Letter of Intent Format

1. Applicant Information

Legal Name of Organization:	Authorized Organization Representative Name:
Address: City, State & Zip:	Title: Telephone:
Contact Person Name: Contact Person Title:	Organization Website: Unique Entity ID (SAM.gov#):
Contact Person Email:	Federal Employer ID #:

2. Eligibility Questions

	Yes	No
a. Is your organization registered with www.sam.gov?	☐	☐
b. Is your organization currently listed on the SAM.gov excluded parties list? (If Yes, you are INELIGIBLE)	☐	☐
c. Is your organization a legally formed entity authorized to conduct business in the State of Florida?	☐	☐
d. Is your organization a non-profit with a 501(c)(3) status?	☐	☐
e. Has your organization provided continuous direct services for at least 12 months prior to the application deadline?	☐	☐
f. Will your organization be able to provide an Independent Certified Audited Financial Statement of the most recent or prior fiscal year, including the management letter and written response at the time of full application?	☐	☐
g. Does your organization agree to accept all program referrals through the BBCoC's Coordinated Entry system and comply with BBCoC's Coordinated Entry Policies and Procedures?	☐	☐

3. Target Population

☐ Individuals
☐ Families with Children
☐ 62 Years of Age or Older
☐ Chronically Homeless
☐ Unsheltered/Living in Encampments
☐ Substance Use
☐ Mental Health
☐ Physical or Developmental Disabilities
☐ Survivors of Domestic Violence, Dating Violence, Sexual Assault, or Stalking
☐ Fleeing or Attempting to Flee Human Trafficking
☐ Individuals Re-entering from the Justice System
☐ High Utilizers of Healthcare Systems
☐ Veterans

4. Target Service Area

☐ Entire BBCoC Coverage area (Leon, Gadsden, Liberty, Madison, Taylor, Franklin, Wakulla, & Jefferson

5. Project Type:

☐ Renewal: *This section is for continuing an existing CoC-funded project with a grant term expiring in FY 2027. The project component (PSH, TH, RRH, SSO) must remain the same. Renewal applications must be submitted by the same recipient listed on the current grant agreement, serve the same population and must request the same amount of funding. If you wish to change components, complete Transition Project section instead*.

- Current Project Name and Type:

☐ Expansion: *For adding units, beds, services, and/or funding to your own existing renewal project. The renewal project being expanded must have a grant term expiring in CY 2027, and the expansion must be the same component (PSH, TH, RRH, SSO*).

- Current Project Name and Type:

Reason for requested increase (Check all that apply):

- Increase the number of homeless persons served
- Increase the number of units
- Increase the number of beds
- Increase or expand supportive services provided
- Increase the frequency or intensity of supportive services

☐ Transition: This section is for changing your project's component type (e.g., PSH - TH) through reallocation of your expiring renewal grant(s). The renewal grant(s) being eliminated must have grant terms expiring in FY 2027, and the application must be submitted by the recipient listed on the current grant agreement(s). Transition grants must fully transition to the new

component by the end of the one-year grant term and may only apply for renewal in the next CoC Program Competition under the new component.

Current Component: _____

New Component: _____

☐ Consolidation: For combining two or more (but no more than 10) eligible renewal grants. Projects being consolidated must serve the same population and be for the same component type, and all must have grant terms expiring in FY 2027. A DV Renewal project may not be consolidated with a non-DV renewal project.

Name of Grants being consolidated:

_____

_____

☐ CoC Bonus: Open to all eligible agencies, whether or not currently CoC-funded. This section is for applicants seeking to create a new project.

- Select Project Type
- Transitional Housing (TH)
- Permanent Supportive Housing (PSH)
- Rapid Re-Housing (PH-RRH)
- HMIS
- Supportive Services Only (SSO) - Standalone
- Supportive Services Only (SSO) - Street Outreach

☐ DV Bonus: Open to all eligible agencies, whether or not currently CoC-funded. New project under the Domestic Violence (DV) Bonus, dedicated to serving individuals and families experiencing trauma or a lack of safety related to, fleeing or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.

- Transitional Housing (TH)
- Rapid Re-Housing (PH-RRH)
- Supportive Services Only (SSO) – Coordinated Entry

Must be signed and submitted by agency Executive Director, CEO, or Board Chair through BBCoC Grant Portal.

