



# Fiscal Year 2023 Continuum of Care Program Competition Local Application

## Instructions-

Please complete this application for the project you are applying for. If your organization is applying for multiple projects, please fill out this application for each project. In addition to this application, please also submit the following documents. Please submit all documents to [ppcoc@ppchp.org](mailto:ppcoc@ppchp.org).

- Most recent financial audit
- 25% match commitment letter
- **\*\*Project description from e-snaps (Section 3B. Project Description, Question 1. Provide a description that addresses the entire scope of the proposed project.)**
- eLOCCS drawdown screenshot – Renewal Applicants only.
- Project Annual Performance Report, run for the time period of 7/1/2022 - 6/30/2023 – Renewal Applicants only.

**\*\*Project description must be copied out of e-snaps and saved in a separate document for submission.**

**Due Date for Local Competition Application and above list of documents is August 23 at 8:00 PM Mountain Daylight Time (MDT).**

Project Applications will also be due to HUD via e-snaps. Applications in e-snaps must be submitted by September 11 at 11:59 PM MDT to be included in the PPCoC Priority Listing.

## Contact Information

1. Organization Name \*

2. Unique Entity Identifier (UEI) \*

If your organization does not yet have a UEI number (or if it is unknown) please visit the [SAM.GOV](https://sam.gov) website to register or search for your UEI. You may also call 1-866-606-8220 for direct customer service assistance.

3. Point of Contact for CoC Project \*

First and Last Name

4. Project Contact's Job Title \*

5. Point of Contact's Phone Number \*

6. Point of Contact's Email Address \*

## Project Information-

7. Project Name: \*

8. Project Type (PSH/TH/RRH/Joint TH-RRH/CE/HMIS): \*

9. Indicate whether Project is NEW, RENEWAL, or EXPANSION. \*

NEW

RENEWAL

EXPANSION

10. Requested Funding Amount: \*

11. Does your agency have documented policies and procedures in place that address the following? \*

Please note that the PPCoC and/or HUD may ask for proof of any or all of the below listed documents.

- Sexual Harassment
- Non – Discrimination
- Whistleblower
- Employee code of conduct
- Employee grievance procedures
- Confidentiality
- Conflict of Interest
- Explanation of employee benefits
- Drug free workplace
- Limitation on use of funds (duplication of benefits)
- Lead based paint
- Transparency Act Reporting

12. Does or will your agency accept referrals through the PPCoC Coordinated Entry? (non-DV providers)

Non-Domestic Violence Providers only

Yes

No

13. If you are a Domestic Violence Provider, do or will you have a documented referral process for prioritization? (DV Providers)

Domestic Violence Providers only

Yes

No

14. Does, or will, your agency collect and report data using a Homeless Management Information System (HMIS), or comparable database, that adheres to the most up to date Technical Data Standards and requirements for HUD reporting? \*

Yes

No

15. APR 15. Living Situation: What is the Subtotal for Homeless Situations? Listed as a number. RENEWAL Projects only. \*

Please answer N/A if your project is NEW, EXPANSION, Coordinated Entry, or HMIS.

16. APR Q23c. Exit Destination: What is the percentage of exits to positive housing destinations? Listed as percentage. RENEWAL Projects only. \*

Please answer N/A if your project is NEW, EXPANSION, Coordinated Entry, or HMIS.

17. How has your agency identified and tracked barriers on racial equity and what steps have you taken to eliminate barriers to improve racial equity and to address disparities? \*

Please limit responses to 1,500 characters (including spaces) or fewer.

18. Describe how the project uses or will use a Housing First approach. Include 1) eligibility criteria, 2) process for accepting new clients, 3) process and criteria for exiting clients. Demonstrate that there are no preconditions to project entry and project participants are terminated in only the most severe cases. \*

Please limit responses to 1,500 characters (including spaces) or fewer.

19. Q22c. Length of Time between Project Start Date and Housing Move-in Date: What is the average length of time to housing? Listed as number of days. RENEWAL Projects only. \*

Please answer N/A if your project is NEW, EXPANSION, Coordinated Entry, or HMIS.

20. The Pikes Peak Continuum of Care tracks obstacles and barriers to housing for people experiencing homelessness. Please list the top five barriers' households enrolled in your project face or that you anticipate them facing in securing housing.

\*



21. In response to the listed barriers in Question 19, please describe the project’s strategy to overcome the listed barriers to ensure people experiencing homelessness are quickly rehoused. \*

Please limit responses to 1,500 characters (including spaces) or fewer.

22. Q19a2. Client Cash Income Change - Income Source - by Start and Exit: Number of Adults with Any Income-Percent of Persons who accomplished this measure, what is the percentage (6th row, 10th column)? Listed as a percentage. RENEWAL Projects only. \*

Please answer N/A if your project is NEW, EXPANSION, Coordinated Entry, or HMIS.

23. List and describe what types of supportive services the housing project offers or will offer. Provide specific examples of community partners the housing project connects participants to and explain why these connections help with long-term participant success including opportunities to increase cash and non-cash benefits. \*

Please limit responses to 1,500 characters (including spaces) or fewer.

24. Please explain any ways in which this agency utilizes data and reporting in project planning. Include ways HMIS, or other reporting systems, are used in project planning. NEW, EXPANSION, Coordinated Entry, and HMIS Projects only. \*

Please answer N/A if you are a RENEWAL Housing Project. Please limit responses to 1,500 characters (including spaces) or fewer.

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