assistance quickly, and make homelessness assistance open, inclusive, and transparent.**

8. **Describe how the CoC Renewal Project engages with landlords and property owners to identify housing units available for the project participants, remove barriers to entry and adopt client-centered service methods?**

9. **Describe how Housing First Practices are incorporated into your project's design, policies, and practices, including policies related to participant eligibility, if applicable. Provide document(s) supporting the project's design, policies and practices that detail how these align with the Housing First Model and label the documents Attachment 13.**

10. **Describe your agency's policy and practices for terminating program participant assistance, if applicable.**

11. **Describe your agency's service approach to program participants presenting with substance use, substance use disorders, and/or co-occurring substance use and mental health disorders.**

EXHIBIT 6: PROJECT EFFECTIVENESS

Agency Name:

Project Name:

Grant Term:

Grant Amount for the Above Term:

To assist in evaluating CoC Renewal Project effectiveness, through the FY2023 CoC Renewal Project Application, CoC Renewal Projects are required to provide information from the Annual Performance Report (APR) for the last completed grant term. Provide Annual Performance Report for last completed grant term of the CoC Renewal Project and label the document **Attachment 15**.

If a full grant term has not been completed for this project, please complete Questions 2 through 4.

Below are instructions to pull the APR for CoC Renewal Project
1. To access the APR, login to Clarity at https://oc.clarityhs.com/login.
2. Click on the square grid on the top bar of the agency home page, then click on "Reports" to navigate to the report library.
3. Scroll down to "HUD Reports", locate "Annual Performance Report" and click "Run".*
4. Once the APR is open, you will be asked to make selections to run the report:
    a. If given the option, Select Agency under "Switch Agency Access"
    b. For "CoC Filter Category" select "Agency CoC"
    c. For "CoC" select "CA-602"
    d. For "Program Type(s)", select agency's program type or select "All" (if applicable)
    e. For "Program Status" click "All Programs" or "Active Programs"
    f. Select the Program(s)
    g. For "Apply Client Location Filter" select "No"
    h. For "Funding Criteria" select "Not Based on Funding Source"
    i. For "Report Date Range" use the last completed grant term for project
    j. For "Report Output Format" select "PDF"
    k. Click "Submit" to run report

    *CES projects will run the CE APR and HMIS projects are exempt from submitting an APR.

1. **Please complete the table below based on information from the project's APR for the last completed grant term.**

Total number of persons served:	
Number of Adults:	
Number of Children:	
Number of leavers:	
Number of Veterans:	
Number of Chronically Homeless Persons:	
Households Served	**Total**

Total Households	
Households with Children	
Households without Children	

Physical and Mental Health Conditions at Start	Total
Mental Health Problem	
Alcohol Abuse	
Drug Abuse	
Both Alcohol and Drug Abuse	
Chronic Health Conditions	
HIV/AIDS	
Developmental Disability	
Physical Disability	

Number of Non-Cash Benefits	At Entry	Stayers	Leavers
No Source			
1+ sources			
Client does know			
Data Not collected			
Total			

Health Insurance	At Entry	Stayers	Leavers
No Source			
1 source			
Other			
Data Not collected			
More than 1 source of health insurance			
Not yet required to have an assessment			

Exit Destination	Total
Permanent Destination	
Temporary Destination	
Other destinations	
Institutional Settings	

2. **Please indicate the per household costs as calculated by the agency for the CoC Renewal Project. Provide additional information as to how your agency calculated these household costs.**

3. **Please indicate the per household cost by calculating the total grant amount divided by the total household served, as a straight math equation.**

Project Cost-Effectiveness	
Total Grant Amount	$
Total Households Served	
Per Household Cost[5]	$

4. **Please provide any additional information or context that would assist the CoC NOFO Ad Hoc in evaluating the CoC Renewal Project's Performance, including the last submitted Annual Performance Report (APR), Data Quality Report, and the Project Performance Measures. If a project has not yet completed a full grant term, please provide an update related to project performance and/or detailed plan to ensure effective project implementation.**

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[5] To calculate cost per household, divide the total grant amount by total households served.

EXHIBIT 7: EQUITY, ACCESS, AND INCLUSION

Agency Name:

Project Name:

1. **Describe how the CoC Renewal Project has worked to identify barriers that lead to racial disparities, taken steps to eliminate barriers to improve racial equity, and implemented measures to evaluate the efficacy of the steps taken within the project.**

2. **In nearly every community, Black, Indigenous, and other people of color are substantially overrepresented in the homeless population. Describe and demonstrate how the CoC Renewal Project has obtained input and included persons of different races and ethnicities, particularly those overrepresented in the local homelessness population, including leadership roles, review and updating program policies, inclusion of people of color with lived experience, etc.**

3. **Describe how the CoC Renewal Project considers the severity of barriers (i.e., substance use, history of domestic violence, criminal history, etc.) experienced by program participants and works to overcome those barriers to support rapid replacement in permanent housing and/or the ability to maintain permanent housing.**

4. **Describe how the CoC Renewal Project is addressing the needs of individuals who identify as Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and Other Gender or Sexual Identities (LGBTQIA+), including training, policies, practices, etc. that ensure LGBTQIA+ individuals and/or families receive services from the CoC Renewal Project free from discrimination.**

5. **Describe how the CoC Renewal Project ensures the privacy, respect, safety, and access of participants regardless of gender identity and/or sexual orientation.**

6. **Describe how the CoC Renewal Project includes people who are currently experiencing or have formerly experienced homelessness in all aspects of the program, including policy and program development, review and updating program policies, participation on the agency's Board of Directors, leadership roles, etc.**

7. **Does the CoC Renewal Project prioritize hiring people who have experienced homelessness in areas where their expertise is needed?**
   ☐ Yes   ☐ No

   a. **If yes, describe the impact that hiring people who have lived expertise[6] has made on the CoC Renewal Project.**

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[6] "Lived expertise" includes an individual who has lived experience of homelessness.