Escambia-Santa Rosa Counties CoC (FL-511) Renewal Project Application FY 2024 HUD CoC Program: Local Competition

Organization Information		
Organization		
Primary contact name and title		
Primary contact email		
Primary contact phone		
Project Informati	on	
Project name		
Grant number		
Project type (HMIS, CE, PSH)		
Amount eligible for renewal		
(per Grant Inventory Worksheet)		
Amount requested in FY2024 competition		
Note: Amount requested may not be greater than amou		
eligible for renewal but may be less. If less is requested,		
the difference will be a voluntary reallocation, with		
reallocated funding used to help fund a new project.		
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Monitoring, Drawdowns, I	•	
1. Has this project been monitored by HUD within the last 24 months?		
If so, attach copy of monitoring results and any related documents.		
2. Has this project drawn down funding at least quarterly within the last		
twelve months?		
Attach ELOCCS reports documenting drawdowns for the last 12		
months.		
3. Has this project had any funds recaptured in the last		
If so, attach documentation regarding the recapture.		
	I	
Coordinated Entry and HMIS Participation	on (housing projects only)	
What percentage of program participants who entered		
months were referred by Coordinated Entry?		
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2. What percentage of project beds are in the Housing	Inventory Chart?	
3. What is your current HMIS Data Quality percentage?		
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	Addressing Severe Barriers (housing projects only)	
1.	What percentage of program participants have at least one disabling	
	condition, as reflected in HMIS?	
	,	
2.	What percentage of program participants are documented as entering	
	with a VI-SPDAT score of 10 or over?	
3.	What percentage of program participants have a behavioral health issue	
	(mental health or substance use disorder), as reflected in HMIS?	
	,	
4.	What percentage of program participants have a history of domestic	
	violence, as reflected in HMIS?	
	, and the second	
	Racial Equity and Lived Experience	
1.	In the space below, describe the steps your project has taken to determine	e whether there are
	any barriers to participation faced by persons of different races and ethnic	
	any summer to purition purion ruced by percent or uniorent ruced unit eximit	
2.	In the space below, describe the steps your project took or will take to elim	ninate any
	identified barriers.	
3.		ut of persons with
	lived experience to improve project design and implementation.	

4.		
	. What percentage of your management/leadership roles are held by	
I _	people who identify as BIPOC (Black, Indigenous, People of Color)?	
5.	. What percentage of members on your Board of Directors and Advisory Councils are held by people who identify as BIPOC?	
6.	. What percentage of your staff positions are people with lived	
	experience of homelessness?	
7.	. What percentage of members on your Board of Directors and Advisory	
	Councils are people with lived experience?	
Racial Equity and Lived Experience Narratives (see above)		
1.	Response (limit to 1,500 characters with spaces):	
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3.	Response (limit to 1,500 characters with spaces):

Project Performance and Impact on System Performance Measures

No input is required. The PRRC will score project performance based on project APR for the period 7/1/2023-6/30/2024.

Reminder: Ensure that the following attachments are provided.

- Nonprofit Status 501(c)(3) determination letter, IRS Form 990, and FDACS Registration and Renewal
- SAM Registration Renewal Must show expiration date and UEI number
- Letters of Support
- Match Letters
- Applicant Code of Conduct: Must be included in the HUD Code of Conduct Library (see <u>Code Library</u>). If not on file with HUD, a Code of Conduct that complies with 2 CFR 200 requirements must be attached to the project application.
- HUD monitoring documentation within the last 24 months, if any
- ELOCCS documentation for the past 12 months
- Documentation regarding recapture of funds within the last 24 months if any