



New Project Application: CoC Bonus

Due Date July 3, 2026, at 11:59 PM PST.

Cover Page - Completed in [Smartsheet](#)

| Project Information | | | |
|--|--|-------------------------------|--|
| Project Name: | | | |
| Application Program Funding Area(s) (check all that apply): | | | |
| Funding Opportunity: | | Households to serve annually: | |
| Project Start Date: | | Project Location: | |
| Total Amount Requested: | | | |
| Attestation Regarding Potential Budget Reduction | | | |
| <p><i>The applicant acknowledges and agrees that the proposed project budget and/or performance commitments may be subject to reduction by the ranking panel if deemed necessary to align with available resources, HUD funding priorities and available resources. The applicant understands that any such reductions will be determined by the ranking panel and will be informed by prior spending patterns and demonstrated capacity to expend funds. The applicant further agrees that any adjustments will be limited to the minimum amount necessary to achieve funding alignment while maintaining project feasibility and intent.</i></p> <p><i>The applicant also agrees to submit a revised and fully compliant project budget within five (5) business days of notification of any required budget adjustments.</i></p> <p><i>By submitting this application, the applicant affirms their willingness to accept and implement any such budget modifications as a condition of funding.</i></p> | | | |
| Budget Reduction Attestation: | | | |
| Agency Information | | | |
| Agency Name | | | |
| Agency Executive Director: | | | |

| | | | |
|--|--|---|--|
| | | | |
| Primary Agency Contact: | | | |
| Organization Type: | | | |
| Federal Tax ID or EIN (Employer Identification Number): | | | |
| UEI #: | | Check box up to affirm UEI is active on SAM.gov : | |
| WA Business License #: | | | |
| Authorized submission of applicant/lead agency | | | |
| <i>To the best of my knowledge and belief, all information in this application is true and correct. This submission has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.</i> | | | |
| <i>I understand KCRHA may request supplemental information to ensure all materials necessary to complete project application forms can be completed and that failure to provide such supplemental information by the deadline provided could result in an application being deemed incomplete or denied.</i> | | | |
| Name of Authorized Representative: | | Date: | |



Application Instructions

All applications and required documentation will be submitted through [Smartsheet](#). KCRHA advises completing the application several days before the deadline in case you encounter any technical issues. A completed application must include the following items. Late and incomplete applications will **not** be reviewed.

1. Fill out [Smartsheet](#) form
2. Submit Project Application to Smartsheet form
3. Submit required documents to Smartsheet form
 - a. [Minimum Eligibility Documents](#)
 - b. [Certification of Non-Debarment and Suspension](#)
 - c. [Conflict-of-Interest Certification and Disclosure Form](#),
 - d. [Code of Conduct](#), and
 - e. Financial Documents
 - i. Current fiscal year's financial statements certified by the agency's CFO, Finance Officer, or Board Treasurer
 1. Balance Sheet,
 2. Income Statement, and
 3. Statement of Cash Flows
 - ii. Most recent audit reports with the letter from the auditor, and the agency plan for correction, if applicable
 - iii. Most recent fiscal year-ending Form 990
 - iv. Proof of Federally Approved Indirect Rate, if applicable
4. Submit [CoC Budget Template](#) to Smartsheet form

Incomplete applications will not be rated. KCRHA reserves the right to waive minor irregularities in an application or within the process in its discretion.

Proposals must meet minimum eligibility qualifications and pass a fiscal review. An eligibility screening will verify that the agency meets KCRHA's minimum eligibility requirements, the proposal is complete and submitted on time, and if KCRHA contracts with the agency for the provision of homelessness services, confirmation that the organization is in good standing. KCRHA reserves the right to exercise due diligence and inquire as to any statements made in the application or the validity thereof. KCRHA may inquire into the applicant regarding statements made in the application or otherwise. The application will be rated by a panel of subject matter and lived/living experts. KCRHA or the panel may decide to reopen the request for applications after review of the applications when necessary to carry out the purpose of the underlying funding.



