

**Written Proposal Form for CoC Program Grant Transfer**

Only applicants that **do not have an existing CoC Program-funded Permanent Supportive Housing (PSH) grant** must complete this form and submit the additional materials listed below.

Applicant Agency Name:

Contact Name:

Email:

Phone Number:

Describe the applicant’s capacity and/or experience managing federal funds as well as the applicant’s ability and/or experience leveraging federal, state, or local sources of funding.

Describe the applicant’s current experience with individuals, families, and/or youth experiencing homelessness, any current services/assistance provided to this population, and how the proposed project(s) will coordinate with existing programs and services in the community.

Permanent Supportive Housing projects must follow the Housing First model. Describe how the applicant will follow Housing First when implementing the grant.

Describe how eligible program participants will be identified and where they will come from. Please include how the agency will participate in the local coordinated entry system.

All units in the grant are dedicated for chronically homeless households, meaning the units must be filled by a chronically homeless household unless one cannot be identified within 30 days of the unit becoming available. Describe how the applicant will identify, engage, and prioritize chronically homeless households for assistance.

Describe the applicant’s plan to prioritize households with the longest histories of homelessness.

Identify any subpopulations the project will serve and describe the ways in which the applicant will engage these subpopulations to ensure entry into permanent housing.

Describe the agency’s plan to ensure people are moved into housing quickly.

Describe the proposed outcomes for program participants.

Please complete the table regarding services that will be provided in the PSH program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Will be provided?** | **Provided by:** | **Optional/****Required:** | **Are the services able to fluctuate based on participant need?** |
| Assessment of service needs | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Assistance with moving costs | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Case management | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Child care | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Education services | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Employment assistance and job training | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Food | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Housing search and counseling | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Legal Services | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Life skills training | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Mental health services | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Outpatient health services | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Outreach services | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Substance abuse treatment | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Transportation | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Utility deposits | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |

During housing search, what housing options will be presented to program participants? How will the program include participants’ preferences in their housing options?

Will case management be provided by your agency or another provider?

[ ]  My agency

[ ]  Other provider(s)

Describe how housing support services will be provided for participants in the PSH program.

*What types of services will case managers provide? What process will your agency use if a program participant does not want to work with a case manager?*

What will happen if a program participant needs an increased or decreased level of services than they are currently receiving?

How will the services offered help participants obtain and keep housing?

What will be the normal workflow for a program participant from engagement to one year in housing?

*Be sure to include how the program will determine eligibility, engage the participant, develop a service plan, locate housing, and provide ongoing services.*