FY26 HUD CoC Renewal Application - Kalamazoo County

This renewal application should be completed by all renewal applicants that seek to renew their projects without significant changes. If a project is switching the total number served or project type, they should complete a new project application. The competition will close on Wednesday, August 26, 2026.
The local application and esnaps application with attachments are due to CoC Director, Patrese Griffin via p.griffin@uwscmi.org, by 4pm Tuesday July 28th, 2026. The local application must be submitted electronically. If the esnaps application is not available before the local application deadline, attach the budget/match form and all attachments as noted in the local application to coc@uwscmi.org.

* Required

* This form will record your name, please fill your name.

Project and Agency Information

1. Agency Name *

2. Project Name *

3. Project Start and End Date *

4. Total HUD Funding Request (Budget and GIW must match unless project is voluntarily seeking a reduction through reallocation) *

5. Project Type *

- ◯ Permanent Supportive Housing

6. Is your project targeted towards the following populations? Check all that apply *

- [ ] 1. Aging or elderly individuals experiencing homelessness
- [ ] 2. Individuals with a high level of medical needs
- [ ] Neither

7. Is this application for the consolidation of two or more projects? If so, please provide the name and start date of each project. *

8. Is this project seeking a voluntary reduction through reallocation? If so, please provide an updated estimate of the total number of households served as well as proposed updated bed and unit inventory information, if applicable. *

HUD Thresholds

9. Does the agency have an acceptable organizational audit/financial review? If not, explain. If yes, ensure it is attached and sent in an email to coc@uwscmi.org with the application submission. *

10. Were draws of the funding completed at least quarterly in eLOCCS? If not, explain why and how this will be improved. *

11. Calculate the utilization rate for the project's last completed grant year. List the total award and the final total drawn from eLOCCS. Divide the total drawn by the total award, then multiply by 100 for the percent. This is the utilization rate. *

12. If there were unspent funds noted in the calculation above, explain why the grant was not fully expended and plans to improve project utilization. *

13. Has your organization been monitored by HUD in the last three (3) years? If yes, send an email to coc@uwscmi.org with the following attachments: monitoring report by HUD, applicant's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation. *

- ◯ Yes
- ◯ No

14. **Participation in Coordinated Entry** HUD requires all funded programs participate in the local community's Coordinated Entry Process. Does your agency participate in Coordinated Entry? *

- ◯ Yes
- ◯ No

15. Describe your agency and project's participation in Coordinated Entry (CE)? Your response should include the following:

- how your agency ensures referrals are coming from the By Name List.
- how your agency ensures staff have training and capacity to complete CE assessments and your agency has representation at weekly CHAMPs meetings.
- how your agency ensures clients served by non-CoC funded resources are quickly referred to CE.

*

16. 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 111.B above a nd 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.)
Answer below if the applicant is in compliance with this requirement. If not, explain. *

17. The project applicant will not engage in illegal racial discrimination. This is consistent with the requirements of 2 CFR 200.300(a).
Answer below if the applicant is in compliance with this requirement. If not, explain. *

Project and Agency Overview

18. Provide a narrative description that covers the entire purpose, design, and scope of this project. Responses should detail the goals of the project, the target population for the project, how participants are served within the project, including connections to services outside the project, the ongoing community need for the project, and note any changes to the project from its last application. *

19. How does/will your project identify individuals experiencing serious mental illness and connect them with the services necessary to promote stability, including models that combine intensive care coordination and assertive outreach with comprehensive treatment? *

20. Do/will you provide or partner with a provider who provides outpatient treatment for mental health and substance use disorders? Please describe the range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports provided. *

21. Do/will you provide or partner with a provider that provides access to peer recovery specialists or other forms of peer support and recovery navigation? Please describe. *

22. Do you have any partnerships with entities providing services in connection with drug court or other speciality courts serving individuals with mental and substance use disorders, assisted outpatient treatment, and inpatient treatment? Please describe how you coordinate with these providers to support housing stability and movement towards independence. *

HUD Priorities

23. Does the project currently require supportive service participation as a condition of continued housing? If not, describe how you keep participants engaged in services. *