Section I - Due Diligence and Financial Review

The Due Diligence and Financial review is pass or fail. Applicants **must** submit the following for review with the application:

Minimum Eligibility Documents

| MINIMUM ELIGIBILITY REQUIREMENT | SUPPORTING DOCUMENTATION | Attached? |
|--|--|--------------------------|
| Applicant must be incorporated as a <u>Washington State, private non-profit corporation</u> . Note: Applicant must be granted 501(c)(3) tax-exempt status. | Certificate of Incorporation KCRHA confirms the status via the <u>IRS website</u> | <input type="checkbox"/> |
| OR a <u>Federally</u> or <u>Washington State-recognized</u> Indian tribe. | Federal or State Registry listing | |
| OR a public corporation or other legal entity established per <u>R.C.W. 35.21.660</u> or <u>35.32.730</u> (public corporation, commission, or authority). | Authorizing documents such as an interlocal agreement, legislative act, or ruling, etc. | |
| AND | | |
| Applicant must be in good standing 12 months before and on the date of application for pre-certification. | <u>Certificate of Existence</u> | <input type="checkbox"/> |
| Applicant must have a Federal Tax Id number / employer identification number (EIN) | EIN Registration Confirmation from the IRS | <input type="checkbox"/> |
| Applicant must have <u>Washington State Business License</u> (UBI#) and <u>Seattle Business License</u> (as applicable), and pay taxes as required by the laws of those jurisdictions. | Copy of Business License(s) | <input type="checkbox"/> |
| Applicant must not be presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from competing for funding opportunities by any Federal, State, or local department or agency. | <u>KCRHA Certification of Non-debarment</u> (pg. 2) | <input type="checkbox"/> |
| Applicant must have an active System for Award Management (SAM) registration on Sam.gov and an active Unique Entity ID number (UEI). | <u>Proof of active SAM registration and UEI number</u> | <input type="checkbox"/> |

- Certification of Non-Debarment and Suspension
- Conflict-of-Interest Certification and Disclosure Form
- Code of Conduct
- Financial Documents
 - Current fiscal year's financial statements certified by the agency's CFO, Finance Officer, or Board Treasurer



- Balance Sheet,
- Income Statement, and
- Statement of Cash Flows
- Most recent audit reports with the letter from the auditor, and the agency plan for correction, if applicable
- Most recent fiscal year-ending Form 990
- Proof of Federally Approved Indirect Rate, if applicable

Section II - Threshold Review (Pass/Fail)

The HUD FY 2026 CoC NOFO requires that any new project meet both eligibility and project quality thresholds to be funded with CoC funds.

Under King County v Turner 2:25-cv-00814-BJR a preliminary injunction has been extended to King County and KCRHA, as well as all continuum members, enjoining HUD from imposing or enforcing certain new grant conditions related to anti-discrimination law, immigration enforcement, immigration status verification, “gender ideology,” abortions, and compliance with Executive Orders. Consistent with the preliminary injunction, certifications or attestations related to such conditions are struck below and are not required of applicants to this funding opportunity while the preliminary injunction remains in effect.

All Projects

Applicants who do not affirmatively answer “Yes” to all questions below (excluding those currently enjoined) may risk funding eligibility.

1. **Required:** Is your organization eligible to receive federal funding (i.e. nonprofit organizations – including faith-based organizations, states, local governments, instrumentalities of state and local governments, Indian Tribes and Tribally Designated Housing Entities)?
 Yes No
2. **Required:** Does your organization have the financial and management capacity to carry out the project as detailed and administer federal funds?
 Yes No
3. **Required:** Does the project affirm to only serve populations meeting the definition of "homeless" in [24 CFR 578.3](#), including the definition of "homeless" under section [103\(b\) of the McKinney- Vento Homeless Assistance Act](#)?
 Yes No



4. ~~**Required:** The project will not engage in illegal racial discrimination. This is consistent with the requirements of [2 CFR 200.300\(a\)](#):~~
 ~~Yes~~ ~~No~~
5. **As Required per the HUD FY26 CoC NOFO::** The project applicant will not operate drug injection sites or "safe consumption sites" in violation of [21 U.S.C. 856\(a\)\(1\)](#), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of [21 U.S.C. 863](#). This is consistent with the objectives outlined in Section III.B of the HUD FY26 CoC NOFO and is consistent with the requirements of [2 CFR 200.300\(a\)](#).

This certification is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.

Yes No

Project Type-Specific Thresholds

Each application should complete the certifications below that are relevant for the proposed project type (transitional housing, supportive services-standalone, supportive services-street outreach, supportive services-coordinated entry, rapid rehousing or HMIS). Certifications for project types not proposed in the application can be left blank.

