



2025 Supplemental Renewal 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 staff review of the most recent Annual Performance Report (APR) submission of the project in the HMIS SAGE reporting system.

1. **SPM 7b.** Housing Stability (System Performance Measure). Staff will Calculate.
2. **SPM 7b.** Exits to Permanent Housing (System Performance Measure). Staff will Calculate.
3. **SPM 4.** Increase in Earned Income (System Performance Measure). Staff will Calculate.
4. **SPM 4.** Increase in non-employment Income (System Performance Measure). Staff will Calculate.
5. **SPM 2a.** Returns to Homelessness (System Performance Measure). Staff will Calculate.

Other Objective Criteria

6. **Maximizing the use of mainstream resources (System Performance Measure).** Staff will Calculate.
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.

Attachment provided with submission Yes No

8. **Bed Utilization.** Staff will Calculate.
9. **Chronic Homeless served.** Staff will Calculate.
10. **Coordinated Entry Participation.** Staff will calculate.
77. **Data-informed program research.** Did you use HMIS and other local data to guide program development and delivery?

yes No

Project and Capacity Assessment (objective criteria)

12. **Budget & Spend down.** Full spenddown of grant and required match. Staff will calculate based on latest APR Submission.

13. **Demonstrated Capacity to Manage CoC Program Awards.** Staff will score in HMIS Sage Reporting system.

14. **Demonstrated Capacity to Perform Competitively in the CoC Competition.** Staff will score.

Local.™.Other.HUD.Priorities

15. **HMIS data Quality, and Timeliness.** Staff will score.

16. **Alignment with Local /HUD Priorities.**

- a. Does your agency collaborate with Justice partners (e.g., corrections officers, law enforcement, etc.) **Yes** **No**
- b. Does your project ensure participants are screened for and will gain access to appropriate and relevant mainstream resources for which they may be eligible; and does 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. Does 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**

18. **Established Project of the CoC.** Is this application a request for an existing project of the Continuum of Care Program serving participants currently? **Yes** **No**

19. **Bonus Points Availability of Treatment and Recovery Services.** Does your project or will your project commit to provide access to treatment services for program participants? **Yes** **No**

a. If yes, please provide a written letter of commitment. Attached **Yes** **No**

Required Attachments for Submission

- HUD's Renewal Project Application (submitted in the E-snaps system)
- Applicant's most recent fiscal audit, with accompanying management letter.
- Supplemental Questionnaire (current document)
- Written letter of commitment for treatment and recovery services (if applicable)
- Client Form/Agreement for Supportive Service Requirement Attachment (if applicable)