

## Montgomery County Continuum of Care 2025 Competition

### Project Application Addendum

All applicants applying for FY 2025 CoC funding must submit one addendum with each project application. Project applications received without this addendum will be considered incomplete.

Organization Name:	
Project Name:	
Project Type:	

### Organizational Capacity

1. Describe your organization's experience in effectively managing federal and/or state grants (e.g., HUD, ESG, SAMHSA, state funds). In your response, include evidence of information on drawdown timeliness, performance on existing grants, reimbursement of sub-recipients (if applicable), resolution of monitoring findings, and submission of required reports. (300 words maximum plus supporting addenda)

- Provide documentation of satisfactory drawdowns and performance of existing grants showcasing regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs.

--

2. How does your organization manage, utilize, and leverage multiple funding sources to support program operations and long-term sustainability? Please describe your financial management systems and practices. (300 words maximum)

--

3. Outline your organizational structure, including your Board of Directors, management oversight systems, and internal coordination. Additionally, describe the capacity, experience, and qualifications of key staff—such as credentials, supervisory roles, and inclusion of staff with lived experience and their role.  
(300 words maximum plus supporting addenda)

4. Describe your organization’s history and current collaborations with key partners, including healthcare providers, crisis response systems, domestic violence service providers, youth-serving organizations, workforce development entities, and law enforcement. Highlight how these partnerships support program goals and participant outcomes. Provide copies of the formal partnerships.  
(600 words maximum plus supporting addenda)

## Project Design

5. Alignment with CoC Funding Priorities: Mirroring FY2025 NOFO funding objectives:  
(200 words maximum for each objective)
- How does your project help reduce and prevent street homelessness for the population you serve?
  - How does your project support access to and engagement in mental health, substance use disorder treatment, and recovery services?
  - How does your project promote safety for participants, staff, and the broader community?
  - How does your project support participants in building skills, employment, income, and long-term self-sufficiency?
  - What strategies does your project use to improve measurable outcomes such as exits to permanent housing, income gains, and housing stability?
  - How does your project incorporate trauma-informed practices to minimize trauma and support participant well-being?

6. Describe the targeted population your project will serve and explain how individuals or households meet all program eligibility requirements outlined in the Act, the Rule, and Section III.G.10 of the FY2025 NOFO. Include specific eligibility criteria, documentation processes, and how your project will ensure ongoing compliance.  
(200 words maximum)

7. Describe your plan for engaging participants in supportive services, including the types of services offered, expected frequency of engagement, and strategies to support participation in case management, employment services, and substance use disorder treatment. Also outline your occupancy agreement requirements, including participant expectations, roles and responsibilities, and how you ensure compliance while promoting housing retention and self-sufficiency.  
(500 words maximum plus supporting addenda)
- a. List availability of treatment and recovery services
  - b. Provide documentation of formal partnerships with entities like Certified Community Behavioral Health Clinics, recovery housing,
  - c. Does the proposed project intend to impose service participation requirements demonstrated by supportive service agreements (for full points, 100% of projects must have service participation requirements).

8. Describe how your project leverages mainstream resources and healthcare benefits (e.g., SSI, SSDI, SNAP, Medicaid) to provide supportive services or supplement funding beyond CoC and ESG resources.  
(200 words maximum)

9. Describe plans for data collection, project performance, and incorporating client feedback.  
(200 words maximum)

Performance Planning

**Renewal and project created through transition grant and reallocation** will be evaluated using HMIS and system performance data on the following:

- Cost Effectiveness
- Bed Utilization: Threshold 85 %
- Participation in Coordinated Entry System
- retain or exit to Permanent Housing
- Rate of Returns to Homelessness: No more than 15% after two years
- Rapid Exit to PH: % of households referred to obtain permanent housing within 30 days of acceptance to the program.

**All components of the new project:** Describe in the project application how the proposed project will contribute to better outcomes for all populations experiencing homelessness.

**Component Specific Application**

**Select the specific project type you are applying for and provide responses only for that project type.**

**PSH (renewals only)**

- I. Describe the project plan to align with the NOFO with the needs of targeted populations, elderly individuals, and/or individuals with a physical disability or a developmental disability (24 CFR 582.5), not including substance use disorder.

- II. Describe the project’s strategy for providing services to participants, including how the program will encourage engagement, support progress through a supportive services agreement, support recovery, promote safety, and share expectations.

**Transitional Housing (TH)**

- I. Describe your Transitional Housing (TH) model, including the specific population you will serve and how the project design meets their unique needs.

- II. Explain how your project engages and requires participants to take part in supportive services, including case management, employment training, and substance use disorder treatment. Proposed projects are required to provide 40 hours per week of customized services for each participant. This does not apply to participants over the age of 62 or who have a physical disability/impairment or a developmental disability, not including substance use disorder. Describe the type of services that will be required for program participants. Include how the project will provide and/or partner with other organizations to provide eligible services that are necessary to assist program participants to obtain and maintain housing.

- III. Describe your plan to ensure that at least 50% of participants exit the program with income within 24 months. Including the employment, benefits access, and income-generation strategies your project will use.

- IV. Explain your plan to achieve at least 50% of participants exiting to permanent housing within 24 months. Describe the housing navigation, stability supports, partnerships, and transition strategies built into your program.

**Supportive Services Only (SSO) Standalone**

- I. Explain your agency's process for conducting an annual needs assessment and how the findings inform program planning, service delivery, and resource allocation.

II. Describe your strategies for helping participants secure and maintain employment or other sources of income. Include partnerships, training opportunities, benefits, access, and expected outcomes.

III. Describe your project’s partnerships with public and private organizations and how these collaborations enhance service delivery, housing stability, and participant outcomes.

