



Summit County Continuum of Care (SCCoC)
a collaboration of agencies working together for the homeless

*Each person is a branch of
strength within the community.
Strong branches make
a strong community!*

**2024 Summit County Continuum of Care
Homelessness NOFO**

Pre-Application for New Projects

Due Date:

****May 24, 2024 by 5:00pm****

Criteria for Applications:

The Summit County Continuum of Care will be accepting the following types of applications:

- Permanent supportive housing (PH-PSH) projects
- Permanent housing-rapid rehousing (PH-RRH) projects
- Joint TH and PH-RRH projects
- New permanent supportive housing (PSH) projects that will serve homeless individuals and families including youth/young adults' homelessness
- New rapid rehousing (RRH) or transitional housing rapid rehousing (TH-RRH) projects that will serve homeless individuals and/or families, or meeting HUD's definition of Category One (1) and/or Category Four (4) Homeless
- SSO projects for DV bonus only
- **All projects must be Housing First.**

Submit one (1) copy via email to:

Shana Miller
smiller@summitcoc.org
cc: Mar-quetta Boddie
mboddie@summitcoc.org



Agency and Project Information

Name of Agency: _____

Project Title: _____

Project Address: _____

Mailing Address: _____

Street _____

City _____ Zip _____

Contact Person _____ Phone _____ Fax _____

E-mail _____

Program Type & Funding Amount

Program Type (applies to new projects only)

- _____ Permanent Supportive Housing / Leasing (scattered apartments)
- _____ Permanent Supportive Housing / Project-Based (one site/building)
- _____ Rapid Re-Housing
- _____ Transitional Housing – Rapid Re-Housing
- _____ DV Bonus Project

Funding Amount

Dollar Amount requested \$ _____

Please provide a projected budget (i.e., rental assistance, administration, supportive services, etc.):

Meeting HUD Basic Criteria

Threshold Questions	Yes	No
Are you an incorporated non-profit organization and have you received IRS 501 (c)(3) status? EIN # _____		
Are the activities eligible for assistance under the specific program from which funding is being requested (see attached information)?		
Is the project designed to help participants achieve permanent housing and self-sufficiency (as opposed to meeting basic emergency needs)?		



Will the homeless persons served by your proposed project meet the HUD definition of Category 1 Homelessness?		
Bed Capacity		Current Level
Number of Units		
Number of Beds		
How many people do you plan to serve this year?		

Project Description

Provide a description of the project.

Please describe how the funds you are requesting will be spent.



Housing where clients will live

- Structure type, number of persons to be housed, and location. Indicate where in Summit County (address proposed).

Homeless population to be served

- What population will you be serving and what supportive services will you provide?
- Indicate how your clients meet the definition of homeless. Refer to the 2014 HEARTH Act definition of homeless (Category 1).

Experience

- How will you collaborate with other providers in the community and/or leverage resources from health care organizations?
- Briefly describe your experience directly related to carrying out the proposed project, and your experience working with homeless people.

Fiscal Responsibility

- Describe your organization's accounting practices. Describe your internal controls?
- What is the plan for the program's sustainability?



HMIS

Your agency will be required to be an active participant in the Continuum of Care Homeless Management Information System (HMIS). Will your agency be committed to taking referrals from Central Intake and inputting data in the HMIS system?