Transitional Housing Projects Only

All new TH projects – must respond “Yes” to enough questions to gain at least 6 of 8 total points available below to move to forward to rating:

1. 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 (i.e., case management, behavioral healthcare, employment training, etc.) (2 points)
 Yes No
2. 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. (1 point)
 Yes No
3. The project has experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months as a plan in place to ensure homeless individuals and families will exit homelessness within 24 months. (1 point)
 Yes No



4. 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. (1 point)
- Yes No
5. The proposed project will:
- Assess the service needs of program participants,
 - 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. The project description provided here does not constitute a reporting or documentation requirement.
 - Indicate that 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, and by whom all services will be provided.
 - 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. (2 points)
- Yes No
6. The average cost per household served for the project is reasonable, consistent with [2 CFR 200.404](#). (1 point)
- Yes No



Supportive Services Only - Standalone Projects Only

All new SSO – Standalone projects must respond “Yes” to enough questions to gain at least 4 of 5 total points available below to move to forward to rating:

1. The 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 and the Recipient will conduct an annual assessment of the service needs of the program participants (1 point)
 Yes No
2. 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 traditionally engage with supportive services. (2 points).
 Yes No
3. 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. (1 point)
 Yes No
4. The services provided are cost-effective, consistent with [2 CFR 200.404](#). (1 point)
 Yes No

Supportive Services Only - Street Outreach Projects Only

New SSO – Street Outreach projects must respond “Yes” to enough questions to gain at least 5 of 6 total points available below to move to forward to rating:

1. 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. (1 point)
 Yes No
2. 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. (2 points)
 Yes No
3. Demonstrate that the applicant has a 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 applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals. (1 point)
 Yes No
4. The applicant has experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at [24 CFR 578.53\(e\)\(13\)](#) and



has a plan for or 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. (1 point)

Yes No

5. The project demonstrates the average cost per household served for the project is reasonable. [2 CFR 200.404](#). (1 point)

Yes No

Supportive Services Only - Coordinated Entry Projects Only

New SSO-CE projects must respond “Yes” to enough questions to gain at least 3 of 4 total points available below to move to forward to rating:

1. The Coordinated Entry system is easily available and reachable for all persons within the CoC’s geographic area who are seeking homelessness assistance. The system must also be accessible for persons with disabilities within the CoC’s geographic region. (1 point)
 Yes No
2. There is a strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest needs. (1 point)
 Yes No
3. There is a standardized assessment process. (1 point)
 Yes No
4. The project will ensure program participants are directed to appropriate housing and services that fit their needs. (1 point)
 Yes No

Rapid Rehousing (RRH) Projects Only

New RRH projects must respond “Yes” to enough questions to gain at least 4 of 6 total points available below to move to forward to rating:

1. The provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months. (1 point)
 Yes No
2. 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) will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness. (2 points)
 Yes No
3. The applicant has previously operated or currently operates a homelessness project 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. (1 point)

Yes No

4. Demonstrate the average cost per household served for the project is reasonable. [2 CFR 200.404](#). (1 point)

Yes No

5. 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. (1 point)

Yes No

HMIS Projects Only

New HMIS projects must respond “Yes” to enough questions to gain at least 3 of 4 total points available below to move to forward to rating:

1. The HMIS funds will be expended in a way that furthers the CoC’s HMIS implementation and ability to use HMIS as a proactive case management tool to promote treatment and recovery. (1 point)
 Yes No
2. The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards. (1 point)
 Yes No
3. The ability of the HMIS to unduplicate client records. (1 point)
 Yes No
4. The HMIS produces all HUD-required reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners. (1 point)
 Yes No



Section III - Application Questions & Rating Criteria

Applications will be scored with a total of 119 possible points.

All Project Type Questions

Addressing System or Geographic Gaps (10 Points)

1. Describe the proposed project and how it will address an identified geographic or system gap (accessing services, strengthening crisis response, and improving housing stability) as documented in the [FY26 CoC System & Geographic Gaps for New Project Priorities](#). (2000-character limit)
 - a. Include the anticipated number of people to be housed or served.
 - b. Include if you anticipate serving populations with limited access to services or high levels of need.

