



# YHDP New Project Application

**Due Date July 14, 2026 at 5:00 PM PST**  
**Answer Fields for Q18 & Q19 Updated**

**Cover Page - Completed in [Smartsheet](#)**

| Project Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------|--|
| Project Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                               |  |
| Application Program Funding Area(s)<br>(check all that apply):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                               |  |
| Project Start Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | Households to serve annually: |  |
| Project Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   | Total Amount Requested:       |  |
| 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 <a href="#">SAM.gov</a> : |                               |  |
| WA Business License #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                               |  |
| <b>Authorized submission of applicant/lead agency</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                               |  |
| <p><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></p> <p><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></p> |                                                                   |                               |  |
| 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 <a href="#">Washington State, private non-profit corporation</a> .<br><b>Note:</b> Applicant must be granted 501(c)(3) tax-exempt status.                                            | Certificate of Incorporation<br><br>KCRHA confirms the status via the <a href="#">IRS website</a> | <input type="checkbox"/> |
| <b>OR</b> a <a href="#">Federally</a> or <a href="#">Washington State-recognized</a> Indian tribe.                                                                                                                       | Federal or State Registry listing                                                                 |                          |
| <b>OR</b> a public corporation or other legal entity established per <a href="#">R.C.W. 35.21.660</a> or <a href="#">35.32.730</a> (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.                                                                                                                | <a href="#">Certificate of Existence</a>                                                          | <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 <a href="#">Washington State Business License</a> (UBI#) and <a href="#">Seattle Business License</a> (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. | <a href="#">KCRHA Certification of Non-debarment</a> (pg. 2)                                      | <input type="checkbox"/> |
| Applicant must have an active System for Award Management (SAM) registration on Sam.gov <b>and</b> an active Unique Entity ID number (UEI).                                                                              | <a href="#">Proof of active SAM registration and UEI number</a>                                   | <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 YHDP NOFO requires that any new project meet both eligibility and project quality thresholds to be funded with YHDP 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 a currently registered and active Unique Entity Identifier verified at [SAM.gov](https://sam.gov)?  
☐ Yes   ☐ No
3. **Required:** Does your organization have the financial and management capacity to carry out the project as detailed and administer federal funds?  
☐ Yes   ☐ No



4. **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
5. **Required:** Will the project participated in HMIS or, if the provider is a victim service provider, a comparable database?  
☐ Yes ☐ No
6. **Required:** Does the project incorporate Positive Youth Development and Trauma Informed Care models?  
☐ Yes ☐ No
7. **Required:** Does the project demonstrate a likelihood to achieve at least one core outcome for homeless youth (safe and stable housing, social and emotional well-being, education or employment, and permanent connections)?  
☐ Yes, if yes:
  - a. List which outcome(s):☐ No
8. **Required:** Is the project cost-effective and reasonable, consistent with [2 CFR 200.404](#)?  
☐ Yes ☐ No
9. **As Required per the HUD YHDP 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, supportive services-coordinated entry, or HMIS). Certifications for project types not proposed in the application can be left blank.



### Transitional Housing Projects Only

New TH 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 type, scale, and location of the housing fit the needs of the program participants. (1 point)  
☐ Yes ☐ No
2. The type and scale of the supportive services fit the needs of the program participants–this includes all supportive services regardless of funding source. (1 point)  
☐ Yes ☐ No
3. The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education). (1 point)  
☐ Yes ☐ No
4. Program participants are assisted to obtain and remain in housing in a manner that fits their needs. (1 point)  
☐ Yes ☐ No
5. 100 percent of the proposed program participants meet the criteria for "Eligible Program Participants" in II.A of appendix II of the YHDP NOFO. (1 point)  
☐ Yes ☐ No
6. The project must engage all program participants in supportive services to meet their individual needs and adequately track participant progress during their time in transitional housing. (1 point)  
☐ Yes ☐ No

### Supportive Services Only (SSO)

New SSO projects must respond “Yes” to enough questions to gain at least 2 of 3 total points available below to move to forward to rating:

1. The type, scale, and location of the supportive services fit the needs of program participants. (1 point)  
☐ Yes ☐ No
2. The supportive services are clearly designed to help youth quickly exit homelessness by obtaining or retaining housing. (1 point)  
☐ Yes ☐ No
3. 100 percent of the proposed program participants meet the criteria for "Eligible Program Participants" in II.A of appendix II of the YHDP NOFO.  
☐ Yes ☐ No



### Supportive Services Only (SSO) - Coordinated Entry (CE)

New SSO-CE projects must respond “Yes” to enough questions to gain at least 3 of 5 total points available below to move forward to rating:

1. The coordinated entry process is easily available for all youth within the CoC's geographic area, and is accessible for youth with disabilities, who are seeking information regarding homeless assistance. (1 point)  
☐ Yes ☐ No
2. There is a strategy for advertising the coordinated entry process that is designed to specifically reach homeless youth with the highest barriers within the CoC's geographic area. (1 point)  
☐ Yes ☐ No
3. The coordinated entry process has a standardized assessment process that is appropriate for youth. (1 point)  
☐ Yes ☐ No
4. The coordinated entry process ensures that youth are directed to appropriate housing and services that fit their needs. (1 point)  
☐ Yes ☐ No
5. The specific plan for ensuring that program participants will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education). (1 point)  
☐ Yes ☐ No

### HMIS (Homeless Management Information System)

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

1. The HMIS funds will be expended in a way that furthers the CoC's implementation concerning youth. (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 HHS/RHY reporting as applicable. (1 point)  
☐ Yes ☐ No



## Section III – Application Questions & Rating Criteria

Applications will be scored with a total of 128 possible points.

### Addressing System or Geographic Gaps (5 Points)

1. Describe the gap in local services that is preventing an end to youth and young adult homelessness and how the proposed project specifically addresses that gap, in alignment with the priorities and goals of the NOFO? (1000-character limit)
  - a. Include in your response the particular approaches, services, population(s) and number of young people to be served, staffing, or other traits that better equip the proposed project to fill that gap relative to other potential interventions or supports.

#### *Rating Criteria:*

- 4-5 Points: Applicant clearly describes the project proposed, the gap in local services in order to end youth and young adult homelessness (including data demonstrating needs or service gaps), and how the proposed project fills that gap.
- 2-3 Points: Application describes the project and a general or partially supported service gap, includes some data, but limited or not clearly tied to the gap, shows a basic connection between the project and the gap. Explains how the project fills the gap but lacks detail or clarity.
- 1-0 Points: Application describes the project without information on what gap it aims to address. Or the project does not fill the identified gap.





### Demonstration of Experience Operating Proposed Services (10 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 and youth services in general.

#### *Rating Criteria:*

- 8-10 points: Applicant demonstrates experience of 4+ years with operating the same services proposed in the application and 4+ years of experience working with youth and young adults.
- 6-7 points: Applicant demonstrates 2-3 years providing the services proposed or demonstrates 4+ years of homelessness service provision but no direct experience with the services proposed in the application. Applicant has experience working with youth and young adults.
- 1-5 points: Applicant demonstrates 2-3 years providing services proposed or demonstrates 2+ years of homelessness service provision but no direct experience with the services proposed in the application. No experience working with youth and young adults.
- 0 points: Applicant has no prior experience providing homelessness services and no experience working with youth and young adults.



**Staffing and Qualifications & 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: 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.



**Service Approach and Methodology (5 Points)**

4. 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 for youth and young adults. (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.