Application Format

Application Checklist

Application Checklist- Attachments	Yes/No
1. Evidence of legally formed entity qualified to do business in the State of Florida as of the application deadline.	
2. Proof of 501(c)(3) nonprofit status.	
3. Proof of active SAM's registration.	
4. Evidence the organization has provided continuous direct services for at least 12 months prior to the application deadline.	
5. Independent Certified Audited Financial Statement of the most recent or immediate prior fiscal year, including the management letter and written response and/ 990.	
6. Copy of the applicant's Operating Budget, including other services or programs and funding sources, and overhead/indirect rates charged to grant sources.	
7. Match Commitment Letters	
8. Organizational Chart	
9. Memorandums of Understanding(s) including CE/HMIS and other community partnerships	
10. Indirect Cost Rate Certification Form (HUD-426)	
11. Negotiated indirect cost rate agreement signed by the cognizant agency, if applicable	
12. Supportive Service Agreement Template	
13. Provide a lease or rental agreement template if you are doing a Transitional Housing project, Rapid Re-housing of Permanent Supportive Housing project	

Project Summary

Please complete the project summary section. Only one project type is allowed per application. Answer all questions in that section fully and accurately. If a section does not apply to your project type, leave it blank. Each response is limited to 3,500 characters, including spaces.

1. **Summary of Project** - Provide a summary of the proposed project. Include the project component (HMIS, TH, SSO-Street Outreach, SSO-Standalone, SSO- CE, PSH, or RRH), the population of focus to be served, the estimated number of participants, the services to be delivered, the total cost of the proposed activities, and anticipated service partners. For HMIS projects, describe the service pr system function. **Maximum Point Value = 5**

2. **Statement of Need** - Applicants must describe the local factors contributing to homelessness within the Continuum of Care (CoC) geographic area. All statements must be supported by either (1) internal CoC system data (e.g., HMIS, PIT counts, coordinated entry data, service utilization reports) or (2) clearly cited external data sources (e.g., HUD Exchange, U.S. Census Bureau, or other publicly available information). Responses must explain the scope and nature of homelessness locally, including key contributing factors and system challenges. Applicants must also identify the specific gap in the current system that the proposed project will address and explain how the project responds to that gap. **Maximum Point Value= 5**

3. **Alignment HUD's Goals and Objectives** - Describe how the proposed project advances the eight HUD goals and objectives listed below. Provide specific examples of activities, partnerships, service approaches, and expected outcomes. **Maximum Point Value= 16**

HUD Goals and Objectives	Maximum Point Value
Improving Outcomes	2
Creating Competition to Improve Innovation and Accountability	2
Restoring Balance to the Continuum of Care	2
Prioritizing Treatment and Recovery as a Means to Self-Sufficiency	2
Promoting Economic Self-Sufficiency	2
Advancing Public Safety for All	2
Minimizing Trauma for Vulnerable Populations	2
Expanding Access Based on Merit, and Not Ideology	2

Review the U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants NOFO published under funding opportunity #CPD-2600-DC-0025 for further details on the priorities above in Section III. B. - Goals and Objectives.

CoC System Performance

4. Returns to Homelessness - Describe how your project will reduce or has reduced returns to homelessness after participants exit the program. Explain the strategies, follow-up support, and coordination practices you will use to help participants remain stably housed. Include how you will measure and track this outcome. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of the services provided. **Maximum Point Value= 12**

5. **Employment Income** - Describe how your project will help or has helped participants increase earned income. Identify the workforce or employer partnerships, employment readiness supports, and service approaches you use. Include projected outcomes and how you will measure increased employment income. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of provided services. **Maximum Point Value = 12**

6. **HMIS Data Quality and Reporting** - Describe how your organization will ensure or has ensured timely and accurate HMIS data entry by outlining the procedures you will put in place, even if your organization is new to the system. Include how you will train staff, establish internal data quality checks, and monitor entries to correct errors. Explain how you plan to use HMIS data to guide treatment, recovery support, service coordination, and case management once the project is operating. **Maximum Point Value = 8**

   The Homeless Management Information System (HMIS) is the data system required by HUD for all CoC-funded programs. HMIS is used to collect client-level information, track services, measure outcomes, and support systemwide reporting. BBCoC operates the HMIS.