IV. Provide an overview of your service delivery plan, including key activities, timeline, and staffing structure. Describe staff qualifications and how roles support successful program implementation.

**Supportive Services Only (SSO) Street Outreach**

- I. Describe your outreach coverage area and how your project integrates with the broader homeless response system, including coordination with shelters, treatment providers, and housing pathways.

- II. Describe your history and current strategy for partnering with law enforcement and first responders to engage individuals living in unsheltered locations and connect them to shelter, treatment, family reunification, transitional housing, or permanent housing. Include how your project collaborates without impeding lawful enforcement activities.

- III. Explain how your project links participants, especially those with chronic or unsheltered histories, to emergency shelter, permanent housing pathways, treatment services, and mainstream benefits such as Medicaid, SSI, SNAP, and other public or private resources.



- IV. Describe your outreach staffing structure, field capacity, and experience providing outreach consistent with 24 CFR 578.53(e)(13), including your effectiveness in helping people move from unsheltered homelessness to shelter, treatment, transitional housing, or permanent housing.

**SSO-Coordinated Entry (SSO-CE)**

- I. Describe your project’s role in the Coordinated Entry workflow and how you ensure CE is easily accessible to all individuals across the CoC, including people with disabilities.

- II. Describe how your project collaborates with law enforcement and first responders to ensure individuals experiencing homelessness are connected to the Coordinated Entry system for assessment and referral.

- III. Explain your process for conducting standardized assessments through CE, including timelines and how you ensure participants are quickly linked to appropriate housing and supportive services based on their needs.

- IV. Describe your staffing structure, capacity, and training for carrying out CE responsibilities, including outreach, assessment, accessibility accommodations, and connection to housing and services.

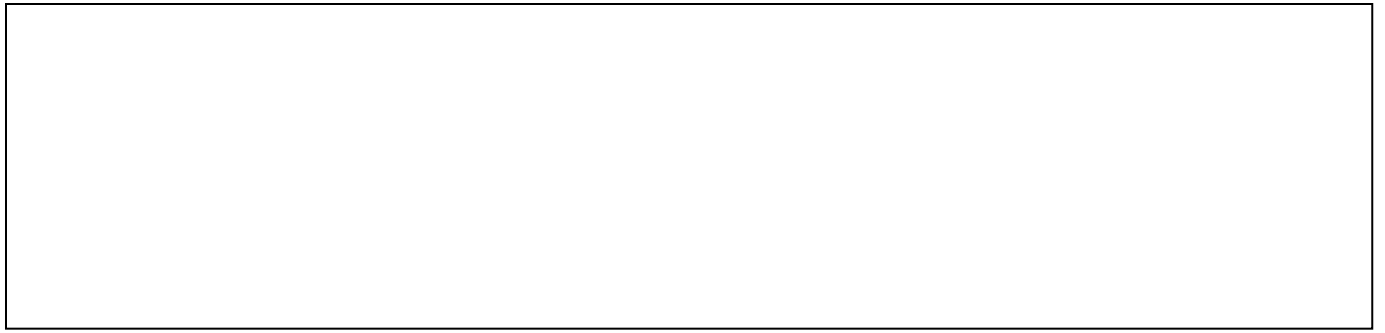
**DV Bonus Project**

- I. Describe how your project ensures full compliance with VAWA confidentiality requirements, including protections for survivor information and safe access to services.

- II. Describe the quality, intensity, and appropriateness of your trauma-informed, survivor-centered services, including housing navigation, safety planning, supportive services, and connections to permanent housing or transitional programs.

- III. Explain your projected outcomes for survivors, such as reduced returns to homelessness, increased housing stability, strengthened connections to mainstream resources, and your project’s effectiveness within the Coordinated Entry system.

- IV. Describe your experience serving survivors of domestic violence, dating violence, sexual assault, or stalking, and how you use victim-centered practices. Include examples of partnerships with other systems of care and your plan to incorporate survivors with lived experience into program design or operations.



## Budgets

<b>Agency:</b>	
<b>Project Name:</b>	
<b>Project Type</b>	

Budget Instructions: Project Budgets are used to determine the annual cost per household for PSH projects and the cost per positive exit for RRH. It is important that you provide complete and accurate information on both the revenue and expenditure. For projects where HUD funding only covers a portion of the project (ex., HUD funds cover 10 units of a 40-unit building), you should include the **FULL** program budget. In the REVENUE portion, include all sources, including in-kind, private donations, and foundation grants. In the EXPENSES chart, indicate the true cost of running the program, including non-governmental reimbursable costs.

REVENUE	
Source	Amount
In-Kind	\$
Private Donations	\$
Foundation Grants	\$
HUD CoC	\$
Local Funds (including HHS match, HHS contracts, DHCA contracts, community grants, etc.)	\$
State Funds	\$
Non-CoC Federal funds (including but not limited to HOME, CDBG, CSBG, SAMHSA)	\$
Medicaid Billing	\$
Program Fees/Client Rent	\$
Other	\$
<b>TOTAL</b>	\$

EXPENSES	
Source	Amount
Personnel (Salaries + Fringe)	\$
Leasing/Rental Assistance (includes security deposits and subsidies)	\$
For Site-Based Projects ONLY: Facility Costs for buildings owned/operated by an organization (reserves, maintenance, property management, cleaning, etc.)	\$
All Other Operating Expenses (staff training, mileage reimbursement, insurance, rent of office building, client needs, etc.)	\$
Admin	\$
<b>TOTAL</b>	\$

<b>Applicant Name:</b>	
<b>Applicant Signature:</b>	
<b>Date:</b>	