2025 Supplemental New Project Application Questionnaire: Supportive Services Only (SSO)

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 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. **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. **Proposed Percentage**:

6. **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**

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. Staff will calculate.

8. **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**

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 (e-snaps project description). Staff scored.

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

Agency Capacity and Financial Capacity Assessment

11. **Budget.** See scoring tool for methodology (e-snaps application). Staff will calculate.

12. **Organizational Capacity and Experience/ Demonstrated Capacity to manage CoC Awards.** See scoring tool for methodology (e-snaps application). Staff will calculate.

13. **Project Readiness.** See scoring tool for methodology (e-snaps application). Staff will calculate.

14. **Financial Audit.** 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.

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**

17. **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.

☐ 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)