2022 Chicago Continuum of Care Intent to Renew

ITR Cover Page

Agency Name:

Agency Address:

Street

City

State

Zip
Code

Main Agency Phone
Number
xxx-xxx-xxxx

Contact Person for Questions about this ITR

Identify one or two people to act as a liaison between All Chicago staff and agency staff regarding any follow-up that occurs to resolve "technical assistance needed" designations. You may complete this field more than once.

First Name

[   ]

Last Name

[   ]

Phone Number

xxx-xxx-xxxx

[   ]

Extension

[   ]

Email Address

[   ]

Title/Position

[   ]

[Add Another Contact Person]

Executive Director

The Executive Director will receive a copy of the agency's ITR feedback report. Please provide their name and contact information.

First Name

Last Name

Phone Number
xxx-xxx-xxxx

Extension

Email Address

Project Information

Number of Projects:

Complete the information below about Project #1.

1. Project name

2. HMIS ID

If this number is wrong, please provide the correct number in the text field at the bottom of this section.

If there are multiple IDs associated with one project, we have listed both. Again, if this information is wrong or missing please provide it in the text field at the bottom of this section.

[   ]

3. Program model type (HUD)

| Permanent Supportive Housing |
| Rapid Rehousing |
| Transitional Housing |
| Safe Haven |
| Supportive Services Only |
| Joint TH & RRH |
| HMIS |
| Planning Grant |

4. Subpopulation focus (check all that apply)

This selection should match what you have indicated in the NOFO project renewal application. If you chose a subpopulation focus on the NOFO project renewal application, you may select it here. Otherwise, do not select it.

☐ Veterans

☐ Youth (under 25)

☐ Families with children

☐ Domestic violence

☐ Substance use

☐ Mental Illness

☐ HIV/AIDS

☐ Chronic Homeless

☐ N/A - Project serves all populations

☐ Other - Write In

[   ]

5. Grant number (most recent)

If you have entered into a more recent grant, please provide the correct grant number in the text field at the bottom of this section.

6. Grant start date

◆

7. Grant end date

◆

8. If the project was new in 2021, provide the date it started operating.

If this is not a new project, skip this field.

◆

9. If the project consolidated since January 1, 2021 (i.e., completed first year as consolidated project), provide the start and end date of this grant and the surviving HMIS provider ID:

If the project did not consolidate, skip this field.

10. Did the project amend its 2019 or 2020 grant through the expedited grant amendment process?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please describe the amendments that were made.

11. Identify total project funding (for the grant year that concluded in 2021), broken down by funding source. Estimates are acceptable. The goal is to represent the total amount of funding that is connected to the project. This would include the HUD CoC funding as well as any other sources of funding that support and are attributed to the project.

CoC funding ($): [ ]

Other public funding ($): [ ]

If other public funding, list the funding sources here (text): [ ]

Private funding ($): [ ]

General operating ($): [ ]

Program income ($): [ ]

In-kind ($): [ ]

One-time funding sources (such as a temporary pilot, for example) ($): [ ]

Other ($): [ ]

Total project expenses (sum of the above) ($): [ ]

12. Would the agency consider consolidating this project with another if the opportunity is available in the FY2022 NOFO?

☐ Yes   ☐ No

Please identify to the best of your ability: a) which projects would consolidate, b) combined grant amount, c) which project would be the surviving grant, and d) what start and end dates would the combined projects go to?

13. Has the project made any major changes in the last 12 months, or expects to make changes in the next 12 months, such as grant consolidation, change in service priorities or population, or loss of funding?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please explain those changes.

Declaration of Intent to Renew
Please confirm whether you intend to renew your project application in the 2022 grant cycle. If you decide not to renew a project in the 2022 grant cycle, you do not have to submit responses for that project in the rest of the form. However, if you will renew at least one project, the rest of the form must be completed.

If a project does not renew and would like to receive future funding, it will have to reapply through a competitive grant process and the project type may no longer be eligible.

☐ Yes, the project would like to be considered for renewal

☐ No, this project will not be renewed in the 2022 grant cycle.

Was any of the prepopulated information incorrect?
Please provide the correct information here. Also provide any additional narrative needed to explain any of the answers given above.

needed to explain any of the answers given above.

Complete the information below about Project #2.

1. Project name

2. HMIS ID

If this number is wrong, please provide the correct number in the text field at the bottom of this section.

If there are multiple IDs associated with one project, we have listed both. Again, if this information is wrong or missing please provide it in the text field at the bottom of this section.