Rating Criteria:

- 9-10 Points: The proposed services are clearly located in, or specifically designed to address, a documented geographic or system gap identified by the CoC. The application provides strong documentation and clearly demonstrates how the project expands capacity in a priority area or service type.
- 6-7 Points: The proposed services partially address an identified geographic or system gap, or alignment with CoC priorities is evident but limited in scope, scale, or supporting documentation.
- 1-5 Points: The proposed services demonstrate minimal or indirect alignment with identified geographic or system gaps and lack sufficient documentation or explanation of system impact.
- 0 Points: The proposed services do not address an identified geographic or system gap or are located in areas with no documented unmet need.



Demonstration of Experience Operating Proposed Services (5 Points)

2. What is your organization's experience and expertise in providing the proposed services? (2000-character limit)
 - a. Include in your response number of years providing the services and number of years providing homelessness services in general.

Rating Criteria:

- 4-5 Points: Demonstrates experience of 4+ years with operating the same services proposed in the application.
- 1-3 Points: Demonstrates 2-3 years providing services proposed or demonstrates 4+ years of homelessness service provision but no direct experience with the services proposed in the application.
- 0 Points: No prior experience providing homelessness services.



Staffing Qualifications and Staffing Needs (5 Points)

3. How do the staff positions and their required qualifications meet the needs of the program participants? Please respond in relation to the program's design and not the individual staff members expected to fill the roles. (1000-character limit)

Rating Criteria:

- 5 Points: Staffing model and justifications are reasonable based on proposed number of households to serve.
 - Minimum Recommendation for staffing: RRH and TH - staffing ratio is around 1 case manager to 15 households, SSO - staffing ratio is around 1 case manager to 20 households.
- 0 Points: Staffing model is not reasonable, and ratio of staff is below minimum required to provide quality services.
- No partial points will be awarded.



Partnerships and Coordination (6 Points)

4. Describe how your project will partner with housing and healthcare organization and/or law enforcement, first responders, or outreach teams to support coordinated and humane responses to unsheltered homelessness, including participation in encampment response or crisis intervention efforts. (2000-character limit)
 - a. For rapid rehousing and transitional housing projects, responses should reflect how these partnerships support engagement of unsheltered individuals, safe transitions into housing, and increased safety within the broader community.

Rating Criteria:

- 4-5 Points: Clear demonstration of partnerships with both healthcare/housing providers and Law Enforcement and First Responders. Proposal includes named partners within the sectors, and examples of collaboration with partners.
- 1-3 Points: Clear demonstration of partnerships with both healthcare/housing providers or Law Enforcement and First Responders. Proposal includes named partners within the sectors, and examples of collaboration with partners.
- 0 Points: Does not demonstrate ability to meet criteria.
- *1 Bonus Point:* Attached one or more MOUs or other formal agreements with Healthcare and Housing providers.



Service Approach and Methodology (5 Points)

5. Describe your commitment to trauma-informed, person-centered approaches that maintain confidentiality and encourage well-being, including the prevention steps and/or supportive services provided to promote positive outcomes. (1000-character limit)
 - a. Provide policies and procedures that demonstrate the use of such an approach.

Rating Criteria:

- 4-5 Points: Applicant demonstrates excellence in their ability to utilize a trauma-informed and person-centered approach. Applicant provides policies, procedures and describes an agency culture that ensures the approaches will be used and improve client outcomes.
- 1-3 Points: Applicant adequately addresses their ability to utilize a trauma-informed and person-centered approach. Applicant provides policies or procedures and describes an agency culture that ensures the approaches will be used and improve client outcomes.
- 0 Points: Applicant does not meet and/or address their ability to utilize a trauma-informed and person-centered approach.



Returns to Homelessness (10 Points)

6. What is your organization's strategy for this program to support an increase in self-sufficiency of participants in order to reduce returns to homelessness? (2000-character limit)
 - a. Provide data from a similar program that demonstrates your organization's ability to fulfill this requirement.
 - i. If data does not exist, provide anecdotal evidence that your organization will be able to fulfill this requirement.

Rating Criteria:

- 8-10 Points: Applicant provides strategy and data from similar program that demonstrates 3-5% return rate.
- 6-7 Points: Applicant provides strategy data from similar program that demonstrates 6-10% return rate.
- 1-5 Points: Applicant provides anecdotal evidence of prior ability to meet low returns but does not provide data to support it.
- 0 Points: Does not demonstrate ability or strategy to increase self-sufficiency or participants to reduce returns to homelessness.



