2025 Seattle-King County Local Renewal Application

Continuum of Care Program YHDP Renewal Application

DUE: Sunday, December 14, 2025, by 11:59pm PST

A. Project Information

CoC Program Project Title:
HUD Grant Number:
Name of Organization:
Employer or Tax Identification Number:
Unique Entity Identifier:
Project Address:
Primary Contact Person Name:
Telephone:
e-mail address:

2025 HUD YHDP Local Renewal Application

Renewal projects (projects previously funded) YHDP award that ends in calendar year 2026 must submit the information required in this Application to be included in the HUD FY 2025 Continuum of Care NOFO process to be eligible for continued funding for 2026-2027.

Renewal projects ***(including existing projects that will seek to utilize the replacement grant process)*** will be ranked based on their score in a two-part scoring that includes objective criteria calculated from HMIS and other databases (172 points maximum) and responses to the questions below (50 points maximum).

Under King County v Turner 2:25-cv-00814-BJR a temporary restraining order has been extended to King County and KCRHA enjoining HUD from imposing or enforcing new conditions related to Executive Orders, anti-discrimination law, collaboration with immigration enforcement, immigration condition verification, gender ideology, and abortions. For that reason, certifications or attestations related to such new conditions are struck below and not assumed to be required of applicants to this funding opportunity.

All applications will be reviewed in the following stages:

1. Threshold Review

- All applicants must meet minimum requirements.
- Renewal, replacement, and new projects must also meet specific thresholds for non-required questions.
- Projects failing thresholds are not advanced to rating or funding consideration.

2. Rating Stage

Projects that pass thresholds are scored on performance and compliance. Key rating areas include:

- Housing Outcomes: Movement to permanent housing, housing stability, length of stay, return to homelessness.
- Income Progress: Exits with earned/non-earned income, minimizing exits with no resources.
- Program Operations: Occupancy rates, outreach effectiveness, participant sources.
- Data Quality: HMIS completeness and accuracy.
- Priority Measures: Alignment with HUD priorities, target populations served, supportive service participation, onsite behavioral health, mainstream benefits, housing/healthcare partnerships.

- Efficiency & Effectiveness: Spending HUD funds fully, timely APR submission, audit/monitoring results, cost effectiveness.

Scoring totals vary by project type (e.g., PSH, RRH, TH/SSO, Replacement).

3. Ranking Process

- After scoring, a rater panel develops the final ranked order.
- Priority order: Renewal projects → Replacement grants → New projects.
- Adjustments may be made to ensure services for key populations (e.g., DV survivors, youth) even if scores are lower.
- Projects meeting all threshold criteria may be ranked higher than those that only meet minimums.

Section I – Threshold Review (Pass/Fail)

Applicants must affirmatively answer **"Yes" to all questions marked as Required** in order for their application to be considered. In addition, applicants must meet minimum thresholds for the non-required questions:

- **Renewal projects** must answer "Yes" to at least **3** of the non-required questions.
- **Replacement projects** must answer "Yes" to at least **5** of the non-required questions.

Applications that fail to meet these thresholds will not advance to the application rating stage, will not be reviewed by the rater panel, and will therefore not be recommended for funding.

~~1. Required: The project will not engage in racial preferences or other forms of illegal discrimination.~~
~~☐ Yes~~
~~☐ No~~

2. Required: The project applicant will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of "harm reduction."
   ☐ Yes
   ☐ No

3. This 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.
   ☐ Yes
   ☐ No

4. 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.
   ☐ Yes
   ☐ No

5. The proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent).
   ☐ Yes
   ☐ No
6. The average cost per household served for the project is reasonable, consistent with 2 CFR 200.404.
   ☐ Yes
   ☐ No

7. **REPLACEMENT GRANT ONLY (TRANSITIONAL HOUSING):** The project has experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months.
   ☐ Yes
   ☐ No

8. **REPLACEMENT GRANT ONLY (TRANSITIONAL HOUSING):** The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that 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.
   ☐ Yes
   ☐ No

9. **REPLACEMENT GRANT ONLY (TRANSITIONAL HOUSING):** The proposed project will provide 40 hours per week of customized services for each participant (e.g. case management, employment training, substance use treatment, etc.). The 40 hours per week may be reduced proportionately for participants who are employed. The 40 hours per week does not apply to participants over age 62 or who have a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder.
   ☐ Yes
   ☐ No