   DV Bonus Projects do not need to answer this question.

   Capacity and Cost-Reasonableness

7. **Management Capacity** - Describe your organization's capacity to operate this project, including experience managing similar programs, delivering the proposed services, and administering CoC program funds or other federal, state, local, or private resources. Your response should demonstrate that your organization has the staff, systems, and management structure needed to

comply with federal requirements and successfully carry out the project. **Maximum Point Value = 5**

8. **Financial Capacity** - Describe your organization's financial management systems, including confirmation that your organization or fiscal agent maintains a functioning accounting system operated in accordance with generally accepted accounting principles (GAAP) and that you are able to manage and account for federal funds in compliance with 2 CFR part 200. **Maximum Point Value = 5**

9. **Cost Effectiveness** - Describe how the proposed budget is reasonable in relation to the population served, the services provided, and the outcomes expected. The response must include the total annual budget requested divided by the number of persons or households to be served annually, shown as a cost per person or household. Include at least one benchmark or comparison supporting that this cost is reasonable, such as Fair Market Rent, prior grant costs, or comparable local cost data. Briefly explain how staffing and partnerships are used efficiently to achieve the expected outcomes. All costs must be consistent with 2 CFR 200.404. **Maximum Point Value = 12**

Project Type Specific Questions

Please complete only the section that matches the project type your organization is applying for, whether TH, SSO-Street Outreach, SSO-Standalone, PSH or RRH. Each project type has its own set of required questions. Answer all questions in that section fully and accurately. If a section does not apply to your project type, leave it blank. Each response is limited to 3,500 characters, including spaces.
Note for Domestic Violence (DV) Projects: Do not complete any project type-specific questions below. Please skip directly to Section F: DV Bonus below.

Transitional Housing (TH)

Answer this question only if you are applying for Transitional Housing (TH).

a. Explain how the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.). Please include all MOUs, written agreements, or letters of commitment in section 12. Required Attachments. **Maximum Point Value= 4**

b. Explain your organization's prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months. **Maximum Point Value = 3**

c. Explain previous experience operating or currently operating transitional housing or another homelessness project or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant. **Maximum Point Value = 5**

d. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. Please include any MOUs, written agreements or letters of commitment as uploads in the Required Attachments. **Maximum Point Value = 2**

e. Describe how the proposed project will assess the service needs of program participants and provide individualized services for program participants during their time in Transitional Housing 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 as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Employment may contribute to the 20 hours per week of engagement. Attach a supportive service agreement (contract, program agreement, lease, or equivalent) as uploads in the Required Attachments. **Maximum Point Value= 3**

f. Explain how the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Also, explain program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Please include any MOUs, written agreements or letters of commitment as uploads in the Required Attachments. **Maximum Point Value = 3**

Supportive Services Only (SSO) Standalone

Answer this question only if you are applying for SSO-Standalone.

a. Explain why the proposed Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency. Also describe how the project will conduct an annual assessment of the service needs of the program participants. **Maximum Point Value = 6**

b. Explain how the proposed project has a strategy for providing supportive services to eligible program participants, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. **Maximum Point Value = 9**

c. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. Please include any MOUs, written agreements or letters of commitment as uploads in the Required Attachments. **Maximum Point Value = 5**

Supportive Services Only (SSO) Street Outreach

Answer this question only if you are applying for SSO-Street Outreach.

a. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. *Please include any MOUs, written agreements or letters of commitment as uploads in Required Attachments.* **Maximum Point Value** = **3**

b. Explain how the proposed project has a strategy for providing supportive services to eligible program participants, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. **Maximum Point Value = 6**

c. Explain your organization's history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The project must cooperate with and not interfere with or impede the enforcement of local laws, including public camping and public drug use ordinances, and must demonstrate willingness to assist first responders in their efforts to engage individuals experiencing homelessness. *Please include any MOUs, written agreements or letters of commitments as uploads in the Required Attachments.* **Maximum Point Value = 5**

d. Explain your organization's experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13). Demonstrated effectiveness for how your organization has helped, or plans to help, people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs. **Maximum Point Value = 6**