**Positive Youth Development (PYD) (10 Points)**

5. How will this project engage with youth and ensure measurable growth across the six core outcomes identified by HUD - confidence, character, connection, competence, caring, and contribution? High-quality projects will ensure youth are provided meaningful leadership and skill-building opportunities supported by consistent, caring adult relationships, while emphasizing youth voice and a strengths-based approach to development. (2000-character limit)

*Rating Criteria:*

- 10 Points: Applicant demonstrates regular youth engagement and clear, measurable growth across all six PYD outcomes (confidence, character, connection, competence, caring, contribution); Provides meaningful leadership and skill-building opportunities; Shows consistent, supportive adult relationships; Clearly incorporates youth voice and a strengths-based approach.
- 5 Points: Applicant shows periodic youth engagement and limited evidence of growth across PYD outcomes; Includes some leadership or skill-building opportunities, but lacks depth or consistency; Mentions supportive relationships or youth voice, but approach is not fully developed.
- 0 Points: Applicant provides little to no evidence of youth engagement or PYD outcomes. Applicant lacks leadership opportunities, supportive adult relationships, or strengths-based approach. Applicant does not demonstrate youth voice or meaningful development activities.



**Safe & Stable Housing (10 Points)**

6. How will the project provide youth with safe and stable housing that appropriately matches their level of need, or the ability to transition to it? Housing options may include moving in with family, other permanent housing, residential treatment centers, or substance abuse treatment facilities. (2000-character limit)

*Rating Criteria:*

- 10 Points: Applicant provides a clear, detailed plan for safe and stable housing, demonstrates strong matching of housing to youth needs (e.g., family, independent living, treatment), and includes transition planning and identified/likely placements or partnerships.
- 5 Points: Applicant has a general housing approach described but lacks detail. There is some consideration of youth needs, but matching is inconsistent, and there is limited or vague transition planning.
- 0 Points: Applicant provides little to no description of housing plan. There is no clear connection to youth needs or safety/stability, and no meaningful transition planning.



**Social & Emotional Well-Being (10 Points)**

7. How will the project connect youth to trauma-informed providers for services related to physical health, substance use, mental health, personal safety (such as potential trafficking situations), and sexual risk behaviors. (2000-character limit)

*Rating Criteria:*

- 6-10 points: Applicant provides a clear, comprehensive plan to connect youth to trauma-informed providers across all domains (physical health, mental health, substance use, safety, sexual risk). Applicant demonstrates a coordinated, youth-centered approach with strong partnerships or established referral pathways.
- 1-5 Points: Applicant provides a general description of service connections with some trauma-informed elements, covers several key domains but the response lacks depth, coordination, or clear pathways.
- 0 Points: Applicant has little to no detail on connecting youth to services with no clear evidence of trauma-informed approach or relevant provider linkages.



**Education or Employment (10 Points)**

8. Describe how the program will connect youth to school or vocational training programs, improve job search skills, or obtain employment. (2000-character limit)

*Rating Criteria:*

- 6-10 points: Applicant provides a clear, well-defined plan to connect youth to school, vocational training, and/or employment, and includes skill-building (job search, resumes, interviews). Applicant demonstrates active partnerships or established pathways to education and employment opportunities, and provides documentation, i.e. process documentation, letter, MOU, contracts, etc. that prove partnerships or established pathways.
- 1-5 points: Applicant provides a general description of education or employment support, and there is some mention of skill-building or connections but lacks detail or clear pathways.
- 0 Points: Applicant provides little to no detail on connecting youth to education, training, or employment, and there is no clear plan for skill development or access to opportunities.



**Substance Use Services (10 Points)**

9. Describe how the project will partner and connect youth and young adults with substance use disorders to youth-specific treatment options, or if the project will operate as a sober living environment and describe how youth and young adults will receive youth specific treatment options. (2000-character limit)

*Rating Criteria:*

- 6-10 Points: Applicant provides clear, specific plan to connect youth to youth-focused substance use treatment providers with established partnerships or referral pathways. The plan includes access to age-appropriate treatment options and/or sober living environments, and applicant demonstrates a coordinated, supportive approach with ongoing engagement in recovery services. If using partnerships, the applicant provides documentation i.e. process documentation, letter, MOU, contracts, etc. that prove partnerships or established pathways.
- 1-5 Points: Applicant provides a general description of substance use treatment connections or sober living, and provides some evidence of youth-specific services but lacks detail or strong partnership. There is limited clarity on how youth will access or remain engaged in services.
- 0 Points: Applicant provides little to no detail on substance use treatment connections or sober living; No evidence of youth-specific services or access to recovery supports.





