

Purpose: All Project Sponsors of HUD CoC grants (Direct Grantees and Sub-recipients) must complete and return an application to the Continuum of Care (CoC) to request renewal of CoC funding in the 2023 funding competition. The Intent to Renew shall be submitted to:

- Indicate that the applicant is requesting CoC funding through renewal of an existing CoC project funded in the 2022 funding competition;
- The applicant affirms commitment to providing matching funds as required;
- Determine that the applicant meets HUD and CoC threshold for renewal funding;
- Determine any amounts that may be subject to partial reallocation due to unspent program funds.

Complete responses include:

- 1) Completed CoC Intent to Renew form that is signed and dated
- 2) Non-Profit documentation
- 3) Drug-free workplace form that is signed and dated
- 4) Explanations for any negative responses this application
- 5) Attachments for direct grantees ONLY for LOCCS draws and APR Submission.

Deadline: The Intent to Renew form is due no later than 12:00 noon on Friday, **August 11, 2023** submitted via email to proposals@unitygno.org.

Eligibility: Current grantees and project sponsors of FY2022 CoC funded projects in the New Orleans-Jefferson Parish-Kenner Continuum of Care LA-503.

Process: UNITY will review the Intent to Renew documents to ensure that project sponsors have passed threshold criteria and are eligible to submit an application for renewal funding. Local project applications will be available no later than **August 21, 2023** and will be due to UNITY no later than **August 30, 2023**. The local application will be used by the CoC Evaluation and Project Selection Committee to score and rank projects that will be included in the CoC application to HUD. Direct Recipients of CoC funding from HUD must ALSO complete and submit the application to HUD in eSNAPS by **August 30, 2023**.

More information about the local CoC funding process and the 2023 competition is available at www.unitygno.org/providers/2023-coc-funding-competition/. This page will be frequently updated with information and materials including the application timeline, requests for proposals, scoring and ranking criteria, and funding priorities.

If you have any questions or would like materials in an alternative format, please contact proposals@unitygno.org or contact Valerie Coffin, Director of CoC Programs at vcoffin@unitygno.org or 504-821-4496 x1012.

Please complete all blank information and revise any information if inaccurate.

Organization Name: _____ Organization DUNS #: _____

Employer or Tax Identification #: _____ Active SAM Registration

Federal Unique Entity Identifier # _____

Project Name: _____

Expiring Project Number (FY2022 project number): _____

Physical Address of Project: _____

City: _____ State: LA Zip Code: _____

Areas served (select all that apply): New Orleans Jefferson Parish Kenner

Reallocation Information

The Project Evaluation and Selection Committee will review project spending and utilization to make decisions regarding reallocation to better utilize funding. Balance and utilization information will be confirmed through CoC financial records, LOCCS reports supplied by HUD and HMIS utilization data. Project sponsors with significant balances are encouraged to request reduced funding to reallocate unspent funds to address community needs.

Did the project have a balance in most recently completed program year? No Yes

If the project had a balance of unspent grant funds, indicate amount of balance in each funding category below.

Supportive Services: \$ _____

Operating: \$ _____

Leasing/Rental: \$ _____

Administrative: \$ _____

At the current rate of spending and current enrollment level, will the project have a balance in the current program year? No Yes Current balance: _____ Current Enrollment: _____

Project sponsors may submit additional information.

Requested Amount for Renewal Funding

Current Funding Amount \$ _____ (and any increases allowed by HUD to adjust for FMR)

Decreased amount of: \$ _____ to allow the CoC to reallocate to another project.

Consolidate with another CoC Project # _____ (must be same component)

Combine TH and RRH program to create a new TH-RRH Joint Component Program

Requests for additional funding to expand projects must be submitted through the RFP process with a new funding application

HUD & CoC Threshold Review Questions

Negative responses require additional information to be submitted with this completed form.