Permanent Housing: Permanent Supportive Housing (PH-PSH)

Answer this question only if you are applying for Permanent Supportive Housing PH-PSH

a. Explain the type of housing proposed, including the number and configuration of units, will fit the needs of the program participants. **Maximum Point Value** = **3**

b. Explain the type of supportive services and assistance that will be offered to program participants that will ensure that the participant is able to successfully obtain and retain permanent housing in a manner that fits their needs (e.g., transportation, safety planning, enhanced case management). Also, state whether the project will incorporate supportive service participation requirements into its program design based on individual participant need, in accordance with 24 CFR 578.75(h), and if so, describe how those requirements will be established and adjusted for each participant. If your organization is proposing to expand an existing PH project, it must demonstrate how they are expanding supportive services to program participants, including, where appropriate, on-site supportive services. *Attach* a *supportive service agreement (contract, program agreement, lease, or equivalent) as uploads in Required Attachments*. **Maximum Point Value = 9**

c. Explain how the project will serve homeless individuals or families with a disability in accordance with 24 CFR 578.37(a)(1)(i). **Maximum Point Value= 4**

d. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. *Please include any MOUs, written agreements or letters of commitment as uploads in Required Attachments.* **Maximum Point Value= 4**

e. **Bonus Points:** Up to 5 bonus points will be awarded for PSH projects that prioritize elderly individuals or persons with a physical or developmental disability. Projects targeting these populations should clearly document the population served and the supportive services provided. **Maximum Point Value = 5**

Permanent Housing: Rapid Re-Housing (PH-RRH)

Answer this question only if you are applying for the Rapid Re-housing (PH-RRH).

f. Explain how the provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months. **Maximum Point Value = 5**

g. Explain the type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) that will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness. Attach a supportive service agreement (contract, program agreement, lease, or equivalent) as uploads in Required Attachments. **Maximum Point Value = 8**

h. Explain how your organization has previously operated or currently operates a homelessness projects where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this. **Maximum Point Value= 4**

i. Explain how the project will be supplemented with resources from other public or private sources, which may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. Please include any MOUs, written agreements or letters of commitment as uploads in Required Attachments. **Maximum Point Value = 3**

Homeless Management Information System (HMIS)

a. Describe the HMIS staffing structure and capacity for this project. Include the number and roles of staff assigned to HMIS administration, data quality, training, reporting, technical assistance, and provider support; the process for onboarding and engaging new agencies; and how HMIS staff coordinate with participating providers, victim service/comparable database partners, and other community stakeholders. **Maximum Point Value = 3**

b. Describe the HMIS project's role in supporting systemwide data quality, training and user support, reporting, and system improvement. For each function, identify the specific activities performed, frequency or schedule, and how results are documented, communicated, and used to improve HMIS performance. **Maximum Point Value = 3**

c. Describe how the proposed HMIS project will strengthen the data functions needed by FL-506. Address specific improvements to data quality, reporting timeliness and accuracy, user training, system access, help desk or user support, provider participation, comparable database coordination, data governance, privacy/security practices, and any other HMIS

functions needed to support CoC planning, performance measurement, and decision-making. **Maximum Point Value = 4**

d. Describe the process the HMIS project will use to prepare, review, validate, approve, and submit all required HUD and CoC reports on time, including the PIT Count, Housing Inventory Count (HIC), CAPER, System Performance Measures, and Longitudinal Systems Analysis (LSA). Include the 2025 submission date or deadline for each required report. **Maximum Point Value = 4**

e. Describe how the HMIS project captures, monitors, and measures HMIS bed coverage across FL-506. Include the process for identifying all relevant housing and shelter projects and beds, entering and updating bed/unit inventory, comparing HMIS participation to the HIC or other inventory sources, calculating bed coverage by project type and provider, addressing gaps in provider participation or data entry, and using bed coverage results to improve systemwide data completeness. **Maximum Point Value = 3**

f. Describe how HMIS funds will support implementation activities that promote treatment, recovery, and proactive case management. Explain how HMIS data, workflows, reporting, training, or user support will help providers identify participant needs, coordinate referrals, track engagement in treatment and recovery supports, monitor service follow-up, support case conferencing, and document outcomes while maintaining privacy, security, and appropriate data-sharing standards. **Maximum Point Value = 3**

