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| --- | --- | --- |
| A picture containing rectangle  Description automatically generatedPROPOSAL COVER SHEET | | |
| AGENCY INFORMATION | | |
| Agency Name:  Click or tap here to enter text. | | |
| Mailing Address:  Click or tap here to enter text. | | |
| Agency Unique Entity Identifier (UEI)  Click or tap here to enter text. | Tax ID #:  Click or tap here to enter text. | Active SAM registration?  Choose an item. |
| Program Contact Name, Phone Number, and Email Address:  Click or tap here to enter text. | | |
| Fiscal Contact Name, Phone Number, and Email Address:  Click or tap here to enter text. | | |

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| **PROJECT INFORMATION** | | |
| Project Type (DV Bonus cannot select PSH) | | Choose an item. |
| Applying for DV Bonus funds | | No Yes |
| **Application Type** | | |
| New Project | **Name of proposed project:** | Click or tap here to enter text. |
| Expansion Grant | **Name of existing project:** | Click or tap here to enter text. |
| Transition Grant | **Name of existing project:** | Click or tap here to enter text. |
| Site configuration (select all that apply): | | Scattered  Site-based  NA |
| Households to be served: | | Adult-Only  Households w/ children  Child-Only |
| Number of individuals to be served | | Click or tap here to enter text. |
| Number of households with children to be served | | Click or tap here to enter text. |
| Number of beds dedicated to CH (only for PSH projects) | | Click or tap here to enter text. |
| Bed type designation (only for PSH projects) | | 100% CH Dedicated  DedicatedPLUS |
| Subpopulations (select all that apply) | | Chronically Homeless  Veterans  Substance Use  Mentally Ill  Victims of Domestic Violence  DedicatedPLUS  Physical Disability  Dev. Disability  Unaccompanied youth  Parenting youth |

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| CERTIFICATIONS | | |
| (i) Subrecipients will maintain the confidentiality of records pertaining to any individual or family that was provided family violence prevention or treatment services through the project; (ii) The address or location of any family violence project assisted under this part will not be made public, except with written authorization of the person responsible for the operation of such project; (iii) Subrecipients will establish policies and practices that are consistent with, and do not restrict, the exercise of rights provided by subtitle B of title VII of the Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness; (iv) In the case of projects that provide housing or services to families, that subrecipients will designate a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the Act;  (v) The subrecipient, its officers, and employees are not debarred or suspended from doing business with the Federal Government; (vi) Subrecipients will provide information, such as data and reports, as required by HUD; and (vii) no CoC Program funds will be used to replace State or local funds previously used to assist homeless persons.  Applicant must certify that each of the following documents will be submitted to DHSP if selected for funding:   1. Certified Organization Audit/Financial Statements of most recent year 2. Proof of nonprofit status (if not already on file) 3. Proof of System of Award Management (SAM) registration   Applicant must certify that it has each of the following agency policies: (i) Code of Conflict and Conflict of Interest; (ii) Financial Management Policies and Procedures; (iii) Drug-Free Workplace; (iv) Affirmatively Furthering Fair Housing; (v) Reasonable Accommodation and Accessibility for Persons with Disabilities (vi) Nondiscrimination and Equal Employment; and (v) Client Confidentiality. | | |
| ***Does the subrecipient of the renewal or proposed new CoC grant participate in federal lobbying activities in connection with the CoC Program?***  No Yes | | |
| E-SIGNATURE | | |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Typed Name of Authorized Representative | Title | Date |

**DEADLINE:** **August 18, 2023**

Please submit completed Proposal Form electronically to [skbassbriggs@cambridgema.gov](mailto:skbassbriggs@cambridgema.gov)

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| **BUDGET FORM** | | | | |
| **LEASING OR RENTAL ASSISTANCE** | | | | |
| **# of units** | ***Respondents must use the*** [*Housing Budget Workbook*](https://www.cambridgecoc.org/s/FY2023NewProject_HousingBudgetWorkbook.xlsx) ***to calculate the proposed Leasing or Rental Assistance budget. The Housing Budget Workbook must be included with the proposal submission.*** | | | **TOTAL** |
|  |  |
| **SUPPORTIVE SERVICES** | | | | |
| **Eligible costs** | | | **Quantity AND Description** | **Annual Assistance Requested** |
| Assessment of Service Needs | | |  |  |
| Assistance with Moving Costs | | |  |  |
| Case Management | | |  |  |
| Child Care | | |  |  |
| Education Services | | |  |  |
| Employment Assistance | | |  |  |
| Food (meals or groceries for clients) | | |  |  |
| Housing Search and Counseling | | |  |  |
| Legal Services | | |  |  |
| Life Skills | | |  |  |
| Mental Health Services | | |  |  |
| Outpatient Health Services | | |  |  |
| Outreach Services | | |  |  |
| Substance Abuse Treatment | | |  |  |
| Transportation | | |  |  |
| Utility Deposits | | |  |  |
| **SERVICES SUBTOTAL** | | | |  |
| **OPERATING COSTS** | | | | |
| **Eligible costs** | | | **Quantity AND Description** | **Annual Assistance Requested** |
| Maintenance/Repair | | |  |  |
| Property Taxes & Insurance | | |  |  |
| Replacement Reserve | | |  |  |
| Building Security | | |  |  |
| Electricity, Gas and Water | | |  |  |
| Furniture | | |  |  |
| Equipment | | |  |  |
| **OPERATING SUBTOTAL** | | | |  |
| **VAWA COSTS** | |  | |  |
| **SUBTOTAL** (Leasing/Rental Assistance + Supportive Services + Operating+ VAWA costs) | | | |  |
| **ADMINISTRATIVE COSTS** (max 10% of subtotal) | | | |  |
| **TOTAL ASSISTANCE REQUESTED** | | | |  |
| **Planned Source(s) of Match**  Applicant must provide match commitment documentation to DHSP by August 25, 2023. | | | | **Total** (must equal 25% of total request excluding leasing) |
| Click or tap here to enter text. | | | |  |

**PROPOSAL NARRATIVE**

Please reference the New Project Proposal Instructions for additional information about proposal requirements and scoring as you complete the Proposal Narrative.

1. **PROJECT DESIGN & ACTIVITIES –** Please describe project design and service model. Please include description of supportive services that will be offered and any partnerships or coordination with housing and healthcare providers. Narrative should also address commitment to Housing First program model, projected client outcomes, and commitment to participate in Coordinated Entry and HMIS requirements.
2. **EXPERIENCE & CAPACITY –** Describe agency’s experience working with the target population and in providing proposed services. Please also include description of agency’s experience and capacity in utilizing federal funds or other public funding.
3. **TIMELINESS & IMPLEMENTATION PLAN –** Describe implementation timeline for the proposed project, including schedule of proposed activities for 60 days, 120 days, and 180 days after the grant award.