10. **REPLACEMENT GRANT ONLY (SUPPORTIVE SERVICES ONLY):** The Supportive Services project is necessary to assist people in exiting homelessness and increasing self-sufficiency, and the Recipient will conduct an annual assessment of the service needs of the program's participants.
    ☐ Yes
    ☐ No

11. **REPLACEMENT GRANT ONLY (SUPPORTIVE SERVICES ONLY):** 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.
    ☐ Yes
    ☐ No

12. **REPLACEMENT GRANT ONLY (SUPPORTIVE SERVICES ONLY):**Demonstrate that the applicant has a history of 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 applicant must cooperate, assist, and not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws.
    ☐ Yes
    ☐ No

13. **REPLACEMENT GRANT ONLY (SUPPORTIVE SERVICES ONLY):**The applicant has experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13) and has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.
    ☐ Yes
    ☐ No

Section II – Application Questions

1. Supportive Service Participation (24 CFR 578.75(h)) – 15 points

- Upload the required supportive service participation agreement (lease addendum, occupancy agreement, service agreement, or equivalent) that demonstrates compliance with 24 CFR 578.75(h). *(Upload required for scoring)*

2. REPLACEMENT GRANT ONLY (TRANSITIONAL HOUSING): Service Intensity (40 hours/week of tailored services) – 5 points

- Describe how service hours are tracked and tailored to individual participant needs.

3. Behavioral Health Treatment Supports – 10 points

- Describe behavioral health, including substance use, treatment services offered within your project, including the frequency, staffing model, and scope of support.
- Upload written documentation (program description, protocols, service model) to demonstrate that behavioral health treatment supports are provided.
- Upload a current letter of agreement or MOU with the partner agency or internal team responsible for delivering behavioral health treatment services. *(Uploads required for full points)*

4. HUD Monitoring & Agency Audit – 10 points

- Has this program been monitored by HUD since 1/1/22?
  - ☐ Yes
  - ☐ No

  Date of last monitoring: _____

- Are there any unresolved HUD monitoring findings or concerns related to this HUD CoC Program project or other HUD funded projects within your Agency? HUD programs include, but are not limited to ESG, CDBG, Home, HOPWA.
  - ☐ Yes
  - ☐ No
- Has HUD instituted any sanctions on any project of your agency, including but not limited to, suspending disbursements (e.g., freezing LOCCS, requiring repayment of grant funds or de-obligating grant funds due to performance)?
  - ☐ Yes
  - ☐ No

  <u>If YES to any of the above, an Attachment is required:</u> Please include a brief narrative describing the issue and status of the concerns/findings and include the following documentation: A copy of the Audit finding and related correspondence and action to resolve the finding.

5. REPLACEMENT GRANT ONLY: Cost Effectiveness (2 CFR 200.404) – 5 points

- Provide a narrative justification that proposed costs are necessary, reasonable, and aligned with 2 CFR 200.404.
- Explain how costs compare to local market rates.
- Describe why each major budget item is essential to your service model.
- Upload the detailed line-item budget with explanations.

6. Mainstream Benefits Supports – 5 points

(*Check all that apply)*

☐ Staff assist participants with applications for mainstream benefits
☐ Transportation is provided for benefit appointments, employment training, or jobs
☐ DSHS single application is used
☐ Staff conduct systematic annual benefit renewal follow-up
☐ Project participates in health-insurance outreach and enrollment

7. Housing Resource Commitments – 5 points

- Does your agency have formal commitments from partners that will provide housing units or housing subsidies to participants in this project?
  - ☐ Yes
  - ☐ No
- **If yes, please answer the following:**
  - Identify the partner organization(s) providing housing units or subsidies.
  - Partner Name(s): _____
- Specify the number and type of housing units or subsidies committed:
  - Number of units: _____
  - Type(s) (PSH units, RRH subsidies, vouchers, project-based units): _____
  - Duration of commitment (start/end dates): _____
- Describe how these housing resources are prioritized for or integrated into this project's operations.
- Upload the formal commitment documentation, which may include: MOUs, contracts, letter of agreement, partnership agreements, award notices, etc. *(Upload required to receive points.)*

