

PA-502 CoC FY24-25 Continuum of Care Grant Local Competition Project Required Survey

SUBMISSIONS DUE SEPTEMBER 13, 2024

Organizations applying for new, renewal, and expansion projects in the PA-502 Delaware County CoC FY24-25 Continuum of Care Grant Competition must complete and submit this survey in addition to their HUD e-snaps project application(s) to be considered for inclusion in the CoC's grant competition submission to HUD. Survey answers will be incorporated into the project review, scoring, and rating process by the CoC's Project Review Team. The Local Competition Scoring Tool is posted online at <https://delcohomelessservices.org>.

Submissions are due on or before September 13, 2024 at 5:00 PM EST.

If you have any questions about this survey, please email the CoC's Consultant: jason@capacityforchange.com.

* 1. Organization Name:

* 2. Organization's Valid UEI (Unique Entity Identifier) Number - a UEI is required to be eligible for federal funding:

* 3. Contact information for the person authorized to complete and submit this survey on behalf of your organization. By submitting this survey, this person is affirming that all answers and statements provided are accurate and true to the best of their knowledge.

Name

Position

Email Address

Phone Number

4. Enter the proposed name of any new CoC Bonus or DV Bonus projects the organization is submitting in HUD e-snaps for the PA-502 CoC FY24-25 Continuum of Care Grant Local Competition. (If none, leave blank.)

1st Project Name

2nd Project Name

3rd Project Name

5. Enter the Name and Grant Number of any Renewal or Expansion projects the organization is submitting in HUD e-snaps for the PA-502 CoC FY24-25 Continuum of Care Grant Local Competition. (If none, leave blank.)

The Grant Number can be located in your HUD contract or the FY24 Grant Inventory Worksheet (GIW) posted online here:

https://www.hud.gov/program_offices/comm_planning/coc/competition/giws.

1st Project Name

1st Project Grant
Number

2nd Project Name

2nd Project Grant
Number

3rd Project Name

3rd Project Grant
Number

4th Project Name

4th Project Grant
Number

* 6. Please answer Yes or No to the following Project Threshold questions.

If your organization does not meet one or more of these threshold requirements, your project application(s) may not be eligible for federal funding.

According to HUD: A false statement in an application is grounds for denial or termination of an award and may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. Recipient or applicant confirms all statements are truthful.

	Yes	No
Does your organization have an Active <u>SAM</u> registration with current information and maintain an active SAM registration annually?	<input type="radio"/>	<input type="radio"/>
Does your organization have any Debarments and/or Suspensions - In accordance with <u>2 CFR 2424</u> ?	<input type="radio"/>	<input type="radio"/>
Does your organization have a financial management system that meets Federal standards as described at <u>2 CFR 200.302</u> ?	<input type="radio"/>	<input type="radio"/>
Has your organization ever violated any Federal criminal law involving fraud, bribery, or gratuity violations? (If yes, please describe in the Comment box below.)	<input type="radio"/>	<input type="radio"/>
Does your organization engage in lobbying activities? Applicants are subject to the provisions of <u>Section 319 of Public Law 101-121, 31 U.S.C. 1352, (the Byrd Amendment), and 24 CFR part 87, which prohibit recipients of federal awards from using appropriated funds for lobbying the executive or legislative branches of the Federal government in connection with a Federal award.</u>	<input type="radio"/>	<input type="radio"/>
Does your organization have any outstanding civil rights matters? (If yes, please describe in the Comments box below.) <i>Outstanding civil rights matters be resolved before the application submission deadline. Project applicants, who after review are confirmed to have civil rights matters unresolved at the application submission deadline, will be deemed ineligible.</i>	<input type="radio"/>	<input type="radio"/>

Comments (optional)

* 7. Does your organization participate in the PA-502 CoC (known locally as the Homeless Services Coalition of Delaware County) in each of the following ways?

	Yes	No	Don't know
Was an actively registered CoC member organization between May 1, 2023 to April 30, 2024.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Representative served on the CoC Governing Board at any time between May 1, 2023 to April 30, 2024.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inputs and manages client, program, grant data in HMIS (or shared data from an HMIS compatible database for VAWA-funded organizations).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participates in the CoC's Coordinated Entry System (e.g., Accept referrals from Coordinated Entry, serve as a CE access point, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 8. Does your organization advance equity in each of the following ways?

	Yes	No
Has historically marginalized, excluded, and under-represented individuals (BIPOC, LGBTQIA+, etc.) in managerial and leadership positions.	<input type="radio"/>	<input type="radio"/>
Board of Directors includes representation from more than one person with lived experience of homelessness.	<input type="radio"/>	<input type="radio"/>
Has implemented a formal process for incorporating feedback from people with lived experience of homelessness in program planning, evaluation, and quality improvement.	<input type="radio"/>	<input type="radio"/>
Has implemented a formal process for reviewing internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers on program participation.	<input type="radio"/>	<input type="radio"/>
Has formal equal access and non-discrimination policies.	<input type="radio"/>	<input type="radio"/>

Comments (optional)

* 9. Please upload a single PDF that includes any plans, policies, and/or board and staff demographic information that demonstrate your organization's commitment to advancing equity as described in Q8.

Choose File

Choose File

No file chosen

* 10. Is your organization authentically and fully committed to Housing First?

Housing First prioritizes rapid placement and stabilization in permanent housing and utilizes housing as a platform for providing supportive services that improve a person's health and well-being. CoC Program funded projects should help individuals and families move quickly into permanent housing without preconditions and ensure that participants can choose the services they need to improve their health and well-being and remain in their housing. Additionally, CoC Program funded projects should engage landlords and property owners to identify housing units available for rapid rehousing and permanent supportive housing participants, remove barriers to entry, and adopt client-centered service practices.

Yes

No

Comment (optional)

* 11. Does your organization agree to accept 100% of all HUD CoC grant-funded referrals from the PA-502 CoC Coordinated Entry System?

Yes

No

Other (please specify)

* 12. Does your organization agree to input 100% of all HUD CoC grant-funded program participant data in the PA-502 CoC Homeless Management Information System (HMIS) or an HMIS-Comparable Database (for VAWA grant-funded organizations) in a timely and accurate manner?

Yes

No

Other (please specify)

* 13. Do you certify that your organization meets the CoC Program eligibility requirements?

Eligible CoC project applicants include nonprofits, state, local governments, instrumentalities of state or local government, Indian Tribes, and Tribally Designated Housing Entities (TDHEs).

Yes

No

* 14. Please upload a copy of your organization's most recent financial audit (or financial review).

No file chosen

15. If your organization is a nonprofit and is not already a PA-502 HUD CoC Renewal Grant Recipient, please upload a copy of its IRS determination letter stating that its application for federal tax exemption under Section 501(c)(3) has been approved.

No file chosen