Project Contact Information and Intent to Apply for New Project

Please complete this form and send to Cathy Pitalo at cpitalo@opendoorshc.org. Completion and submission of this form will serve as your Intent to Apply for a New HUD CoC Program grant(s) in the FY 2026 CoC Program Competition. You cannot participate in the competition if you do not submit this form. You may withdraw the form if you later choose not to participate. MS-503 and its Collaborative Applicant, Open Doors Homeless Coalition, reserves the right to request additional information.

Please submit this form no later than 4:00pm (CDT) on July 15, 2026.

THANK YOU!

Please designate a Contact Person and a Back-up Contact Person for each project for which you are making an application who can respond to any questions related to these applications.

Agency Name: _____

CONTACT PERSON:

Name: _____

Agency: _____

Telephone: _____

Email address: _____

Any dates you know that you will not be available (vacation, etc.): _____

BACK-UP CONTACT PERSON:

Name: _____

Telephone: _____

Email address: _____

Any dates you know that you will not be available (vacation, etc.): _____

Please complete the following information for your new project. Complete this form for each new project (This section is not scored):

1. New Project Name: _____
2. Project Component Type:
    - Permanent Supportive Housing
    - Rapid Rehousing
    - Transitional Housing
    - Supportive Services Only
        - Street Outreach
        - Coordinated Entry (DV Bonus)
        - Other
3. Project Funding:
    - CoC Program
    - Domestic Violence (DV) Bonus
    - Youth Homeless Demonstration Project (YHDP)
4. Project Funding Requested Amount: _____
5. Is this an **expansion** of an existing CoC project? Y / N
6. If YES to **expansion**, please list the existing CoC project:_____

    Note: Expansion projects do not need to submit responses for questions 10 and 11. Your renewal project application responses will be used for this section.
7. Is this project **transitioning** from an existing CoC project to the new program component type? Y / N
8. If YES to a **transition project**, please list the existing CoC project and grant amount:
    - CoC Project Name:_____
    - CoC Project Grant Amount: _____
9. **Threshold criteria**: You must certify that your project will do each of the following: *
    - **Coordinated Entry:** This project will participate in the Coordinated Entry process, including accepting referrals from CES and attending CES case conferences (with the exception of DV providers). Y / N
    - **HMIS use:** This project will enter client data into HMIS (or comparable database for Victim Service Providers) consistent with HMIS policies and procedures. Y / N
    - **Match:** The agency has committed to match 25% of the grant requested (with the exception of leasing funds). Y / N

- **Financial Management and Audit:** The project will maintain adequate internal financial controls, record maintenance and management, and can provide an audit performed within last 24 months. Y / N

- **Racial Preference:** The project will not conduct activities that subsidize or facilitate racial preferences or other forms of illegal discrimination. Y / N

- **Harm Reduction:** Does your project operate drug injection sites or "safe consumption sites," knowingly distributes drug paraphernalia on or off property under their control, permits the use or distribution of illicit drugs on property under their control, or conducts any of these activities under the pretext of "harm reduction?" Y / N

10. Describe your experience successfully operating your proposed program (Please attach separate statement of 300-words maximum).

    - If you are proposing **Transitional Housing** or **Rapid Rehousing**, include how you assisted homeless individuals and families successfully exit your program within 24 months.

    - For TH or RRH, include your outcomes related to partnerships that have helped to increase employment income for those who are exiting your program(s).

    - If you are proposing **Supportive Services Only for Street Outreach**, describe your history working with law enforcement to engage unsheltered homeless to self-resolve, to reunify with family, to access treatment programs, transitional housing, or independent living.

11. Please provide data on your past performance for the following metrics:

    Note: The following data will be accessed from HMIS and/or APR data for transition or replacement grants as well as for DV Bonus projects accessed through reallocation.

    - For **Supportive Services Only** projects, % of participants exiting to temporary or permanent housing, demonstrating how people have successfully exited places not meant for human habitation to emergency shelter, treatment programs, transitional housing, or permanent housing.

    - For **Transitional Housing** and **Rapid Rehousing**, % of participants exiting to permanent housing within 24 months.

    - % of participants exiting with employment income.

    - % of participants returning to homelessness at program exit.

