

## FY2025 CONTINUUM OF CARE RENEWAL PROJECT APPLICATIONS REQUIRED DOCUMENTS CHECKLIST

DUE MONDAY, DECEMBER 15, 2025, BY 12:00 P.M. (PT)

The following documents along with this checklist must be attached and submitted with the FY2025 CoC Renewal Project Application.

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

☐ **Exhibit 5: Project Information Form**

- ☐ **Attachment 1:** Certification of Consistency in the Consolidated Plan<sup>1</sup>
- ☐ **Attachment 2:** Environmental Review<sup>2</sup> – Limited Scope Environmental Review Form, Environmental Review of Categorically Excluded Not Subject to Section 58.5, Environmental Clearance Letter, or signed Environmental Review documentation
- ☐ **Attachment 3:** 25% Match Documentation – including letters of match commitment and/or in-kind Memorandum of Understanding (MOU)

☐ **Exhibit 6: Project Effectiveness**

☐ **Exhibit 7: Recover and Supportive Service Participation**

- ☐ **Attachment 4:** Supportive Services Agreement – this may include contract, occupancy agreement, lease or equivalent

☐ **HUD CoC Project Application (e-snaps and related attachments)<sup>3</sup>**

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<sup>1</sup> Instructions for completing Attachment 1 can be found on the Orange County CoC NOFO webpage at <https://ceo.oc.gov/fy2025cocnofo>

<sup>2</sup> Environmental Reviews should be dated within the last five (5) years. Instructions for completing Attachment 2 can be found on the Orange County CoC NOFO webpage at <https://ceo.oc.gov/fy2025cocnofo>

<sup>3</sup> Export of e-snaps and related attachments to be submitted for review no later than December 15, 2025, pending release of project application on e-snaps platform. Detailed instruction on entering data into e-Snaps will be uploaded onto the HUD website at a later date: <https://www.hud.gov/hud-partners/community-coc>

## EXHIBIT 5: PROJECT INFORMATION FORM

Agency Name: \_\_\_\_\_

Renewal Project Name: \_\_\_\_\_

Renewal Grant Amount: \_\_\_\_\_

Grant Term: \_\_\_\_\_

**Program Type:**

- ☐ Permanent Housing Project – Permanent Supportive Housing (PSH)
- ☐ Permanent Housing Project – Rapid Rehousing (RRH)
- ☐ Supportive Services Only (SSO) – Coordinated Entry System
- ☐ Joint Transitional Housing and Permanent Housing – Rapid Rehousing Project (Joint TH/PH-RRH)
- ☐ Homeless Management information System (HMIS)

**1. Is your agency considering any of the activities listed below that may impact the renewal project application? If so, select the activity below.**

- ☐ Voluntary Re-Allocation
- ☐ Consolidation Project
- ☐ Transition Project
- ☐ Not Applicable

**a. If any of the activities were selected, please describe what your agency is considering for this project.**

**2. If your agency returned any funds in the last three (3) completed grant terms for this CoC Renewal Project, please provide a brief explanation detailing the reasons for the returned funds**

- ☐ Not applicable, project has not returned any funds

**3. Has the CoC Renewal Project been monitored by HUD in the last four years?**

- ☐ Yes
- ☐ No

4. How much match (cash and in-kind) does your agency expect to provide for this CoC Renewal Project as part of the FY2024 CoC NOFO? Match Requirements - All eligible funding costs, except leasing, must be matched with no less than 25% cash or in-kind contribution. Provide verification of 25% match and label the documents **Attachment 3**.

Total Commitment Amount		Source(s)
Cash	In-Kind	

5. Describe your agency's policy and practices for terminating program participant assistance, if applicable.

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## EXHIBIT 6: PROJECT EFFECTIVENESS

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Grant Term: \_\_\_\_\_

Grant Amount for the Above Term: \_\_\_\_\_

1. Please describe the household type and/or subpopulation that the project serves, including whether the project serves people with physical and/or developmental disabilities, older adults, and other vulnerable populations. Include total number of households and participants to be served.

1. Please indicate the per household costs as calculated by the agency for the CoC Renewal Project. Provide additional information as to how your agency calculated these household costs.

2. Please indicate the per household cost by calculating the total grant amount divided by the total household served, as a straight math equation.

Project Cost-Effectiveness	
Total Grant Amount	\$
Total Households Served	
Per Household Cost <sup>4</sup>	\$

3. Please provide any additional information or context that would assist the CoC NOFO Ad Hoc in evaluating the CoC Renewal Project's Performance and Project Effectiveness, including the last submitted APR, Data Quality Report, and the Project Performance Measures. If the CoC Renewal Project has not yet completed a full grant term, please provide an update related to project performance and/or detailed plan to ensure effective project implementation.

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<sup>4</sup> To calculate cost per household, divide the total grant amount by total households served.

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## EXHIBIT 7: RECOVERY AND SUPPORTIVE SERVICE PARTICIPATION

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Grant Term: \_\_\_\_\_

Grant Amount for the Above Term: \_\_\_\_\_

1. Describe your agency's service approach to program participants presenting with substance use, substance use disorders, and/or co-occurring substance use and mental health disorders.

2. Describe your agency's approach to engaging program participants in supportive service participation (e.g. case management, employment training, substance use disorder treatment).

3. The FY 2025 CoC Program Notice of Funding Opportunity (NOFO) outlines the U.S. Department of Housing and Urban Development (HUD) priorities. Please respond by checking the appropriate box below for each item listed, to indicate how the CoC Renewal Project will align with HUD's identified priorities.

	Description	Will Comply	Unable to Comply
1	Program will provide on-site substance use treatment for program participants.		
2	Program will require program participants to take part in substance use treatment services as a condition of continued participation in the program.		
3	Program will require program participants to engage in supportive services (e.g. case management, employment training, substance use disorder treatment), as demonstrated through supportive service agreements (e.g. contract, occupancy agreement, lease, or equivalent)		

4	Project Applicant will not engage in racial preferences or other forms of illegal discrimination.		
5	Project Applicant will not operate drug injection sites or “safe consumption sites,” off property under their control, permit the use of distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction”.		
6	Project Applicant will only recognize the sex binary (male/female) of program participants.		

**4. If unable to comply with any of the listed priorities, please provided further detail.**

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