<p>1) Debarment: The applicant, its officers, and employees are not debarred or suspended from doing business with the Federal Government.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2) Federal Debt: The organization is not delinquent on federal debt and is not excluded from doing business with the Federal government.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3) Eligible Participants: All program participants are eligible for the program component type and the project description. All Clients in RRH, TH, PSH, and Street Outreach programs are literally homeless at program entry and eligible under HUD Category 1 except for youth serving programs. Projects serving survivors will serve clients eligible under HUD’s Homeless Category 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4) Participation in Coordinated Entry System for Housing Programs (SH, TH-RRH, TH, RRH, PSH) The applicant reports all openings to the UNITY Coordinated Entry Manager and fills all openings with referrals from the Coordinated Entry System for this project and all projects operated by the applicant, including ESG funded RRH.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5) Performance: The program has met utilization goals (at least 90%) in the project application for the program year and at quarterly benchmarks as documented in HMIS or an HMIS comparable database for DV dedicated programs. Projects at less than 90% utilization within the past year must submit an explanation.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6) Performance: This project meets performance goals in the initial Project Application. <i>If No, provide explanation.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7) APR: Has the organization successfully submitted the APR on time for the most recently expired grant term related to this request for funding project?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Date submitted (to UNITY or HUD) _____</p>	
<p>8) Organizational Capacity: The applicant organization has no unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this request for funding project? <i>Attach explanation for any unresolved findings.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9) Financial Capacity: My agency is in good standing with HUD and other funders without any open findings from monitoring or financial audits related to ESG, HOPWA, or other funding sources. <i>If No – attach monitoring report and/or audit with explanation and documentation.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10) Financial Capacity: My agency has financial and management capacity to carry out the project as demonstrated by annual independent audit that was been completed within 6 months of the end of our fiscal year.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11) Successful Drawdown: Has the recipient maintained consistent reimbursement requests or LOCCS drawdowns for the most recent project year? <i>If No, attach explanation.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12) Match: My agency will provide the required <u>25% match</u> of the awarded amount and will submitted for the renewal application. In-kind services used as match will include the details required by HUD.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13) CoC Participation: Organization is an active member of the local Continuum of Care as demonstrated by timely dues payment to the Service Providers Professionals Association(SPPA).</p>	<input type="checkbox"/> Yes (Date of dues payment _____) <input type="checkbox"/> No
<p>14) HMIS: My agency participates in the CoC Homeless Management Information Systems (HMIS) and follows the HMIS Policies and Procedures for all CoC and ESG funded projects.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If No, is your agency a victim service provider that uses an HMIS comparable database and complies with HMIS policies and procedures as applicable?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Data quality is at or above 90% for all required data elements. <i>If No, attach explanation.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Designated staff have completed HMIS recertification within the past 12 months.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

15) Equal Access

Project policies and practices ensure Equal Access in accordance with HUD’s Final Rule on [Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs?](#)

Yes No

Does your project provide equal access and fair housing by providing services to all households, without regard to sexual orientation, gender identity, local residency status, or any other protected category?

Yes No

Does your agency provide equal access in all programs by your agency by providing assistance without regard to sexual orientation, gender identity, local residency status, or any other protected category?

Yes No

16) Accessing Mainstream Benefits

Does this project assists clients obtain mainstream resources (TANF, Medicaid, SSI)?

Yes No

Does this project provide transportation to assist clients in attending mainstream benefit appointments, employment training, or job?

Yes No

Does this project use a single application form for four or more mainstream benefits programs?

Yes No

Does this project conduct at least annual follow-ups with participants to ensure mainstream benefits are renewed?

Yes No

Do you have at least 1 staff person who has received SOAR training in the past 24 months?

Yes Staff Name: _____ No

Does this person track SOAR applications in the OAT tracking system?

Yes No

Do project participants have access to SSI/SSDI technical assistance provided by a partner agency?

Yes Name of partner agency: _____ No

Do you refer clients to Southeast Louisiana Legal Services to obtain assistance with SSI/SSDI?

Yes No

If this assistance is provided by someone other than Southeast Louisiana Legal Service, has the staff person providing the technical assistance completed SOAR training in the past 24 months?

Yes No

This project renewal application to the CoC will not be considered complete unless submitted by noon, August 30, 2023 with the following attachments:

All Project Sponsors (Direct Grantees and UNITY Subrecipients):

- Signed and dated Intent to Renew Form
- Documentation of 501(c)3 status (or for government agencies, verification of non-profit status)
- HUD 50070: Certification for a Drug-Free Workplace
- Explanations, if required for any no responses indicated on this form.

Direct Grantees Only:

- LOCCS Report demonstrating drawdown history for the time period of July 1, 2022 – June 30 2023.
- Documentation of APR Submission in SAGE (with date of submission)

This Intent to Renew Funding is submitted to UNITY of Greater New Orleans for threshold review for consideration to be included in the FY2023 CoC funding competition. The information submitted will be used by CoC Evaluation and Project Selection Committee to conduct a review to ensure applications will meet CoC and HUD threshold standards for funding. All information submitted to the CoC regarding requests for funding is subject to monitoring from HUD and UNITY.

I certify that all information submitted, including the information in all attachments, is accurate and correct.

Executive Director Signature

Date

Printed Name

Title & Organization

***Return completed Intent to Renew Form with all attachments
no later than noon on Friday, August 11, 2023.
via email to proposals@unitygno.org***

If you have any questions or would like materials in an alternative format, please contact proposals@unitygno.org or contact Valerie Coffin, Director of CoC Programs at vcoffin@unitygno.org or 504-821-4496 x1012.

Explanations and Additional Information

Organization Name: _____

Project Name: _____

Expiring Project Number (FY2023 project number): _____

Question #

Explanation:

Question #

Explanation:

Question #

Explanation:

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Program/Activity Receiving Federal Grant Funding

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official		Title	
Signature		Date	
X			