DV Bonus Projects

Describe how your project will provide safe and confidential housing and services for survivors of domestic violence, dating violence, sexual assault, or stalking. Explain how the program design minimizes trauma, protects survivor safety, and ensures access to survivor-centered supports. Include your approach to trauma-informed practices, safety planning, confidentiality protections, and coordination with victim service providers and law enforcement when appropriate. *Please include any MOUs, written agreements or letters of commitment as uploads in Required Attachments.* **Maximum Point Value= 8**

Transitional Housing (TH)

Answer this question only if you are applying for DV- Transitional Housing (TH).

1. Explain how the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.). *Please include all MOUs, written agreements, or letters of commitment as uploads in Required*

Attachments. **Maximum Point Value= 4**

2. Explain your organization's prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months. **Maximum Point Value = 3**

3. Explain previous experience operating or currently operating transitional housing or another homelessness project or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant. **Maximum Point Value = 5**

4. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. *Please include any MOUs, written agreements or letters of commitment as uploads in Required Attachments.* **Maximum Point Value = 2**

5. Describe how the proposed project will assess the service needs of program participants and provide individualized services for program participants during their time in Transitional Housing 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 as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Employment may contribute to the 20 hours per week of engagement. *Attach* a *supportive service agreement (contract, program agreement, lease, or equivalent) as uploads in Required Attachments.* **Maximum Point Value= 3**

6. Explain how the proposed project will create service plans for each program participants that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Also, explain program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. *Please include any* MOUs, *written agreements or letters of commitment as uploads in Required Attachments.* **Maximum Point Value = 3**

Permanent Housing: Rapid Re-Housing (PH-RRH)

Answer this question only if you are applying for the DV Rapid Re-housing (PH-RRH).

7. Explain how the provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months. **Maximum Point Value = 5**

8. Explain the type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) that will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness. Attach a supportive service agreement (contract, program agreement, lease, or equivalent) as uploads in Required Attachments. **Maximum Point Value = 8**

9. Explain how your organization has previously operated or currently operates a homelessness projects where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this. **Maximum Point Value= 4**

10. Explain how the project will be supplemented with resources from other public or private sources, which may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. Please include any MOUs, written agreements or letters of commitment as uploads in Required Attachments. **Maximum Point Value = 3**

Supportive Services Only (SSO) Coordinated Entry

Answer this question only if you are applying for SSO-Coordinated Entry.

a. Explain how the proposed SSO-Coordinated Entry project will expand or strengthen the current Coordinated Entry system so survivors who are experiencing homelessness, fleeing unsafe housing, or attempting to flee can access help safely, quickly, and confidentially throughout the CoC's geographic area. Describe how access points, referral pathways, mobile/remote options, language access, reasonable accommodations, and disability accessibility will be designed to reduce barriers for survivors, including those who cannot safely use standard public access points. Also describe how the project will conduct at least an annual assessment of participants' housing, safety, and service needs and use survivor feedback to improve access and coordination. **Maximum Point Value = 5**

b. Explain how the project's outreach and advertising strategy is specifically designed to reach eligible survivor households experiencing homelessness or housing instability because of

domestic violence, dating violence, sexual assault, stalking, or human trafficking, including survivors with the highest safety and housing needs. Address how the strategy will reach survivors, including those who are unsheltered, reluctant to contact traditional homeless services, or unable to safely receive public communications. Describe partnerships with victim service providers, culturally specific organizations, healthcare providers, schools, law enforcement or courts when appropriate, crisis lines, and other trusted access points, while protecting survivor confidentiality and choice. *Please include any MOUs, written agreements or letters of commitment as uploads in Required Attachments.* **Maximum Point Value = 5**

c. Describe the standardized, survivor-centered assessment process the project will use for DV Coordinated Entry. Include how assessments will be trauma-informed, culturally responsive, voluntary, confidential, and conducted in a safe setting by trained staff. Explain how the process will evaluate housing needs, safety risks, lethality concerns, disability-related needs, household composition, participant choice, and service preferences without requiring survivors to disclose unnecessary details or retell traumatic experiences or create barriers to housing. **Maximum Point Value = 5**

d. Explain how the project will ensure survivor participants are connected to housing and services that are safe, appropriate, and responsive to their individual needs, risks, and choices. Describe how referrals will account for immediate safety planning, confidentiality, emergency transfer needs, location safety, accessibility, household composition, cultural and language needs, disability accommodations, child and family needs, and survivor preference. Explain how the project will coordinate with DV-specific housing, rapid re-housing, transitional housing, emergency shelter, legal advocacy, behavioral health, healthcare, income supports, and other community resources while maintaining participant consent and confidentiality. **Maximum Point Value = 5**