**Permanent Connections (10 points)**

10. Describe how the project will support youth to experience or reestablish positive ongoing attachments to their families, communities, schools, and other social networks. (2000-character limit)
- a. A positive ongoing attachment may look like youth having at least one adult in their life to whom they can go for advice or emotional support.

*Rating Criteria:*

- 6-10 Points: Applicant has a clear, intentional plan to help youth build or reestablish positive, ongoing connections with family, community, school, and social support. The plan emphasizes development of at least one trusted adult relationship, and includes structured strategies (e.g., family engagement, mentoring, peer support, community integration).
- 1-5 Points: Applicant provides a general approach to supporting connections but lacks detail or consistency. Applicant mentions relationships or supports, but strategies are limited or unclear.
- 0 Points: Applicant provides little to no detail on fostering positive attachments or social connections, with no clear effort to support trusted adult relationships or community integration.



**HMIS & Data Management (5 Points)**

11. 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 and reports.
- 0 Points: Agency has no experience and no capacity to utilize HMIS and manage sensitive participant data or reports.



**Fiscal Management (5 Points)**

12. 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)

13. 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.

### Match Requirement (5 Points)

14. 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.

### Program Component Priority (3 Points)

15. Check if your proposed program is one of the following:  
☐ Transitional Housing ☐ Supportive Services Only

*Rating Criteria:*

- 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 youth and/or young adults; sober living or “recovery based;” high-need youth and young adults; pregnant and/or parenting youth; households fleeing domestic violence, sex trafficking, labor trafficking; or youth exiting foster care or justice systems)  
☐ Yes ☐ No

- a. If yes, please select the population:

*Rating Criteria:*

- 3 Points: Program is serving 100% unsheltered youth and/or young adults; sober living or “recovery based;” high-need youth and young adults; pregnant and/or parenting youth; households fleeing domestic violence, sex trafficking, labor trafficking; or youth exiting foster care or justice systems.
- 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, is a supportive services only project, OR proposed program exclusively serves victims of domestic violence, dating violence, sexual assault, or stalking.
- 1 point: Agency encourages 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.



### Housing Partnerships and Coordination (6 Points)

17. Describe how your project demonstrates housing partnerships for youth, including those with disabilities. Examples may include coordination with long-term residential care or permanent supportive housing providers and/or formal connections to Public Housing Authority (PHA) resources (e.g., Foster Youth to Independence or Family Unification Program vouchers, MOUs), and how these partnerships help secure housing for participants. (1000-character limit)

#### *Rating Criteria:*

- 5 points: Applicant provides a clear demonstration of partnerships with both long-term care or PSH providers and PHA resources for youth.
- 3 points: Applicant provides clear demonstration of partnerships with either longer-term care or PSH provider or PHA resources for youth.
- 0 points: Applicant does not demonstrate ability to meet criteria.
- 1 bonus point for MOUs or other formal agreements provided.



### 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)
- 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 Youth with Lived Experience (5 Points)

19. Please describe how the project works with young people who have experienced homelessness. This may include actively involving the youth and young adults in project planning, implementation, operation, and evaluation processes. (750-character limit)



20. Does your agency have a dedicated board seat for young people who have experiences 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: Applicant demonstrates excellence in all and/or most of the criteria.
- 1-3 Points: Applicant addresses the criteria.
- 0 Points: Applicant does not meet and/or address the criteria.





## Special YHDP Activities

YHDP projects may choose to apply for special YHDP activities. Please select any special activities the proposed project would like to apply for and provide a brief justification for the request.

