2026 Supplemental New Project Application Questionnaire:

Supportive Services Only (SSO)

Due July 21, 2026, by 5 PM

Agency Name:

Project Name:

Type of SSO Application:

SSO- Standalone ☐ SSO- Street Outreach ☐ SSO- Coordinated Entry (DV Bonus Only) ☐

Please Answer the following questions related to your plan to operate a Supportive Services Only Project. You may type directly in the application or provide a separate attachment for the narrative responses.

System Performance Measures (SPM)

The following sections will be calculated based on proposed percentages of individuals served during the first contract term of project operations.

1. **SPM 7**. **Successful Placement or Referral** (exits to temporary or permanent housing). Proposed effectiveness in connecting people contacted through outreach or day services to shelter, transitional housing, or permanent housing pathways in the first contract term. Of those served the first year of project operations, how many will be placed into temporary or permanent housing situations. **Proposed Percentage**:
2. **SPM 1. Length of Time Persons Remain Homeless.** Proposed Median number of days from engagement to Shelter or housing referral (Outreach), Housing assessment or referral (Day Center), Exit to PH or positive housing (Emergency Shelter). **Proposed Median Number of Days**:
3. **SPM 4**. Increase in Earned Income from employment. **Proposed Percentage**:
4. **SPM 4.** Increase in non-employment Income. **Proposed Percentage:**

Other Objective Criteria

5. **Maximizing the use of mainstream resources.** Proposed percentage of individuals served in the first project term to have at least one non-cash benefit as recorded in the HMIS HUD Assessment (e.g., housing voucher, free cell phone, bus pass, calfresh, TANF, meal services, etc.). **Proposed Percentage**:
6. **Supportive Service Requirements.** Does your project plan to implement supportive service requirements?
   ☐ Yes ☐ No ☐ N/A Applicant is a victim services provider
   a. If yes, please provide a copy of the document requiring client signature for full points in this section (e.g., program agreement that participant will participate in services such as case management meetings, employment trainings, treatment, etc.).
      i. **Attachment provided with submission ☐ Yes ☐ No ☐ N/A Applicant is a victim services provider**
7. **Coordination with Law Enforcement and First Responders.** Demonstrate that the project either has established partnerships or has a clear plan to establish partnerships with first responders and law enforcement to engage people living in places not meant for human habitation and connect them to emergency shelter, treatment

programs, family reunification, transitional housing, or independent living. The applicant must show that the project will cooperate, assist, and not interfere or impede law enforcement in enforcing local laws such as public camping and public drug use laws. This information must be clearly described in the e-snaps project application, within the project description section. **Please Provide a Narrative Response with no more than 250 words.**

8. **Self Sufficiency:** The Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency. ☐ **Yes** ☐ **No**
   Please Provide a Narrative Response with no more than 250 words.

9. **Coordination with Shelter, Transitional Housing and Housing Partners.** Proposal demonstrates established coordination with Shelter, Transitional Housing, and Housing Partners by listing the specific partners to whom participants will be referred for placement.
   List Current or Proposed Partners as a list:

10. **Availability of Treatment and Recovery Services.** Proposed project includes access to Substance Use Disorder treatment. ☐ **Yes** ☐ **No**
    a. **Proposed project includes Substance Use Disorder Treatment Services.** ☐ **Yes** ☐ **No**

i. Attachment of a written commitment from the agency on letterhead with the project name confirming (this must be included to receive full points). **Attached? ☐ Yes ☐ No**

Agency Capacity and Financial Capacity Assessment

11. **Budget.** See scoring tool for methodology. Provide attached budget with applicable Budget on approved template, with CoC budget line items, and confirmed match and source. Staff will calculate.
12. **Organizational Capacity and Experience/ Demonstrated Capacity to manage CoC Awards.** See scoring tool for methodology. Staff will calculate existing CoC providers.
    For organizations new to the Continuum of Care (CoC) Program: Please describe your experience administering state and/or federal grant funding. In narrative or list format, identify the funding sources you have managed and explain how this experience demonstrates your organization's capacity to administer CoC Program funds and leverage additional funding resources to support project operations.
    Please Provide a Narrative Response with no more than 250 words.

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13. **Project Readiness.** Staff will calculate.
    Please Provide a short summary of the timeframe for project operations including hiring and serving participants (e.g., 30 days, 60 days, 90 days). This should be in a list format**.** See Scoring tool for additional information.

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14. **Financial Audit.** Provide the agency's most recent independent financial audit. If the agency does not have an independent financial audit, submit the agency's most recent audited financial statements. Documentation must be dated within the past two (2) years. See scoring tool for methodology. Staff will calculate.

Local and Other HUD Priorities

15. **HMIS Data Quality, Timeliness.** See scoring tool for methodology. Staff will calculate. Do you currently use HMIS? ☐ **Yes** ☐ **No**
16. **Additional Local/HUD Priorities**

a. Will your agency or does your agency collaborate with Justice partners (e.g., corrections officers, law enforcement, etc.) ☐ **Yes** ☐ **No**
b. Will your project ensure participants are screened for and will gain access to appropriate and relevant mainstream resources for which they may be eligible; and will your project provide access to training for staff related to accessing mainstream services (e.g., Medi-Cal, CalFresh, TANF, substance abuse programs, employment assistance, other non-cash benefit sources, etc.). ☐ **Yes** ☐ **No**
c. Will your project promote and support volunteering, community engagement, and employment services among individuals experiencing homelessness or recently housed in the project. ☐ **Yes** ☐ **No**
d. Does your project have the ability to partner with services orgs to reduce overhead costs and to prevent duplication of services. I.e., payroll grants, HR, not just your own overhead but from county expenses, etc. ☐ **Yes** ☐ **No**

17. **Project Narrative/Design**. In **400 words or less**, provide a description of the scope of the project including the target population(s) to be served, total participants served annually, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. **You may provide an attachment for the Project Description or write in the space below.**

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18. **Persons with lived Experience.**
    a. Does your agency have a client advisory board, or do you have lived experience members on your board of directors? ☐ **Yes** ☐ **No**
    b. Does the perspective of individuals with Lived Experience guide policymaking, process, and program development in your agency currently? ☐ **Yes** ☐ **No**
    c. Does your agency provide employment opportunities for those with lived experience of homelessness and/or provide any type of training for staff without lived experience? ☐ **Yes** ☐ **No**
19. **Bonus Points: Prioroity Subpopulation.** Proposed project serves one of the following priority sub-populations. ☐ **Families** ☐ **Seniors** ☐ **Transition-aged youth.**

Required Attachments for Submission

☐ HUD Project Quality Threshold Requirement Certification (by project proposal type)

☐ Applicant's most recent fiscal audit, with accompanying management letter or audited financial statements.

☐ SSO Supplemental Application Questionnaire (current document)

☐ Written letter of commitment for treatment and recovery services (if applicable)

☐ Client Form/Agreement for Supportive Service Requirement Attachment (if applicable)

☐ HUD's New Project Application (submitted in the E-snaps system)- Note, application due date is subject to change based on availability from HUD.

☐ Completed Budget Template