System Performance - Scorecard

24. Did your project submit the last applicable APR within the required period, that is within 90 days of the end of your agency's operating year? *

25. **Retention and Successful Housing Placement from PSH** Successful housing outcomes are one of the most important measures of program success. What is the percentage of persons that exited to a permanent housing destination? What percentage of persons exited to an unsubsidized permanent housing desination. *

26. **Returns to Homelessness** Reducing returns to homelessness is one of the most important measures of program success. What is the percentage of persons returning to homelessness from PSH Project? *

27. **Income Growth for Stayers** Improving someone's access to financial resources is crucial to reducing the person's vulnerability to homelessness. HUD is encouraging CoCs to increase program participants' income through the NOFO and System Performance Measures. What is the percentage of adults who increased total income (earned and non-employment) over the reporting period? What is the percentage of adults who increased earned income over the reporting period? *

28. **Income Growth for Leavers** Improving someone's access to financial resources is crucial to reducing the person's vulnerability to homelessness. HUD is encouraging CoCs, through the NOFO and System Performance Measures, to increase program participants' income. What is the percentage of adults who increased total income (earned and non-employment) over the reporting period? What is the percentage of adults who increased earned income over the reporting period? *

29. **Enrollment in Non-Cash Benefits** Projects can be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, and SNAP. What is the percentage of clients at exit that are connected with these types of resources? *

30. **Participation in Supportive Services** Does your agency require project participants take part in supportive services (e.g. case management, life skills, substance use treatments). If yes, send the following attachments via email to coc@uwscmi.org:

    - Agreements
    - Leases
    - Any documentation that outlines participation requirements

    *

    ◯ Yes

    ◯ No

System Performance

31. Describe any strategies and/or efforts made during the last 12 months to improve program outcomes.

    - Discuss how your agency has used data to identify ways to improve services, program design, staff development, and/or outcomes shown through performance measures.
    - Describe how the implemented changes have improved both your organization and your project outcomes.

    *

32. Cost Effectiveness Select all of the below options that are true for this project. *

    - [ ] Is the cost necessary for housing or service delivery?
    - [ ] Is the cost reasonable compared to market rates?
    - [ ] Are there proper procurement processes (competitive bids, no conflicts)?
    - [ ] Is the cost able to be allocated to the grant?
    - [ ] Are outcomes measurable and reported?
    - [ ] Do efficiency metrics show appropriate use of funds?
    - [ ] Are costs consistent with organizational and federal policies?

33. **Costs per positive exit** Calculate the cost of permanent housing retention or exit by dividing the total project budget by the total of both project stayers and those exiting to positive housing destinations. The amount is your cost per positive destination. *

34. What percentage of the households served had zero income at project entry? *

35. Describe how the project will be supplemented with resources from other public or private sources that may include mainstream health, social, and employment programs such as Medicaid, Medicare, SSI, and SNAP. *

36. Describe the agency's process for addressing and resolving complaints from the public. Has the agency received any complaints about this project from the general public in the last year? *

Supportive Services

37. **Supportive Services** For ALL the supportive services that are available to participants, indicate who will provide them (applicant, sub-recipient partner, non-partner). Applicant means the agency completing the application for funding will directly provide the service; sub- recipient means the grant sub-recipient will directly provide the service and an MOU has been signed; Partner means someone with whom the applicant has a contract agreement with; Non- partner is an organization who will provide the direct service but with whom the applicant does not have a direct relationship.

	Applicant	Sub-Recipient	Partner	Non-Partner	Not Provided
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 Services	◯	◯	◯	◯	◯

38. **Supportive Services** For ALL the supportive services that are available to participants, indicate how often they will be provided using the chart below.