Employment Income Outcomes (10 Points)

7. What is your organization's plan for this program to achieve a gain of employment income for 50% of participants? (2000-character limit)
 - a. Include examples and partnerships that support this goal.
 - b. Provide data from a similar program that demonstrates your organization's ability to fulfill this requirement.
 - i. If data does not exist, please provide anecdotal evidence that your organization will be able to fulfill this requirement.

Rating Criteria:

- 8-10 Points: Applicant provides exit data from similar program that demonstrates ability to meet 50% of participants who exit have employment income.
- 6-7 Points: Provides exit data from similar program that demonstrates ability to meet 30% exit of participants who exit have employment income.
- 1-5 Points: Provides anecdotal evidence of prior ability or plan to meet employment income measure but does not provide data to support it.
- 0 Points: Does not demonstrate ability to meet criteria.



Exits to Permanent Housing (10 Points)

8. What is your organization's plan for this program to exit at least 50% of participants to permanent housing within 24 months? (2000-character limit)
 - a. Provide exit data from similar programs that demonstrates the ability to meet the exit rate.
 - i. If data does not exist, please provide anecdotal evidence that your organization will be able to fulfill this requirement.

Rating Criteria:

- 8-10 Points: Provides exit data from similar program that demonstrates ability to meet 50% exit to PH within 24 months.
- 6-7 Points: Provides exit data from similar program that demonstrates ability to meet 30% exit to PH within 24 months.
- 1-5 Points: Provides anecdotal evidence of prior ability or plan to meet exit criteria but does not provide data to support it.
- 0 Points: Does not demonstrate ability to meet criteria.



HMIS & Data Management (5 Points)

9. Provide your organization's previous experience with Homeless Management Information System (HMIS) or provide a detailed explanation of your knowledge and capacity to collect and manage data. Additionally, does your organization have experience meeting reporting requirements for state, local, and/or federally funded programs, or provide a detailed explanation of your agency's ability to fulfill these requirements. (1000-character limit)

Rating Criteria:

- 4-5 Points: Agency has experience and/or capacity to utilize HMIS and manage sensitive participant data. Agency has capacity to meet reporting requirements.
- 1-3 Points: Agency has no experience but has capacity to utilize HMIS and manage sensitive participant data. Agency has no capacity to meet reporting requirements.
- 0 Points: Agency has no experience and no capacity to utilize HMIS and manage sensitive participant data. Agency has no capacity to meet reporting requirements.



Fiscal Management (5 Points)

10. Describe how your agency manages finances, including any financial systems you use. How does your agency make sure General Accepted Accounting Principles (GAAP) are in place to safeguard a funding award? If you do not have this ability, your agency must have an established agency acting as a fiscal sponsor and will need to provide a signed letter of agreement from your fiscal sponsor. (1000-character limit)

Rating Criteria:

- 4-5 Points: Applicant describes revenue, financial health, and financial management systems. Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles to safeguard all funds that may be awarded under the terms of this funding opportunity.
- 1-3 Points: If the applicant lacks fiscal management capabilities, a signed letter of agreement stating an appropriate fiscal sponsor is provided.
- 0 Points: Applicant do not describe revenue, financial health, and financial management systems or does not have a system that maintains checks and balances and follows Generally Accepted Accounting Principles to safeguard all funds that may be awarded under the terms of this funding opportunity.



Budget Justification (5 Points)

11. Submit a completed [budget](#) with explanation for each budget item and its intended use. Budget items must be logical, cost-effective, and meet [2 CFR 200.404](#) standards.

Rating Criteria:

- 5 Points: Budget is logical and cost effective with items meeting [2 CFR 200.404](#) standards.
- 0 Points: Budget is not logical, does not meet the needs of the clients or program, or does not meet [2 CFR 200.404](#) standards.
- No partial points will be awarded.

Match Requirement (5 Points)

12. Does your organization have the ability to meet the 25% match requirement for funding?

Yes No

Rating Criteria:

- 5 Points: Submitted budget includes eligible 25% match.
- 0 Points: Submitted budget does not include a 25% match or match provided is not eligible.
- No partial points will be awarded.