Budget Forms

Complete the applicable project Budget Forms as needed.

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Rental Assistance- Permanent Housing Projects (RRH and PSH)

WHO COMPLETES THIS FORM: PSH and RRH projects requesting rental assistance. RRH projects may request tenant-based rental assistance (TRA) only. PSH projects may request PRA, SRA, or TRA.

DO NOT COMPLETE THIS FORM IF: Your project is TH or SSO, or your PSH project will use leasing and operating costs instead of rental assistance for these units.

Select type of rental assistance:

☐ PRA - Project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure, whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the

project,

☐ SRA - Sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization, or

☐ TRA - Tenant-based rental assistance where program participants select any

appropriately sized unit within the CoC's geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services.

NOTE: If you have more than one rental assistance type for the project, you must create a separate detail budget section for each rental assistance type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, you must submit two 'Rental Assistance Budget Detail' sections for County A-one for the 10 PRA units and one for the 10 TRA units.

FMR Rules (New vs. Renewal Projects):

- New project applications must request the full published FMR amount per unit, in accordance with 24 CFR 578.51(f). Do not budget actual rents below FMR; HUD will correct new project budgets to the published FMR.
- Renewal project applicants may request a per-unit amount less than the FMR if the actual rent per unit under lease is lower, but must ensure the amount requested is sufficient to cover all eligible costs, as HUD cannot provide funds beyond the amount awarded.
- No application, new or renewal, may request more than 100 percent of the published FMR.

Calculate Fair Market Rent (FMR) at the following link:

https://www.huduser.gov/portal/datasets/fmr.html

Complete this table:

Is this a new or renewal project? (New/ Renewal):

Unit Size	# of Units (a)	Fair Market Rent (b)	12 Months (c)	Total Request (a)x(b)x(c)
Single Room Occupancy		$	12	$
0 Bedrooms		$	12	$
1 Bedrooms		$	12	$
2 Bedrooms		$	12	$
3 Bedrooms		$	12	$
4 Bedrooms		$	12	$
			Total Request for Grant Term	$

**Column (b): New projects enter the published FY 2026 FMR. Renewal projects may enter actual rent per unit if lower than FMR. Amounts may not exceed 100% of the published FMR.*

Note: Units leased or assisted with CoC Program funds must meet NSPIRE standards beginning October 1, 2026.

- *https://www.federalregister.gov/documents/2023/05/11/2023-09693/economic-growth-regulatory-relief-and-consumer-protection-act-implementation-of-national-standards*
- *https://www.federalregister.gov/documents/2023/06/22/2023-13293/national-standards-for-the-physical-inspection-of-real-estate-inspection-standards*

Leased - Transitional and Permanent Supportive Housing Projects (TH and PSH)

WHO COMPLETES THIS FORM: TH and PSH projects that will lease an entire structure or individual units directly from a property owner. The master lease is held by the subrecipient. The subrecipient then holds a program or occupancy agreement with each participant. TH participants do not hold their own lease directly with the property owner.

DO NOT COMPLETE THIS FORM IF: Your project is RRH or SSO, or the units are already budgeted on the Rental Assistance form, do not budget the same units in both places.

For each leased structure, enter the property name and full address (street address, city, state, and ZIP code) in the first column. In column (a), enter the monthly leasing cost. The "12 Months" column (b) is pre-filled with 12 and should not be changed. Multiply the monthly leasing cost by 12 and enter the result in the "Total Request" column. Complete one row for each structure. After all rows are completed, add the amounts in the "Total Request" column and enter the sum in the "Total Request for Grant Term" field at the bottom of the table.