The ability to exercise those activities is contingent upon approval notice from the Director of the Office of Special Needs Assistance Programs (SNAPS):

- ☐ In addition to the eligible costs listed in [24 CFR 578.59\(a\)](#), YHDP recipients may use project administrative funds to support costs associated with involving youth with lived experience in project implementation, execution, and improvement.
- ☐ Recipients of YHDP funds can use project administrative funds to attend conferences and trainings that are not HUD-sponsored or HUD approved, provided that the subject matter is relevant to youth homelessness.
- ☐ YHDP recipients may employ youth who are receiving services, including housing, from the recipient organization. Recipients that utilize this special YHDP activity must maintain documentation that discloses the nature of work that the youth does, and that the youth is not in a position that creates a conflict of interest.
- ☐ YHDP recipients may use housing standards outlined at Section I.C.8 of Appendix II of the YHDP NOFO for transitional housing projects. Recipients implementing this special YHDP activity must keep documentation of what standards are applied to the units and proof that the units complied with the standards before assistance is provided.
- ☐ YHDP recipients may provide moving expenses more than one time to a program participant.



- ❑ YHDP recipients may provide payments of up to \$500 per month for families that provide housing under a host home and kinship care model in order to offset the increased costs associated with having youth housed in the unit.
- ❑ YHDP recipients may continue providing supportive services to program participants for up to 12 months after the program participant exits homelessness, transitional housing or after the end of housing assistance.
- ❑ Projects using grant leasing funds may pay above the Fair Market Rent (FMR) for individual units as long as the amount paid is consistent with the reasonable rent standards at [24 CFR 578.51\(g\)](#).

YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly.

- ❑ Security deposits for units in an amount not to exceed 2 months of rent.
- ❑ The costs to pay for any damage to housing due to the action of a program participant, which may be paid while the youth continues to reside in the unit. The total costs paid for damage per program participant may not exceed the cost of two months' rent.
- ❑ The costs of providing household cleaning supplies to clients.
- ❑ Housing start-up expenses for program participants, including furniture, pots and pans, linens, toiletries, and other household goods, not to exceed \$500 in value per program participant.
- ❑ The one-time cost of purchasing a cellular phone and service for program participant use, if necessary for the participant to obtain or maintain housing.
- ❑ The cost of internet in a program participant's unit.
- ❑ Payment of rental arrears consisting of a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.



- ❑ Payment of utility arrears of up to 6 months per service.
  - ❑ Up to three months of utilities for a program participant, based on the utility costs schedule for the unit size and location.
  - ❑ In addition to transportation costs eligible in [24 CFR 578.53\(e\)\(15\)](#), a recipient may pay gas and mileage costs for a program participant's personal vehicle for trips to and from medical care, employment, childcare, or other services eligible under [24 CFR 578.53\(e\)](#).
  - ❑ Legal fees, including court fees, bail bonds, and required courses and equipment.
  - ❑ Program participant's past driving fines and fees that are preventing a young person from being able to obtain or renew a driver's license and impacting their ability to obtain or maintain housing. Additionally, recipients may pay for program participants' costs for insurance and registration for personal vehicles if the personal vehicle is necessary to reach medical care, employment, childcare, or other services eligible under this section.
- ❑ Recipients may use YHDP funds to pay for owner incentive and retention payments for TH projects before occupancy of the unit, or at any point thereafter, provided that the overall amount paid with program funds per unit does not exceed three times the monthly rent charged for the unit and the incentive and/or retention payment results in the unit being occupied by a program participant. Recipients that utilize this special YHDP activity must maintain documentation that the incentive and/or retention payment resulted in the unit being occupied by a program participant and that incentive and/or retention payment did not create a conflict of interest. These payments may include signing bonuses (a payment offered to an owner as an incentive for leasing a unit to be occupied by a program participant), repairs to bring a unit that failed inspection into compliance with program requirements, or holding fees to reserve a unit for a homeless youth. Owner incentive and retention payments may not be paid for units owned by the project recipient, subrecipient, their parent organization(s), any other related organization(s), or organizations that are members of a partnership, where the partnership owns the structure.