Braided Funding (10 Points)

13. Demonstrate the extent to which your project has secured or committed external funding that leverages housing and/or behavioral health resources by attaching at least one of the following: (750-character limit)

- Award letter(s) from the Washington State Housing Finance Commission, Public Housing Authorities (PHA), Seattle Office of Housing, and/or King County Department of Community and Human Services
- Executed or draft agreement with a PHA for Move-On vouchers
- Other verifiable documentation confirming committed capital, operating, or service funding tied to housing stability or behavioral health services

14. Briefly explain how the funds described in question 13 support your project and contribute to housing and/or service outcomes. (750-character limit)

Rating Criteria:

- 10 Points: Award letter(s) (WSHFC, PHA, OH, DCHS) or executed Move-On voucher agreement. Funding is committed and aligned.
- 5 Points: Draft agreement, LOI, or pending award, Credible but not finalized funding
- 0 Points: No documentation or funding is uncommitted/unrelated



Geographic Diversity of Funds (5 Points)

15. Please list the project's other funding sources that allow services to be available countywide and support participant placements across multiple jurisdictions. (500-character limit)

Rating Criteria:

- 5 Points: Committed funding supports services countywide & enables placements across multiple jurisdictions.
- 3 Points: Some committed funding but limited geographic coverage. Cross-jurisdiction placements are partial or constrained.
- 0 Points: No committed funding or restricted to a single jurisdiction.



Program Component Priority (3 Points)

16. Check if your proposed program is one of the following:

- Rapid rehousing for families with children
- Transitional Housing
- Supportive Services Only

Rating Criteria:

- 3 Points: Rapid Rehousing for families with children
- 2 Points: Transitional Housing or Supportive Services Only

Program Population Priority (3 Points)

15. Will the proposed program have 100% of units/program dedicated to a High-Needs Population? (Unsheltered persons, recovery based, Elders, seniors and/or disabled persons, families with children, youth and young adults, participants are fleeing Domestic Violence or Sex Trafficking)

Yes No

a. If yes, please select the population:

Rating Criteria:

- 3 Points: Unsheltered persons, “Recovery Based”, Elders, seniors and/or disabled persons, Families, Youth and Young Adults, households fleeing Domestic Violence or Sex Trafficking
- 0 Points: Program is not serving 100% of a Prioritized Population.



Supportive Service Participation ([24 CFR 578.75\(h\)](#)) (2 Points)

16. How will the proposed project ensure program participants take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) that provide structure and accountability to meet individual needs and advance progress toward self-sufficient and independent living goals in line with [24 CFR 578.75\(h\)](#).

Consistent with [24 CFR 5.2005\(b\)\(1\)](#) assistance may not be denied on the basis or as a direct result of the fact that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the participant otherwise qualifies for admission, assistance, participation, or occupancy. (500-character limit)

- a. Please provide a supportive service agreement (contract, occupancy agreement, lease, or equivalent) if available.

Rating Criteria:

- 2 points: Agency requires participants to engage in supportive services and provides evidence of required engagement in alignment [24 CFR 578.75\(h\)](#) based on attached agreement OR proposed program exclusively serves victims of domestic violence, dating violence, sexual assault, or stalking.
- 1 point: Agency encourage participants to engage in supportive services but does not require it.
- 0 points: Agency does not require participants to engage in supportive services or does not provide evidence.



Onsite Behavioral Health Treatment Supports (5 Points)

17. Does the project provide treatment and services people need to recover and regain self-sufficiency including on-site behavioral health treatment, and robust wraparound supportive services?

Yes

- a. If yes, provide examples of written documentation (program description, protocols, service model) to demonstrate that onsite behavioral health treatment supports are provided OR a current letter of agreement or MOU with the partner agency or internal team responsible for delivering onsite behavioral health treatment services.

No

- b. If no, describe the plan for connecting participants with behavioral health support. (750-character limit)

Rating Criteria:

- 4-5 points: Applicant provides Letter or MOU demonstrate onsite behavioral health supports provided by a licensed [behavioral health agency](#).
- 1-3 points: Applicant provides a plan for onsite behavioral health support without formal agreement or is an outreach program with no onsite location.
- 0 points: Project does not provide onsite behavioral health supports OR provides evidence of support provided by an agency that is not a licensed [behavioral health agency](#).