	Weekly	Monthly	Annually	As Needed	Not Provided
Assessment of Service Needs	◯	◯	◯	◯	◯
Assistance with Moving Costs	◯	◯	◯	◯	◯
Case Management	◯	◯	◯	◯	◯
Child Care	◯	◯	◯	◯	◯
Education Services	◯	◯	◯	◯	◯
Employment Assistance and Job Training	◯	◯	◯	◯	◯
Food	◯	◯	◯	◯	◯
Housing Search and Counceling Services	◯	◯	◯	◯	◯
Legal Servces	◯	◯	◯	◯	◯
Life Skills Training	◯	◯	◯	◯	◯
Mental Health Services	◯	◯	◯	◯	◯
Outpatient Health Services	◯	◯	◯	◯	◯
Outreach Services	◯	◯	◯	◯	◯
Substance Abuse Treatment Services	◯	◯	◯	◯	◯

39. Is substance use treatment available on-site? Please list the provider(s) *

40. Is behavioral healthcare available on-site? Please list the provider(s). *

41. Please list any policies for:

    1. Assessing program participant need for higher levels of care (i.e. assisted living, residential treatment)
    2. Assessing program participant readiness for moving on to unsubsidized or other permanent housing

    *

42. Does your project require engagement in substance abuse treatment services as a condition of continued participation in the program? How many units are proposed that require this participation? *

43. Does your project operate sober housing in accordance with 24 CFR 578.93(b)(5)? *

44. What percentage of your proposed funding request is for supportive services? Please also describe the value of leveraged funds, match, and other formal partnerships providing supportive services. *

Budget

45. Has the applicant completed the separate budget and match tables and submitted them by the application due date?NOTE: This document is not required if the eSNAPS application is available before the local application due date. *

- ◯ Yes
- ◯ No

Checklist of Requirement Attachments

For full points, ensure that the following attachments are completed and submitted via email by the deadline.

46. Required Attachments *

- [ ] Organizational audit/financial review as stated in Question 9
- [ ] HUD Monitoring Documentation as stated in Question 13
- [ ] Any documentation that outlines participation requirements as stated in Question 30
- [ ] Budget and Match Worksheet (only required if esnaps application not available by local application due date)
- [ ] PDF of Completed esnaps application and attachments (not required if the application is not available in eSNAPS before the local application deadline.)

47. **Attestation** By selecting "yes" below, you are affirming the following statements to be true:
1. If awarded Continuum of Care Funds by the U.S. Department of Housing and Urban Development, this project will comply with all program regulations as found in the Continuum of Care program Interim Rule 24 CFR Part 578. The project will also comply with all other federal, state, and local regulations.

2. The organization will enter required project and client data into the Homeless Management Information System (HMIS) in accordance with he HMIS Data Standards and HMIS Policies & Procedures

3. The funded project will participate in the CoC Coordinated Entry System and adhere to Coordinated Entry (CE) policies and procedures per the specific project type.

4. Data submitted with this project application is complete, accurate and correct.

5. It is understood that, should this project be eligible for an appeal, no appeal may be made based on having initially submitted incomplete, incorrect, or inaccurate data.

6. It is understood that details on the criteria and process for which my agency may submit an appeal to the Kalamazoo County Continuum of Care and are found in the grievance policy and any appeal decisions are made by the Kalamazoo County Continuum of Care Appeals committee are final.

7. It is understood that projects submitted to HUD will be submitted in accordance with ranking policies to be developed for these projects that such project ranking decisions are final. I can find information on prioritization from the Kalamazoo County CoC website

8. It is understood that the CoC Board is responsible for making decisions on which projects are submitted to HUD each year as part of the annual CoC Competition, and that the ultimate decision in whether a project is funded is made by HUD. It is further understood that 24 CFR 578.35 describes certain situations in which an agency may submit an appeal directly to HUD. It is agreed that the submission of an appeal to HUD, in accordance with HUD's policies and procedures is the final recourse that may be taken for the project.

9. The individual submitting is the approved applicant for their agency's application for the HUD CoC program funding and is acting in accordance with their Board and applicable supervisor's consent and knowledge.

Scoring Adjustments
It is understood that the grants review committee may deduct points if any of the following are true:
1. The application is not submitted on or before the due date
2. All attachments are not submitted on or before the due date.
3. The application is not completed or the answers given are not accurate. *

- ◯ Yes
- ◯ No