- Recipients of Transitional Housing projects may use Single Room Occupancy (SRO) units to house youth. SRO units are subject to regulations at [24 CFR 982.602](#) and [24 CFR 982.605](#). Fair Market Rent (FMR) and utility costs for SROs are calculated as 75% of the zero-bedroom FMR and utility costs, respectively.
  
- Rental Assistance may be administered by nonprofit providers, Tribes, and TDHEs, in addition to the organizations listed in 24 CFR 978.51(b).

Under the conditions specified below, YHDP recipients may make use of the following built-in exceptions to this NOFO's requirements:

- A recipient may provide up to 36 months of leasing or rental assistance funds in Transitional Housing to a program participant if the recipient describes (1) the method it will use to determine which youth need housing assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are self-sufficient at the end of the 36 months of assistance.
  
- Recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness or transitional housing if the recipient describes: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant.



- Recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness or transitional housing, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants.
  
- Recipients will not be required to meet the 25% match requirement provided for in II.B of the Youth Homelessness NOFO and [24 CFR 578.73](#) if the recipient is able to identify multiple non-YHDP resources in the community that assist homeless youth and can provide a narrative description of 1) how the resources will assist youth who are clients under the YHDP project and 2) how the recipient will facilitate connections to these resources to ensure that youth are aware of them and able to access the resources.
  
- Recipients will not be required to meet the 25% match requirement provided for in III.C of the Youth Homelessness NOFO and [24 CFR 578.73](#) if the recipient does not have other currently active CoC or YHDP grants. If permitted by future Appropriations Acts, HUD will continue the match exemption for the YHDP grant funded under this NOFO under the first and second renewal or replacement of the project under the Continuum of Care competition.



- Rental assistance may be combined with leasing or operating funds in the same unit, provided that the recipient submits a project plan that includes safeguards to ensure that no unit receives a double-subsidy, defined as rent in excess of the pro-rata reasonable rent for the unit.
  
- YHDP recipients may provide payments of up to \$1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program.
  
- In addition to the specific activities authorized above or in [24 CFR part 578](#), other innovative activities to reduce youth homelessness may be carried out using YHDP funds, provided that the recipient can demonstrate that the activity meets the following criteria:
  - The activity is supported by the YHDP lead, as evidenced by a letter of support;
  - The activity will be testing or likely to achieve a positive outcome in at least one of the four core outcomes for homeless youth (stable housing, permanent connections, education/employment, and well-being);  
[https://www.usich.gov/resources/uploads/asset\\_library/USICH\\_Youth\\_Framework\\_FINAL\\_02\\_13\\_131.pdf](https://www.usich.gov/resources/uploads/asset_library/USICH_Youth_Framework_FINAL_02_13_131.pdf)
  - The activity is cost effective; and
  - The activity is not in conflict with fair housing, civil rights, or environmental regulations.



## Supplemental Questions (Not Scored, But Required)

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

- |                                                                                                        |                                                                                                 |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Outpatient treatment for mental health                                        | <input type="checkbox"/> Educational supports for youth – Head Start, Public Pre-K              |
| <input type="checkbox"/> Outpatient treatment for substance use                                        | <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"/> Drug Courts                                                                   | <input type="checkbox"/> Maternity Group Homes                                                  |
| <input type="checkbox"/> Local Crisis Systems of Care                                                  | <input type="checkbox"/> State domestic violence, sexual assault, or sex trafficking coalitions |
| <input type="checkbox"/> Formal partnership with a Community Behavioral Health or Mental Health Clinic | <input type="checkbox"/> Justice System Re-entry                                                |
| <input type="checkbox"/> Family or Support Network Reunification                                       | <input type="checkbox"/> High Utilizers of Healthcare System                                    |
| <input type="checkbox"/> Public Housing Authorities                                                    |                                                                                                 |

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



9. 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.                  |                                        |