Coordination with Mainstream Resources (5 Points)

18. How will the proposed project partner with SOAR, SSI/SSDI, SNAPs, and Medicaid/Medicare, and support participants in accessing and enrolling in mainstream benefits (e.g., through referrals, co-enrollment, SOAR-assisted applications, and benefits navigation)? (750-character limit)
- a. Provide MOUs, letters, or other formal agreements.

Rating Criteria:

- 4-5 Points: Agency demonstrates partnerships or referral processes AND supplies letters, MOUs, or other formal agreements that demonstrate partnerships or referral processes with mainstream resources such as Medicaid, SNAP, SSI/SSDI.
- 1-3 Points: Demonstrates partnerships or referral processes with mainstream resources such as Medicaid, SNAP, SSI/SSDI, but no formal agreements.
- 0 Points: Does not demonstrate partnerships or referral.



Demonstration of Commitment to Include Participants (5 Points)

19. Please describe how the project works with residents and/or community members who have experienced homelessness. This may include actively involving the aforementioned parties in project planning, implementation, and evaluation processes. (750-character limit)

20. Does your agency have a dedicated board seat for individuals who have experience of homelessness or used program services?

Yes No

21. Does your agency solicit and respond to feedback from participants?

Yes

- a. If yes, please describe the process(es) you use for participants to provide input and feedback. Describe how and when the information is collected and provide a specific example of how participant feedback has been used in your program to enhance supportive services offered, with a particular emphasis on enhancing individual wellbeing, within the past two years. (750-character limit)

No

- b. If no, explain your reasoning for not soliciting and responding to participant feedback. (750-character limit)

Rating Criteria:

- 4-5 Points: Demonstrates excellence in all and/or most of the criteria.
- 1-3 Points: Adequately addresses the criteria.
- 0 Points: Does not meet and/or address the criteria.



Supplemental Questions (Not Scored, But Required)

1. Please check all the current partnerships, population supports, or services offered in your program:

- | | |
|--|---|
| <input type="checkbox"/> Treatment and Recovery Services | <input type="checkbox"/> Employment and Workforce Development |
| <input type="checkbox"/> On-site substance use treatment | <input type="checkbox"/> Family or Support Network Reunification |
| <input type="checkbox"/> Outpatient treatment for mental health | <input type="checkbox"/> Public Housing Authorities |
| <input type="checkbox"/> Outpatient treatment for substance use | <input type="checkbox"/> Educational supports for youth – Head Start, Public Pre-K |
| <input type="checkbox"/> Medication Management | <input type="checkbox"/> Local Educational Agencies or McKinney-Vento Liaisons |
| <input type="checkbox"/> Peer recovery specialists | <input type="checkbox"/> Foster Youth Transition Programs |
| <input type="checkbox"/> Peer support and recovery navigation | <input type="checkbox"/> Runaway Homelessness Youth Programs |
| <input type="checkbox"/> Assertive Community Treatment | <input type="checkbox"/> Maternity Group Homes |
| <input type="checkbox"/> Drug Courts | <input type="checkbox"/> Department of Veteran Affairs or Veteran Organizations |
| <input type="checkbox"/> Assisted Outpatient Treatment programs | <input type="checkbox"/> State domestic violence, sexual assault, or sex trafficking coalitions |
| <input type="checkbox"/> Other Specialty Courts | <input type="checkbox"/> Residential care, assisted living, or medical respite for elders |
| <input type="checkbox"/> Inpatient Civil Commitment | <input type="checkbox"/> Justice System Re-entry |
| <input type="checkbox"/> Local Crisis Systems of Care | <input type="checkbox"/> High Utilizers of Healthcare System |
| <input type="checkbox"/> Units that require substance use treatment engagement | |
| <input type="checkbox"/> Formal partnership with a Community Behavioral Health or Mental Health Clinic | |
| <input type="checkbox"/> Sober Housing | |

2. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?

- Yes No

a. If yes, explain how and why the project will implement this requirement.