8. Healthcare Resource Commitments – 5 points

- Does your agency have formal commitments from healthcare partners to provide services, staffing, funding, or other healthcare resources to participants in this project?
  - ☐ Yes
  - ☐ No
- **If yes, please answer the following:**
  - Identify the healthcare partner organization(s):
    - Partner Name(s): _____

  a. Specify the type and quantity of healthcare resources committed, such as:
    - Onsite or mobile healthcare visits per month
    - Behavioral health services (e.g., psychiatry, therapy, MAT)
    - Nursing or medical case management
    - Co-enrollment for Medicaid billing
    - Dedicated clinic slots
    - Funding/resources (specify dollar value, if applicable)

  b. Describe how participants access and are connected to these healthcare resources.

  c. Upload formal written documentation demonstrating these commitments: MOUs, letters of commitment, contracts, agreements outlining staffing or service provision, documentation of Medicaid co-enrollment or billing partnerships. *(Upload required to receive points.)*

17. Program Target Populations: Please select the population(s) that this project intends to serve:

Population	Serving?
Units/program dedicated/prioritizes unsheltered persons = 3 points	☐ Yes ☐ No
Units/program serve Youth and Young Adults = 1 point	☐ Yes ☐ No
Units/program operates as "Recovery Based" = 3 points	☐ Yes ☐ No
Units/program participants are fleeing Domestic Violence or Sex Trafficking = 1 point	☐ Yes ☐ No
Units serve Elders, seniors and/or disabled persons = 3 points	☐ Yes ☐ No
Unit/program serves more than one gender provide and ensures safe single-gender spaces = 1 point	☐ Yes ☐ No

SECTION III – Replacement Grant Addendum

No more than 30% of the CoC's renewal amount can support permanent housing (i.e., permanent supportive housing, rapid rehousing, or joint component projects). Renewal projects providing permanent housing that are not ranked within that 30% limit will be submitted for replacement grants to allow the project to transition to providing transitional housing if they complete this addendum to their renewal application. Points in this section will be used to rank the order against other replacement grant projects

1. Value and Impact of Leveraged Resources Note Above

a. Describe how the housing and healthcare resources listed above expand the capacity or improve outcomes of your project.
b. If possible, provide an estimated financial value of the leveraged resources (e.g., value of units, services, staffing hours, subsidies, or healthcare billable work).
c. Describe any plans to expand, strengthen, or formalize these partnerships during the grant period.

2. Supportive Services to Obtain or Maintain Housing

- Describe the supportive services your project provides to help participants obtain and maintain housing. Please include:
- The types of services offered (e.g., case management, rental assistance, employment support, substance use treatment, life skills training).
- How services are tailored to individual participant needs.
- How you ensure ongoing engagement and follow-up to prevent housing loss.
- Any evidence of effectiveness (data, outcomes, participant feedback, etc.).

3. Prior Experience with Transitional Housing/Supportive Services Only or Successful Exits

Explain your organization's prior experience operating Transitional Housing or Supportive Services Only or achieving successful exits to permanent housing. Please include:

- Number and types of Transitional Housing projects you have managed in the past 24 months.
- Supportive Services Only: How you will engage those who have not traditionally engaged in supportive services and how you will engage 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.
- Outcomes for participants, including numbers served and successfully exited to permanent housing.
- Challenges faced and strategies used to overcome them.
- References or documentation (HMIS reports, program evaluation data, or partner letters) supporting your outcomes.

4. Plan or Demonstrated Experience of Exiting 50% to Permanent Housing and 50% with Employment Income

Describe your project's plan or evidence of successfully exiting participants to permanent housing and achieving employment outcomes. Please address:

- How you track exits to permanent housing and participant employment status.
- Strategies used to help participants gain or maintain employment and increase income.
- Evidence or data from the past 24 months demonstrating that at least 50% of participants were exited to permanent housing and 50% had employment income.
- Any innovative or targeted approaches for supporting high-need participants.

5. Updated CoC Budget Template

- Complete and upload the CoC Budget Template detailing your proposed budget for the new project type. **Note:** Replacement grants can propose budget allocations that differ from the budget allocation of the current award (e.g., more funds could be spent on supportive services). Replacement grants cannot exceed the currently awarded amount for the existing project type.