

# 2025 HUD CoC NOFO

NWCoC Local Competition

## HMIS & SSO-CE Projects

New & Renewal Application

This application form will not be submitted to HUD. The CoC Application Form is used to gather information for our Continuum of Care project review process. Please read this form in its entirety before you start to complete it. See additional instructions on the NWCoC website. Please direct any questions to Barbara at [barbaraj@nwmf.org](mailto:barbaraj@nwmf.org).

Because HUD may issue additional information the NWCoC reserves the ability to add to this application to collect necessary information to complete the consolidated application.

The Scoring Criteria and all referenced policies can be found on the NWCoC website. Use the Scoring Criteria to help guide your responses.

### Organization Name

### Organization Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

### Contact Name

First Name

Last Name

### Contact Phone

Please enter a valid phone number.

### **Contact Email**

example@example.com

### **Organization Director**

First Name

Last Name

### **Organization Director Phone**

Please enter a valid phone number.

### **Organization Director Email**

example@example.com

## **HUD CoC Threshold Eligibility Criteria**

Non-scoring

### **Organization Type**

Nonprofit with 501c3 status

Local unit of government

State government

Public Housing Authority

Indian Tribe or TDHE

Other

**If Other, please describe:**

### **System for Award Management (SAM)**

Please upload a screenshot of your registration status from the SAM website.

**Is your organization's SAM registration current?**

Yes

No

**Does your organization have delinquent federal debt?**

Yes

No

**Is your organization debarred or suspended from doing business with the federal government?**

Yes

No

**Will your organization provide a 25% match for all activities except for leasing?**

Yes

No

## **Homeless Management Information System (HMIS)**

Program participants must participate in the local HMIS, unless a recipient is a victim service provider or legal service provider, in which case these recipients must use a comparable database.

**Will this project enter data in HMIS or a comparable database?**

Yes

No

## **Population to be served (check all that apply)**

Persons who meet HUD's definition of literally homeless

Persons fleeing/attempting to flee domestic violence

Other

**If other, please state:**

## **Geographic location of project, check all that apply.**

Entire Northwest CoC region

Leech Lake Reservation

Red Lake Reservation

White Earth Reservation

Beltrami County

Hubbard County

Clearwater County  
Lake of the Woods County  
Roseau County  
Kittson County  
Marshall County  
Pennington County  
Red Lake County  
Polk County  
Norman County  
Mahnomen County

**Has this program been monitored by HUD in the past 5 years?**

Yes  
No

**Does your organization have any outstanding HUD monitoring findings that are not in the process of being resolved?**

Yes  
No

**Discuss any findings from monitoring and the actions your organization are taking to address those findings (250 word limit).**

0/250

## **Project Information**

**Name of Project**

**If other, please define**

**Please provide a short project description that you are requesting funding for (250 word limit).**

0/250

**Indicate the amount of funding you are requesting for this project. Please note, renewal grant amounts must match the current HUD Grant Inventory Worksheet (GIW).**

**Please indicate the HUD renewal grant number from GIW.**

**Indicate if the project is applying as a:**

- Renewal project
- Consolidated project
- Transition project
- Expansion project
- New CoC Bonus project
- New Domestic Violence project
- YHDP Renewal project
- YHDP Expansion project

**Program Type Detail (Check one):**

- Permanent Supportive Housing (PSH)
- Permanent Housing/Rapid Re-Housing (PH-RRH)
- Transitional Housing/Rapid Re-Housing (TH-RRH)
- Transitional Housing (TH)
- Supportive Services Only (Housing Navigation or Coordinated Entry) (SSO)
- HMIS
- Other

**If other, please define:**

## **Applicant Performance**

**Narrative**

0/250

**The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.(1 point)**

The HMIS applicant does not collect all Universal Data Elements as set forth in the HMIS Data Standards. .  
The HMIS applicant does collect all Universal Data Elements as set forth in the HMIS Data Standards.

**Narrative**

0/250

**The ability of the HMIS to unduplicate client records.(1 point)**

The HMIS system does not have the ability to unduplicate client records.  
The HMIS system does have the ability to unduplicate client records.

**Narrative**

0/250

**The HMIS produces all HUD required reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.(1 point)**

The HMIS does not produce all HUD required reports and provides data as needed for HUD reporting and other reports required by other federal partners.  
The HMIS does not produce all HUD required reports and provides data as needed for HUD reporting and other reports required by other federal partners.

**Narrative**

## CoC Participation

### **Applicant staff attends General Membership Meetings in the past 12 months**

- 1 meeting or less
- 2-3 meetings
- 4 meetings

### **How the HMIS funds will be expended in a way that furthers the CoC's HMIS implementation and ability to use HMIS as a proactive case management tool to promote treatment and recovery. (1point)**

- HMIS funds will not be expended in a way that furthers the CoC's HMIS implementation and ability to use HMIS as a proactive case management tool to promote treatment and recovery.
- HMIS funds will be expended in a way that furthers the CoC's HMIS implementation and ability to use HMIS as a proactive case management tool to promote treatment and recovery.

### **One or more members of the organization participated on a NWCoC Committee or Board.**

- No staff participated in CoC Committees
- Staff participated in at least 1 CoC Committee
- Staff participated in 2 or more CoC Committees

### **General Membership Meeting Attendance**

Data collected through General Membership Meeting Attendance. Applicant does not fill out. (4 points)

## **CoC Committee Participation**

Data collected through Committee and Board attendance. Applicant does not fill out. (2 points)