Property Name + Full Address	**Monthly Leasing Cost (a)**	**12 Months (b)**	**Total Request (a)x(b)**
	$	12	$
	$	12	$
	$	12	$
	$	12	$
	$	12	$
	$	12	$
	$	12	$
	$	12	$
Total Request for Grant Term			$

Note: Units leased or assisted with CoC Program funds must meet NSPIRE standards beginning October 1, 2026.

- *https://www.federalregister.gov/documents/2023/05/11/2023-09693/economic-growth-regulatory-relief-and-consumer-protection-act-implementation-of-national-standards*
- *https://www.federalregister.gov/documents/2023/06/22/2023-13293/national-standards-for-the-physical-inspection-of-real-estate-inspection-standards*

Operating Budget- Transitional and Permanent Supportive Housing Projects

WHO COMPLETES THIS FORM: TH and PSH projects with day-to-day operating costs for housing units or facilities the project owns or leases.

DO NOT COMPLETE THIS FORM IF: Your project is RRH or SSO. Operating costs under 24 CFR 578.55 apply to housing units and facilities, not service-only projects.

The operating costs listed below are based on the eligible operating costs described in 24 CFR 578.55 and are associated with the day-to-day operations of housing units and facilities. PSH projects may only include operating costs in this section if they do not request rental assistance for the same units. Per 24 CFR 578.55(c), CoC Program funds may not be used for maintenance and repair of housing where those costs are included in the lease.

Eligible Operating Cost	**Quantity AND Description** *(max 400 characters)*	**Amount Requested**
Maintenance and Repair		$
Property Taxes and Insurance		$
Building Security[1]		$
Electricity, Gas, and Water		$
Furniture		$
Equipment		$
	Total Request for Grant Term	$

[1] Building security is eligible only for a structure where more than 50 percent of the units or area is paid for with CoC Program funds (24 CFR 578.55(b)(4)).

Quantity and Description: Enter the quantity (i.e., numbers) and descriptive information for each line item for which you are requesting funds (e.g., "Electricity, Gas, and Water - 8-unit TH facility, 12 months @ $750/month = $9,000" or "Maintenance and Repair - quarterly HVAC servicing, 4 visits @ $300, plus general repairs estimated at $2,000 annually").

Total Request for Grant Term: Enter the total amount requested for eligible CoC Program operating costs for a 12-month period.

Supportive Services - All Projects

WHO COMPLETES THIS FORM: All project types (PSH, RRH, TH, SSO/SSO-SO renewals).

Eligible Costs	Quantity AND Description *(max 400 characters)*	Amount Requested
Assistance with Moving Costs (PH or TH Only)		$
Substance Use Treatment		$
Mental Health Treatment		$
Medication Management		$
Peer Support		$
Case Management		$
Street Outreach (SSO-SO Only)		$
Employment Assistance		$
Job Training		$
Life Skills Training		$
Education Service		$
Housing Service Assistance		$
Utility Deposits		$
Transportation		$
Child Care		$
Credit Repair		$
	Total Request for Grant Term	$

Quantity AND Description: This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title-1 FTE@ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of **$X).** Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ $X per month).

Annual Amount Requested: Enter the annual amount requested for eligible CoC Program supportive services for a 12-month period.

Total Request for Grant Term: Enter the total amount requested for all line items.

VAWA Cost Budget-All Projects

WHO COMPLETES THIS FORM: Optional for any project type, regardless of population served.

The Violence Against Women Act (VAWA) protects survivors of domestic violence, dating violence, sexual assault, and stalking who live in federally funded housing. Every project funded through the CoC Program must follow two VAWA requirements, no matter who the project serves:

1. **Emergency transfers.** If a program participant becomes a survivor and no longer feels safe in their unit, the project must help them move quickly to a safe unit.
2. **Confidentiality.** The project must keep information about all survivors, including where they live, private and protected.

In 2022, Congress updated VAWA so that CoC Program funds can now be used to pay for the work these requirements involve. This created a new budget category called VAWA costs. VAWA costs are not just for DV Bonus projects or projects that focus on survivors. Any project may request them, because every CoC-funded project must meet the emergency transfer and confidentiality requirements.

