



2025 Supplemental New Project Application Questionnaire: Permanent Supportive Housing

Due December 15th, 2025, by 12pm

Agency Name:

Project Name:

Please answer the following questions related to your CoC Renewal Permanent Supportive Housing Project. Note, some questions do not require a response and will be scored by staff. Please read carefully to ensure all yes/no responses are completed.

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 7b.** Successful Permanent Housing (PH) Exits: Retention of PH. **Proposed Percentage:**
2. **SPM 7b.** Successful Exits to PH: exiting to a permanent destination. **Proposed Percentage:**
3. **SPM 4.** Increase in Earned Income. **Proposed Percentage:**
4. **SPM 4.** Increase in non-employment Income. **Proposed Percentage:**
5. **SPM 2a.** Returns to Homelessness. **Proposed Percentage:**

Other Objective Criteria

6. **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. **Proposed Percentage:**
7. **Supportive Service Requirements.** Does your project plan to implement supportive service requirements? Yes No
 - a. If yes, please provide a copy of the document requiring client signature.
 - i. **Attachment provided with submission** Yes No
8. **Coordination with Housing Partners.** The project proposal includes a written commitment of leveraged funding that would subsidize 25% of the units in the proposed project. Leveraged funds must be other than CoC and ESG sources that would account for 25% of the total requested award in subsidies to pay for units. Yes No
 - a. **Attachment provided with submission** Yes No
9. **Coordination with Healthcare Partners.** The project proposal includes a written commitment from a healthcare provider to deliver services to participants using resources from sources other than CoC or ESG funding. For substance use disorder treatment, the commitment must confirm that services will be available to all participants. For behavioral health or other healthcare services, the commitment must demonstrate that the value of the assistance provided is at least equal to 25% of the project's requested funding. Yes No
 - a. **Attachment provided with submission** Yes No
10. **Availability of Treatment and Recovery Services.** Proposed project includes access to Substance Use Disorder treatment. Yes No
 - a. **Proposed project includes required Substance Use Disorder Treatment.** Yes No

- i. If yes, for full points, please provide a written commitment from the agency on letterhead with the project name confirming. **Attached?** **Yes** **No**

Agency Capacity and Financial Capacity Assessment

11. **Budget.** See scoring tool for methodology (e-snaps application). Staff will calculate.
12. **Cost Effectiveness.** See scoring tool for methodology (e-snaps application). Staff will calculate.
13. **Project Narrative/Design.** See scoring tool for methodology (e-snaps application). Staff will calculate.
14. **Organizational Capacity and Experience/ Demonstrated Capacity to manage CoC Awards.** See scoring tool for methodology (e-snaps application). Staff will calculate.
15. **Project Readiness.** See scoring tool for methodology (e-snaps application). Staff will calculate.
16. **Financial Audit.** See scoring tool for methodology. Staff will calculate.

Local and Other HUD Priorities

17. **HMIS Data Quality, Timeliness.** See scoring tool for methodology. Staff will calculate.
18. **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**
19. **Persons with lived Experience.**
 - a. Does your agency have a client advisory board, or do you have lived experience members on your advisory board? **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**

Required Attachments for Submission

- HUD's New Project Application (submitted in the E-snaps system)
- HUD Project Quality Threshold Requirement Certification (by project proposal type)
- Applicant's most recent fiscal audit, with accompanying management letter.
- PSH 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)