3. Program model type (HUD)

Permanent Supportive Housing
Rapid Rehousing
Transitional Housing
Safe Haven
Supportive Services Only
Joint TH & RRH
HMIS
Planning Grant

4. Subpopulation focus (check all that apply)

This selection should match what you have indicated in the NOFO project renewal application. If you chose a subpopulation focus on the NOFO project renewal application, you may select it here. Otherwise, do not select it.

☐ Veterans

☐ Youth (under 25)

☐ Families with children

☐ Domestic violence

☐ Substance use

☐ Mental Illness

☐ HIV/AIDS

☐ Chronic Homeless

☐ N/A - Project serves all populations

☐ Other - Write In

[   ]

5. Grant number (most
recent)
*If you have entered into a more recent grant, please provide the correct grant
number in the text field at the bottom of this section.*

[   ]

6. Grant start
date

[   ] ◆

7. Grant end
date

[   ] ◆

8. If the project was new in 2021, provide the date it started
operating.
If this is not a new project, skip this field.

[   ] ◆

9. If the project consolidated since January 1, 2021 (i.e., completed first year as

consolidated project), provide the start and end date of this grant and the surviving HMIS provider ID:

If the project did not consolidate, skip this field.

[   ]

10. Did the project amend its 2019 or 2020 grant through the expedited grant amendment process?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please describe the amendments that were made.

[   ]

11. Identify total project funding (for the grant year that concluded in 2021), broken down by funding source. Estimates are acceptable. The goal is to represent the total amount of funding that is connected to the project. This would include the HUD CoC funding as well as any other sources of funding that support and are attributed to the project.

CoC funding ($):	[ ]
Other public funding ($):	[ ]
If other public funding, list the funding sources here (text):	[ ]
Private funding ($):	[ ]
General operating ($):	[ ]
Program income ($):	[ ]
In-kind ($):	[ ]
One-time funding sources (such as a temporary pilot, for example) ($):	[ ]
Other ($):	[ ]

Total project expenses (sum of the above) ($):

12. Would the agency consider consolidating this project with another if the opportunity is available in the FY2022 NOFO?

☐ Yes   ☐ No

Please identify to the best of your ability: a) which projects would consolidate, b) combined grant amount, c) which project would be the surviving grant, and d) what start and end dates would the combined projects go to?

13. Has the project made any major changes in the last 12 months, or expects to make changes in the next 12 months, such as grant consolidation, change in service priorities or population, or loss of funding?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please explain those changes.

Declaration of Intent to Renew
Please confirm whether you intend to renew your project application in the 2022 grant cycle. If you decide not to renew a project in the 2022 grant cycle,

you do not have to submit responses for that project in the rest of the form. However, if you will renew at least one project, the rest of the form must be completed.

If a project does not renew and would like to receive future funding, it will have to reapply through a competitive grant process and the project type may no longer be eligible.

☐ Yes, the project would like to be considered for renewal

☐ No, this project will not be renewed in the 2022 grant cycle.

Was any of the prepopulated information incorrect?

Please provide the correct information here. Also provide any additional narrative needed to explain any of the answers given above.

[text field]

Complete the information below about Project #3.

1. Project name

[text field]

2. HMIS ID
   If this number is wrong, please provide the correct number in the text field at the bottom of this section.
   If there are multiple IDs associated with one project, we have listed both. Again, if this information is wrong or missing please provide it in the text field at the bottom of this section.

[text field]

3. Program model type

(HUD)

```
Permanent Supportive Housing ▲
Rapid Rehousing
Transitional Housing
Safe Haven
Supportive Services Only
Joint TH & RRH
HMIS
Planning Grant                ▼
```

4. Subpopulation focus (check all that apply)

This selection should match what you have indicated in the NOFO project renewal application. If you chose a subpopulation focus on the NOFO project renewal application, you may select it here. Otherwise, do not select it.

☐ Veterans

☐ Youth (under 25)

☐ Families with children

☐ Domestic violence

☐ Substance use

☐ Mental Illness

☐ HIV/AIDS

☐ Chronic Homeless

☐ N/A - Project serves all populations

☐ Other - Write In

[   ]

5. Grant number (most recent)

If you have entered into a more recent grant, please provide the correct grant number in the text field at the bottom of this section.

[   ]

6. Grant start date

[   ]

7. Grant end
date

◆

8. If the project was new in 2021, provide the date it started
operating.
   If this is not a new project, skip this field.

◆

9. If the project consolidated since January 1, 2021 (i.e., completed first year as
consolidated project), provide the start and end date of this grant and the surviving HMIS
provider ID:
   If the project did not consolidate, skip this field.