Note: New projects may include VAWA costs in their application. Renewal projects may add VAWA costs by expanding their project or by shifting up to 10 percent of funds from another eligible activity into the VAWA cost line item.

Eligible VAWA Cost	**Quantity AND Description** *(max 400 characters)*	**Amount Requested**
Moving Costs		$
Travel Costs		$
Security Deposits		$
Utilities		$
Housing Fees		$
Case Management		$
Housing Navigation		$
Safety Technology		$
Confidentiality Requirements		$
	Total Request for Grant Term	$

Administration/ Indirect Cost Budget- All Projects

WHO COMPLETES THIS FORM: All project types.

Administrative costs are costs of overall program management, coordination, reporting and evaluation of the project, not costs of delivering housing or services to participants, which must be budgeted on the applicable program budget forms. Administrative costs are limited to 10% of the total funding amount requested. Applicants may request eligible project administrative costs in accordance with 24 CFR 578.59.

Applicants may also request indirect costs in accordance with 2 CFR Part 200 and must provide documentation of a federally negotiated indirect cost rate agreement (NICRA) or indicate use of the 15 percent de minimis rate, as applicable. Costs charged as indirect costs may not also be charged as direct project administrative costs.

Eligible Administrative Cost	**Quantity AND Description** *(max 400 characters)*	**Amount Requested**
Training		$
Travel		$
Supplies		$
Other Admin Costs (Program management, coordination, reporting and evaluation of the project)		$
Indirect Costs		$
	Total Request for Grant Term	$

Quantity and Description: Enter the quantity (i.e., numbers) and descriptive information for each line item for which you are requesting funds.

Total Request for Grant Term: Enter the total amount requested for eligible administrative and/or indirect costs for a 12-month period.

Required Documentation: If applying a federally negotiated indirect cost rate, provide a copy of the negotiated indirect cost rate agreement (NICRA) signed by the cognizant agency in Section 13: Required Attachments.

Match Budget- All Projects

WHO COMPLETES THIS FORM: All project types. Every grant must have match.

Under 24 CFR 578.73, all grant funds, except leasing, must be matched with at least a 25 percent cash or in-kind contribution from sources other than the CoC Program grant. Describe how your project will meet this requirement. If your project will use program income as part of the match, state the estimated amount and how it will be generated. In-kind services provided by a third party require a memorandum of understanding executed before the grant agreement.

Match Source	Cash or In-Kind	Description	Amount/ Value
			$
			$
			$
			$
		Total Match	$

Match Letter Requirements

A match letter for each source must be included as a separate attachment. Letters must meet the following criteria:

- Be on letterhead from the organization providing the contribution, contributions can be from an internal or external organization.
- Be signed and dated by an authorized representative of the contributing organization.
- Contain the cash amount or dollar value of the in-kind contribution.
- Contain the specific date the contribution will be made available and the period during which the contribution will be available.
- Contain the name of the applicant agency to which the contribution is being given.
- Contain the specific grant name and the fiscal year.
- Contain a description of the goods/services that will be provided (for in-kind contributions) or a description of what the funds will be spent on (for cash contributions).

Required Attachments

Applicants must upload all required attachments at the end of the application. Files must be clearly labeled and submitted in PDF format unless otherwise specified. Incomplete or missing attachments may result in the application being deemed ineligible for review.

1. Evidence of legally formed entity qualified to do business in the State of Florida as of the application deadline.
2. Proof of 501(c)(3) nonprofit status.
3. Evidence the organization has provided continuous direct services for at least 12 months prior to the application deadline.
4. Proof of SAM's registration
5. Independent Certified Audited Financial Statement of the most recent or immediate prior fiscal year, including the management letter and written response. (Exceptions may be considered on an individual basis) and/or 990.
6. Copy of the applicant's Operating Budget, including other services or programs and funding sources, and overhead/indirect rates charged to grant sources.
7. Match Commitment Letters
8. Organizational Chart
9. Memorandums of Understanding(s)
10. Indirect Cost Rate Certification Form (HUD-426)
11. Negotiated indirect cost rate agreement signed by the cognizant agency, if applicable
12. Supportive Service Agreement Template
13. Provide a lease or rental agreement template if you are doing a Transitional Housing project, Rapid Re-housing of Permanent Supportive Housing Project