



## FY26 CoC Local Competition

### New Projects & Transition Grant or YHDP Replacement

#### SUPPLEMENTAL INFORMATION ONLY - NOT SCORED

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 Systems                                   |
| <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. Check the appropriate box(s) if this project has a specific subpopulation focus. (Select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> N/A - Project Serves All Subpopulations | <input type="checkbox"/> Mental Illness         |
| <input type="checkbox"/> Domestic Violence                       | <input type="checkbox"/> Families with Children |
| <input type="checkbox"/> Veterans                                | <input type="checkbox"/> HIV/AIDS               |
| <input type="checkbox"/> Substance Use                           | <input type="checkbox"/> Chronic Homeless       |
| <input type="checkbox"/> Youth (under 25)                        | <input type="checkbox"/> Other:                 |

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

Yes

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

No

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

Yes  No

3. Describe how the project will be integrated into the neighborhood.



4. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
  - a. 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 organization, but with whom you have a formal agreement or MOU is 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.
  - b. 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		

5. 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).
6. 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.

7. 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			
<b>Characteristics</b>			
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	



8. Provide 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							
<b>Total Persons</b>										



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										
<b>Total Persons</b>										
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							
<b>Total Persons</b>										

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.	

