2026 HUD NOFO Local Competition Application

The Flint/Genesee County Continuum of Care (CoC) (MI-505) is soliciting agencies to submit new and renewal project applications for the FY 2026 Department of Housing and Urban Development (HUD) Notice of Funding Opportunity (NOFO). HUD NOFO available here.

Renewal project applicants may submit applications for eligible renewal components in Permanent Supportive Housing (PSH), Joint Transitional Housing-Rapid Rehousing (TH-RRH), Rapid Rehousing (RRH), Homeless Management Information System (HMIS), Supportive Services Only (SSO), or a reallocation to Transitional Housing (TH).

New project applicants may submit applications for either Transitional Housing (TH) or Supportive Services Only (SSO).

DOWNLOAD: *New Project Application Budget Template*

All project applications and supplementary materials are due to the Collaborative Applicant (Greater Flint Health Coalition) by **July 16, 2026 at 1:00 p.m.** Application and materials should be submitted via this online form.

The Flint/Genesee County CoC supports prospective applicants and projects that support HUD's new national priorities around treatment, recovery, required supportive services, advancing public safety, promoting self-sufficiency, and minimizing trauma. The Flint/Genesee County CoC encourages applications from applicants that have never previously received CoC funds as well as from applicants that are currently receiving or have in the past received CoC funds, including faith-based organizations.

Greater Flint Health Coalition in collaboration with the CoC Executive Committee reserves the right to request that applicant organizations submit adjusted project budgets based on the amount of funding made available by HUD and recommendations from the CoC Rating and Ranking Committee.

NOTE: Please be sure to save a copy of your responses outside of this form.

NOTE: ALL AGENCIES INTERESTED IN APPLYING FOR FUNDING ARE STRONGLY ENCOURAGED TO REVIEW THE HUD CoC PROGRAM REGULATIONS. PROPOSALS THAT DO NOT CONFORM TO THE REGULATIONS WILL NOT BE CONSIDERED FOR FUNDING.

NOTE: This application may be edited/updated as our team gains further clarity on the HUD NOFO. If you happen to submit before a change is made, our team will contact you requesting more information. Please check the Flint/Genesee CoC NOFO page for regular updates: https://geneseehousing.org/nofo/

Please indicate what type of funding you intend to apply for* *Select all that apply.*

RENEWAL PROJECT QUESTIONS

We are applying for an eligible Renewal Project *Please complete these questions if your organization is requesting funding for an eligible Renewal Project.*

Renewal Applicant Organization*

Renewal Applicant Contact Name*

Renewal Applicant Contact Title*

Renewal Applicant Contact Phone*

Renewal Applicant Contact Email*

Renewal Applicant Project Name*

Renewal Applicant Project Grant Number*

Please select the type of Renewal Project Application you are submitting* *If you are applying for more than one renewal project, you must submit separate applications for each project.*

Permanent Supportive Housing; Transitional Housing; Joint Transitional Housing-Rapid Rehousing; Rapid Rehousing; Homeless Management Information System; Supportive Services Only-Coordinated Entry; Supportive Services Only-Street Outreach

Does your organization participate in and/or support the annual Point In Time (PIT) count?*

Please provide a program description of the renewal project you are applying for.* *If you plan to reallocate funding through a Transition Grant, Expansion Project, or Consolidation Project, please submit that or those projects as new project applications.*

Connection to treatment and recovery.* *Describe how your project connects participants to treatment and recovery services, including any partnerships.*

Employment, income, and stability.* *Describe how your project supports employment, income, and participants' movement toward stability.*

Contribution to community outcomes.* *Describe how your project contributes to the community's outcomes and overall system performance.*

Please upload a copy of the Annual Performance Report for this Renewal Project.* *Please pull the APR data in HMIS from the start and end date of your project. You can look up the grant or the name of the project in SAGE to see the grant start and end dates. If your grant expires in 2026, use July 1, 2024 to June 30, 2025.*

Drop files here or click to browse

Please upload the most recent budget status for this Renewal Project.* *Please upload a document that shows the awarded project amount, expenditures, and total drawn from eLOCCS.*

Drop files here or click to browse

Please upload a copy of the System Performance Measurements for this Renewal Project. *The SPM Report can be pulled from HMIS.*

Drop files here or click to browse

NEW PROJECT QUESTIONS

We are applying for a New Transitional Housing (TH) or Supportive Services Only (SSO) Project (including new Domestic Violence, Transition Grants, and Expansion Projects). *Please complete these questions if your organization is requesting funding for a New Project. This includes any Renewal Projects that are applying to reallocate funding through a Transition Grant or Expansion Project. This also includes new Domestic Violence projects.*

New Project Organization Name*

New Project Organization Contact Person*

New Project Organization Contact Person Title*

New Project Organization Contact Person Phone Number*

New Project Organization Contact Person Email*

Organization type* *Select all that apply*

Non-profit organization; Government; Public Housing Authority, Managed Care Facility; Shelter