3. Will more than 16 persons live in a single structure?

- Yes No



4. Describe how the project will be integrated into the neighborhood.
5. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
- Provider: For the supportive services listed, select one of the following as applicable:
 - 'Subrecipient' indicates your organization will provide the service.
 - 'Partner' indicates an organization other than your agency, but with whom you have a formal agreement or MOU was signed to provide the service.
 - 'Non-Partner' indicates a specific organization with whom no formal agreement is established regularly provides the service to program participants.
 - Frequency: For each supportive service offered, indicate how often the service is provided to program participants (daily, weekly, monthly, etc).

| Supportive Services | Provider | Frequency |
|--|----------|-----------|
| Assessment of Service Needs | | |
| Assistance with Moving Costs | | |
| Case Management | | |
| Child Care | | |
| Education Services | | |
| Employment Assistance and Job Training | | |
| Food | | |
| Housing Search and Counseling Services | | |
| Legal Services | | |
| Life Skills Training | | |
| Mental Health Services | | |
| Outpatient Health Services | | |
| Outreach Services | | |
| Substance Abuse Treatment Services | | |
| Transportation | | |
| Utility Deposits | | |



6. For mainstream benefits and other assistance, please check that all are true:
- Case Managers systematically assist clients in completing applications for mainstream benefit programs.
 - We supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
 - We use the DSHS single application form that helps program participants sign up for four or more mainstream programs.
 - We have staff who systematically follow-up with program participants (at least annually) to ensure that they have applied for and are receiving their mainstream benefits and benefits are renewed.
 - We participate in enrollment and outreach activities to ensure eligible households know of and are enrolled in health insurance (e.g., Medicaid, Medicare, Affordable Care Act options).
7. Please check all that are true.
- a. We have specialized staff, or contract with another organization, for the primary responsibility of identifying, enrolling, and following up with clients regarding participation in SSI/SSDI.
 - b. We have staff, or contract with another organization who has staff, that have participated in an in-person or online SOAR training in the last 24 months.

NOTE: If the box for b is checked, identify staff by job title, and organization.

8. Please indicate the number of households the project serves, the characteristics of those households, and the number of persons for each household type, as applicable:

| Households | Households w/ at Least One Adult & One Child* | Adult Households without Children | Households w/Only Children |
|-------------------------------------|---|--------------------------------------|-------------------------------|
| Total Number of Households | | | |
| Characteristics | | | |
| Persons over age 24* | | | N/A |
| Persons ages 18-24* | | | N/A |
| Accompanied Children under age 18 | | N/A | |
| Unaccompanied Children under age 18 | N/A | N/A | |



9. Provide in the table below details of the program participant’s subpopulation information for the households entered above. To complete the columns correctly, the following rules apply for all three household types:
- a. The numbers entered for the following columns cannot be duplicated within these three subpopulations:
 - CH (Not Veterans)–number of chronically homeless non-veterans which must match the number of beds your project will dedicate to chronic homelessness. Do not include chronically homeless veterans, or
 - CH Veterans –number of chronically homeless veterans, regardless of discharge reason, or
 - Veterans (Not CH)– number of veterans who do not meet the chronically homeless definition.
 - b. The numbers entered for the following columns can be duplicated and should reflect the estimated subpopulations program participants fall under:
 - Chronic Substance Abuse,
 - HIV/AIDS,
 - Mentally Ill,
 - Domestic Violence (DV), includes survivors of human trafficking, sexual assault, stalking, and dating violence,
 - Physical Disability,
 - Developmental Disability, and
 - Persons Not Represented by a Listed Subpopulation.
 - c. Provide a description of “Persons not Represented by a Listed Subpopulation” if applicable.

| Persons in Households with at Least One Adult and One Child | | | | | | | | | | |
|---|-------------------|-------------|-------------------|-------------------------|----------|----------------|----|---------------------|--------------------------|---|
| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/ AID | Mental Illness | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | N/A | N/A | | | | | | | |
| Total Persons | | | | | | | | | | |



| Persons in Households without Children | | | | | | | | | | |
|--|-------------------|-------------|-------------------|-------------------------|----------|----------------|----|---------------------|--------------------------|---|
| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/ AID | Mental Illness | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | | | | | | | | | | |
| Persons in Households with Only Children | | | | | | | | | | |
| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/ AID | Mental Illness | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
| Accompanied Children under age 18 | | N/A | N/A | | | | | | | |
| Unaccompanied Children under age 18 | | N/A | N/A | | | | | | | |
| Total Persons | | | | | | | | | | |

10. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur:

| Project Milestones | Days from Execution of Grant Agreement |
|--|--|
| Begin hiring staff or expending funds. | |
| Begin program participant enrollment. | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin. | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity. | |