- For R**apid Rehousing**, include improvement in employment outcomes.

12. Provide a detailed description of the scope of the project including the target population(s) to be served, # to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. Note: Transition project applicants or those renewals changing project type only, you may copy and paste your answer from the prior year e-snaps application. In addition, please answer the appropriate question below (Please attach separate statement of 300-words maximum).

- Include for **Permanent Supportive Housing**, describe how your project is designed to serve elderly individuals and/or individuals with physical disability/impairment or a developmental disability not including substance use disorder.
- Include for **Rapid Rehousing**, how tenant based rental assistance will help individuals and families achieve self-sufficiency within 24 months.
- For expansion projects:
    - i. If you are expanding the number of program participants, list the number of persons, units and beds in your current project and the number of persons, units and beds to be added.
    - ii. If you are expanding supportive services, indicate how the project will provide additional supportive services to program participants.

Panel will award points based on the description of the project and the quality of the narrative.

13. Describe how supportive services and assistance will ensure that participants successfully **obtain, retain and maintain housing** in a manner that fits their needs, and demonstrate a requirement to participate in supportive services (e.g. case management, life, skills, substance use treatment, workforce training, etc.). (Please attach separate statement of 300-word maximum).

- For **Transitional Housing** demonstrate the following:
    - i. How you will provide 20 hours per week of customized services for each participant.
    - ii. How you will assess service needs of participants and create service plans in coordination with the participant to meet those needs.

- For **Supportive Services Only**, describe the following:
  - i Your process for conducting an annual assessment of program participant service needs.
  - ii Your strategy for providing supportive services to those experiencing unsheltered homelessness or those who do not traditionally engage in services.

Panel will award points based on the description of the strategies and the quality of the narrative.

14. Describe your plan for implementation of the program including a schedule of proposed activities for 60 days, 120 days and 180 days after grant award (attach separate statement of 300-word maximum).

Panel will award points based on the description of the implementation and the quality of the narrative.

15. How will your project include and increase utilization of **employment and other mainstream benefits**, including healthcare, cash benefits, educational opportunities, Medicare, Medicaid, SSI, and SNAP? (Please attach separate statement of 300-word maximum).

Panel will award points based on the description of the strategies and the quality of the narrative.

16. Project staffing and budget: Describe your **plan for staffing** this project, including the number of staff, staff training and experience assessing clients' needs for housing and services. Please describe any additional relevant training your staff receives, such as providing services to DV survivors, trauma-informed care, etc. The panel will also review the **project budget** and award points based on whether the budget is reasonable overall, average cost per household, and appropriate to meet the needs of your project and the program participants. (Please submit a separate statement of 300 words maximum). You must submit a project **budget** with your application.

The panel will award points for cost effectiveness based on whether the staffing and the budget are reasonable and appropriate to meet the needs of your project and the program participants.

17. Will the project utilize housing and healthcare resources (including substance abuse treatment, not funded through the CoC or ESG Programs), and that these leveraged resources provide at least 25 percent of the units included in the project?

18. Is there anything else you would like us to know about your agency or your proposed project? Consider including data from similar projects to show your similar project's rate of program participants exiting to permanent housing, percent of participants connecting to mainstream benefits and health insurance, rate of housing retention, or other data or narrative to show your agency's high performance or quality of services in addressing homelessness in the community. Consider also including information about whether your project serves participants with particular vulnerabilities (such as persons experiencing chronic homelessness, mental illness, substance use disorders and/or domestic violence survivors) and how that may impact your data (Please submit separate statement of no more than 300 words maximum).

You will not be awarded extra points for this essay. However, panelists have the discretion to adjust the score by up to 20% of the maximum possible value for any scoring factor. When using discretion, panelists will be instructed to keep in mind:

-That outcomes will naturally be lower in a more difficult to serve population with severe needs and vulnerabilities such as persons experiencing chronic homelessness, mental illness, substance use disorders and/or domestic violence survivors; and

- That project size can influence outcomes, as percentages can over or understate outcomes for smaller projects.

19. Extra Questions for Transition Projects:

1. List the existing CoC Renewal Grant that will provide funding for the transition project.
2. How you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants do not become homeless.
3. Provide the estimated date the project will be fully operating as the newly awarded component within the one-year grant term.