Does your organization currently run one of the following programs?* *Select all that apply*

Supportive Services; Permanent Supportive Housing; Rapid Rehousing, Transitional Housing; None of the above

Describe your organization's (and subrecipient(s) if applicable) experience providing the types of services that are being proposed in this application.*

Select the types of funding your organization has experience receiving and managing.* *Select all that apply*

Federal funding; State funding; City of Flint funding; Genesee County funding; Private sector funds (including foundation or corporate philanthropic funding); Donations from individual donors; None

If you did not select "Federal funding" from the list above, please describe your organization's capacity to receive and administer Federal funding. If you did select "Federal funding" from the list above, enter "N/A" in the box below.*

If this project will have a subrecipient(s) describe the roles and responsibilities of both the applicant (ie, recipient) and the subrecipient(s). If this application will not have a subrecipient, enter "N/A" in the box below.*

Do you currently enter data into any of the following database services?* *Select all that apply*

Homeless Management Information System (HMIS); Domestic Violence (DV) database; Other comparable database; None

What type of new project are you applying for?* *If you intend to apply for more than one new project, you must submit separate applications for each project.*

Transitional Housing (TH); Standalone Supportive Services Only (SSO); DV Bonus-Transitional Housing; DV Bonus-Supportive Services Only; Transition Grant; Expansion Project

With this project (not the entire organization), how many households to you plan to serve per year?*

With this requested CoC funding only, how many households to you plan to serve per year?* *The $ amount of your CoC project request divided by your costs per household = number of households served*

Target population and intended outcomes.* *Who will this project serve, and what results do you expect for participants?*

Services offered and how participants take part.* *Describe the services your project will offer, including connection to treatment and recovery, employment, education or volunteer connections, and case management. Name your key partners and describe how you engage participants in services.*

Moving people into housing and toward stability.* *Describe how your project helps participants move into permanent housing and build income, stability, and independence over time.*

Meeting a community need.* *Describe the results your project improves for the community and the gap it fills.*

Project timeline.* *When will you enroll your first participant after signing the grant agreement?*

Coordination with other agencies.* *Describe how your project will coordinate with other agencies in the community.*

Staff training.* *Describe the regular training your staff receive and what it covers.*

Community safety and wellbeing.* *Describe how your project supports a safe and stable environment for participants and the surrounding community.*

What is the total budget amount being requested?* *Please provide a dollar amount*

Does your organization affirm that the average cost per household served through the proposed project is reasonable?*

Yes; No

Does your organization agree to participate in and/or support the annual Point In Time (PIT) count?*

Yes; No

Please provide a budget narrative describing how you will spend the requested funding.* *Please provide the budget for the entire grant term you are requesting. For guidance on the allowable budget categories, please refer to HUD's Interim Rule: https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf. The program components and eligible costs are under Subpart D. Information on allowable costs is also available in the FY25 HUD NOFO available here: https://geneseehousing.org/nofo*

CoC grants require a 25% cash or in-kind match. Please list the sources of match for your proposed project.*

Please upload the completed budget template.* *Download this budget template, complete it, then upload below.*

Drop files here or click to browse

Please upload the most recent financial audit cover letter for your organization.*

Drop files here or click to browse

REQUIRED QUESTIONS FOR ALL APPLICANTS

Federal Funding Threshold Certifications The following are threshold questions that HUD will be expecting compliance with when they make their funding decisions. If your agency unable to answer "yes" and/or provide narrative, HUD will not consider your application for funding, nor will the CoC give your application further review.

Please provide a detailed description of Supportive Services your project will provide to participants.*

Please provide a description of your organization's engagement of People with Lived Expertise of Homelessness in your service provision and decision making.*

Does your organization certify that it will not engage in racial preferences or other forms of illegal discrimination?*

Yes; No

Does your organization certify that it will not conduct activities under the pretext of "harm reduction"??* *Please confirm that your organization will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off of property under its control, nor permit the use or distribution of illicit drugs on property under its control.*

Yes; No

Does your organization certify that it will not conduct activities that rely on or otherwise use a definition of sex other than as binary in humans?*

Yes; No

Will your organization cooperate with law enforcement agencies to advance public safety for the entire community impacted by homelessness?*

Yes; No

If applicable to your project, will your organization prioritize treatment and recovery services to assist people in recovering and regaining self-sufficiency, including behavioral health, wraparound supportive services and participation requirements?*

Yes; No

Will your organization minimize the trauma of homelessness by providing trauma-informed care and ensuring participant safety, especially (if applicable) for youth and survivors of domestic violence, dating violence, sexual assault and stalking?*

Yes; No

Will your organization supplement its project with resources from other public or private sources that may include health, social, and employment programs such as Medicare, Medicaid, SSI and SNAP?*

Yes; No