WELCOME TO THE HOMELESS SERVICES COALITION (HSC



The Homeless Services Coalition of Delaware Count exists to assist unsheltered people in Delaware County to becon self-sufficient and to secure safe, affordable housing

PA-502 Delaware County Continuum of Care (CoC) FY2025 Local Grant Competition - New and DV Bonus Project Application

The U.S. Department of Housing & Urban Development (HUD) has released the FY 2025 Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO) (FR-6900-N-25). The NOFO outlines the funding available, eligible components, and federal priorities for the annual nationwide competition supporting homelessness assistance programs. The purpose of the NOFO is to fund projects that reduce and end homelessness by supporting housing, services, outreach, and system infrastructure, with a strong emphasis on measurable performance and accountability. To learn more about the CoC Program and download the FY2025 NOFO, visit https://www.hud.gov/hud-partners/community-coc.

The PA-502 - Upper Darby, Chester, Haverford/Delaware County CoC is eligible to apply for up to \$7,053,201, including \$1,410,640 for new bonus projects and \$705,320 for new DV bonus projects that serve survivors exclusively. Eligible applicants include nonprofit organizations, local and state governments, public housing authorities, and qualified community partners within the PA-502 CoC geographic area.

The PA-502 CoC is accepting new project applications, including Transition Grants, for the following project types <u>only</u>:

- Transitional Housing (TH)
- Transitional Housing (TH) DV Bonus

Instructions:

- 1. Complete and submit the entire application form. Partial responses may be saved, edited, and finished later until submitted. Applicants may submit multiple new project applications. Applications from organizations that do not meet all of the HUD Threshold Requirements will NOT be scored (see NOFO).
- 2. The CoC Project Review Committee will score all new projects using scoring tools (still being finalized) that align with the NOFO requirements.
- 3. Project applicants will be notified by January 1, 2026 if their project was accepted or rejected.
- 4. Applications are due Friday, December 12, 2025 at 11:59 PM EST. Any application forms submitted after this deadline will NOT be considered for funding in the FY2025 CoC local grant competition.

This application is not a substitute for the HUD-required e-snaps application. All applicants whose applications are accepted will be required to enter and submit their full application in e-snaps by January 7, 2026.

Questions? Email jason@capacityforchange.com and include PA-502 in the subject line.

1. Organizational l	Information.		
Organization Name			
Employer Identification Number (EIN)			
Unique Entity ID (UEI))		
Administrative Address]	
City, State, Zip Code			
Phone			
Website			
Name of Application Contact			
Contact Email			
Contact Phone			
2. Please describe characters).	the organization's exper	rience managing federal gran	ts (maximum 2,000
3. Does the orga	anization have an active	System for Award Manageme	nt (SAM) registration?
4. New Project	Type.		
Transitional I	Housing (TH)		
Transitional I	Housing (TH) DV Bonus [Serve	es 100% DV Survivors only.]	

Transition gran	ts will receive additional points in the new project scoring process.
Yes	
O No	
If yes, please ident	ify the renewal grant name and number.
6. Funding Reque	st.
Project Name	
Funding Request (\$)	
Total Project Budget (\$)	
Total Organization Budget (\$)	
Proposed Start Date (June - December 2026)	
	sitional Housing (TH) projects can fund housing costs and accompanying rices for program participants for up to twenty-four (24) months.
Rehabilitatio	n
New constru	ction
Rental assist	ance
Leased Units	:/Structures
Supportive S	ervices
Operating	
HMIS	
VAWA	
Administration	on
Comments:	

5. Is the new project being applied for as a Transition Grant or the voluntary reallocation of

an existing Renewal Grant?

8. Please upload a summary budget for the proposed project in PDF or MS Word format. Include the amounts that will be requested in each relevant category, according to HUD's rules for the particular proposed project. Include the total budget request with a minimum of 25% match and admin costs not to exceed 10%. See the NOFO for details regarding match requirements and other budgetary restrictions.

If it pertains to your budget, use the Fair Market Rent for your geographic region using this page: https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2024 code/select Geography.odn

Choose File	Choose File	No file chosen
9. Can you	r organization (commit to each of the following? (Check if yes.)
The org	anization will leve social, and employ	rage project funding from other public or private sources, including mainstream ment programs (e.g., Medicare, Medicaid, SSI, SNAP, etc.) to supplement CoC
The org		are the required project 25% match (except leasing costs) from eligible sources
Please provid	e additional detail:	ş.
10. Populat	ions Served. (S	Select all that apply.)
	s with children un	
Individu	ıals	
Youth (2	18 - 24)	
Adults a	aged 62 or older	
Veteran	ıs	
Persons	with Serious Men	tal Illness
Persons	with Substance U	se Disorder
Persons	with physical or c	levelopmental disabilities
Chronic	cally homeless indi	viduals
Other (please specify)	

- Experience delivering transitional housing or other housing projects that exit people from homelessness to housing with stability.
- Experience working with the target population(s).
- Customized supportive services that will be provided to participants.
- How the project will help participants obtain and maintain housing, increase income, and access treatment or recovery services.
- How participants will be connected to employment, healthcare, and public benefits.
- Staff training and expertise.
- Anticipated outcomes.

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12. Housing Invent	cory.	٦	
Units			
Beds			
		_	
13. Housing Typ	e.		
Oprmitory			
Single Room	Occupancy (SRO)		
Clustered Apa	artments		
Scattered Site	;		
Other (please	specify)		

14. Lease Type.
Master lease (organization owns/rents unit(s) and subleases to participant)
Tenant lease (organization provides rent subsidy; lease in participant's name)
Other (please specify)
15. Does your organization have each of the following? (Check if yes.)
Property owned by the organization that will house program participants?
On-site substance use treatment services available to participants?
Written agreements with other organizations to provide required supportive services that cannot be delivered directly by the applicant?
Please provide additional details.

16. Which of the following supportive services will the project provide, either directly, through written agreements, or in partnership with other community services? (Select all that apply.)
Transitional Housing projects must provide participants with 40 hours per week of mandatory, customized supportive services with exceptions for participants over age 62 or who have a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder. The 40 hours per week may be reduced proportionately for participants who are employed.
Life-skills training
Budgeting / financial literacy
Legal services
Mental health treatment
Substance use treatment
Transportation
Employment assistance and job training
Education
Housing search and counseling
Outpatient health services
Utility deposits
Child care
Other (please specify)
17. Will the project provide services in the following Opportunity Zones? (Select all that apply.)
For more information on Opportunity Zones, please visit: https://dced.pa.gov/programs-funding/federal-funding-opportunities/qualified-opportunity-zones/
Lansdowne Borough, Census Tract 4020
Clifton Heights Borough, Census Tract 4033
Chester City, Census Tract 4050
Trainer, Census Tract 4065
Marcus Hook, Census Tract 4066
Chester City, Census Tract 4107
None of the above
Comments:

18. Will the System?	project accept 100% of its referrals from the PA-502 CoC Coordinated Ent
Yes	
O No	
If no, please e	plain.
19. Will the	project participate in the PA-502 CoC Annual Point in Time Count (PIT)?
Yes	
O No	
If no, please e	plain.
	f from the applicant organization participate in the PA-502 CoC membershod trainings?
O Yes	
O No	
If no, please e	plain.
	my name in the line below, I hereby verify the accuracy and validity of thithis PA-502 CoC project application.