FY 2025 Renewal Application

Please complete this application for any renewal applications

Agency details

1. Agency Name *

2. Applicant Name *

3. Applicant Email *

4. SAM Unique Entity ID *

5. SAM Unique Entity ID Expiration Date

[   ]

6. EIN/TIN/DUNS Number *

[   ]

7. Is your agency willing to accept all referrals from the local coordinated entry (Housing Solutions Center) to this proposed project? *

○ Yes

○ No

8. Is your agency willing and able to enter all required data related to this project in the Clark County Homeless Management Information System (HMIS)?

○ Yes

○ No

9. Has your agency had a professional Certified Public Accountant (CPA) audit conducted at least three times in the last four years? *

○ Yes

○ No

10. Please list which years the audits encompass. Type "N/A" if your agency has not had an audit conducted. *

[   ]

11. Is your agency in the process of resolving and/or have any unresolved HUD audit or monitoring findings? If yes, please list findings and their status. *

12. Does your agency have any outstanding or delinquent federal debt? If yes, please briefly describe approved repayment arrangements. *

13. Has your agency ever been debarred or suspended from doing business with the federal government?

14. Does your agency have any unresolved civil rights matters? *

15. Is your agency able to provide at least 25% in-kind or cash match, if your project is awarded? *

16. Project Name *

17. Project Type *

  ○ Permanent Supportive Housing

  ○ HMIS

  ○ DV Bonus

18. Project Target Population *

  ○ Youth

  ○ Seniors (60+)

  ○ Survivors of Domestic Violence, Sexual Assault, and/or Stalking

  ○ Families

  ○ People who are chronically homeless

  ○ People who are literally homeless or at risk of homelessness

Project Questions

19. Please provide a brief, introductory description of your project including engaging participants, program entry, participant support and case management, and program exit. Please include how your agency defines a successful program exit. *

20. Please describe how the agency collaborates with person with lived experience of homelessness to increase programmatic outcomes and/or increase safety. How does the agency receive and incorporate feedback in program development? Does the agency provide Peer Support services? Does your agency leadership and board of directors include representation from two or more persons with lived homelessness experience? Please provide specific examples on how participant feedback was used to measurably increase programmatic outcomes or program safety. *

21. Describe your agency's experience working with the target population(s). How has your agency demonstrated participant success securing and maintaining permanent housing? *

22. How does your agency provide participants with low barrier services while maintaining program participation and increased safety? *

23. How has your agency demonstrated participant success increasing cash and non-cash income? Please provide specific examples including percent of project participants who increased their earned and non-employment income during the most recently completed project term. *

24. What type of support services will be offered to program participants that will ensure households successfully identify and retain permanent housing? What innovative strategies does your agency use to meet the unique needs of households assisted in the program? Did any participants exit the program and, if so, what percent exited to permanent housing destinations in the last program year? Please use specific examples and data where possible. *

[ ]

25. Was the Annual Performance Report (APR) for the most recently completed program year submitted on time to HUD? *

○ Yes

○ No

26. Provide a brief narrative describing your agency's administrative capacity (i.e. finance staff, HMIS) to implement a successful HUD CoC program. What is youragency's experience and success working with federal grants? Please include information about compliance with federal regulations, ability to draw down all funds, and ability to keep beds and/or program participation full while complying with federal regulations. *

[ ]

27. Please describe how your agency is an active member in local CoC meetings. What CoC meetings does your agency attend? *

[ ]

Submission

Please review your responses and confirm below the information is accurate

28. By typing your name below, you acknowledge the information provided in this application is correct and true.