10. Did the project amend its 2019 or 2020 grant through the expedited grant
amendment process?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please describe the amendments that
were made.

11. Identify total project funding (for the grant year that concluded in 2021),
broken down by funding source. Estimates are acceptable. The goal is to
represent the total amount of funding that is connected to the project. This
would include the HUD CoC funding as well as any other sources of funding
that support and are attributed to the project.

CoC funding
($):

Other public funding

($): [   ]

If other public funding, list the funding sources here (text): [   ]

Private funding ($): [   ]

General operating ($): [   ]

Program income ($): [   ]

In-kind ($): [   ]

One-time funding sources (such as a temporary pilot, for example) ($): [   ]

Other ($): [   ]

Total project expenses (sum of the above) ($): [   ]

12. Would the agency consider consolidating this project with another if the opportunity is available in the FY2022 NOFO?

☐ Yes   ☐ No

Please identify to the best of your ability: a) which projects would consolidate, b) combined grant amount, c) which project would be the surviving grant, and d) what start and end dates would the combined projects go to?

[   ]

13. Has the project made any major changes in the last 12 months, or expects to make changes in the next 12 months, such as grant consolidation, change in service priorities or population, or loss of funding?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please explain those changes.

[text box]

Declaration of Intent to Renew

Please confirm whether you intend to renew your project application in the 2022 grant cycle. If you decide not to renew a project in the 2022 grant cycle, you do not have to submit responses for that project in the rest of the form. However, if you will renew at least one project, the rest of the form must be completed.

If a project does not renew and would like to receive future funding, it will have to reapply through a competitive grant process and the project type may no longer be eligible.

☐ Yes, the project would like to be considered for renewal

☐ No, this project will not be renewed in the 2022 grant cycle.

Was any of the prepopulated information incorrect?

Please provide the correct information here. Also provide any additional narrative needed to explain any of the answers given above.

[text box]

Complete the information below about Project #4.

1. Project name

[ ]

2. HMIS ID

If this number is wrong, please provide the correct number in the text field at the bottom of this section.

If there are multiple IDs associated with one project, we have listed both. Again, if this information is wrong or missing please provide it in the text field at the bottom of this section.

[ ]

3. Program model type
(HUD)

```
Permanent Supportive Housing  ▲
Rapid Rehousing
Transitional Housing
Safe Haven
Supportive Services Only
Joint TH & RRH
HMIS
Planning Grant                ▼
```

4. Subpopulation focus (check all that apply)

This selection should match what you have indicated in the NOFO project renewal application. If you chose a subpopulation focus on the NOFO project renewal application, you may select it here. Otherwise, do not select it.

☐ Veterans

☐ Youth (under 25)

☐ Families with children

☐ Domestic violence

☐ Substance use

☐ Mental Illness

☐ HIV/AIDS

☐ Chronic Homeless

☐ N/A - Project serves all populations

☐ N/A - Project serves all populations

☐ Other - Write In

[   ]

5. Grant number (most
recent)
  *If you have entered into a more recent grant, please provide the correct grant
  number in the text field at the bottom of this section.*

[   ]

6. Grant start
date

[   ] ◆

7. Grant end
date

[   ] ◆

8. If the project was new in 2021, provide the date it started
operating.
  If this is not a new project, skip this field.

[   ] ◆

9. If the project consolidated since January 1, 2021 (i.e., completed first year as
consolidated project), provide the start and end date of this grant and the surviving HMIS
provider ID:
  If the project did not consolidate, skip this field.

[   ]

10. Did the project amend its 2019 or 2020 grant through the expedited grant
amendment process?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please describe the amendments that were made.

[   ]

11. Identify total project funding (for the grant year that concluded in 2021), broken down by funding source. Estimates are acceptable. The goal is to represent the total amount of funding that is connected to the project. This would include the HUD CoC funding as well as any other sources of funding that support and are attributed to the project.

CoC funding ($): [   ]

Other public funding ($): [   ]

If other public funding, list the funding sources here (text): [   ]

Private funding ($): [   ]

General operating ($): [   ]

Program income ($): [   ]

In-kind ($): [   ]

One-time funding sources (such as a temporary pilot, for example) ($): [   ]

Other ($): [   ]

Total project expenses (sum of the above) ($): [   ]

12. Would the agency consider consolidating this project with another if the opportunity is available in the FY2022 NOFO?

☐ Yes   ☐ No

Please identify to the best of your ability: a) which projects would consolidate, b)

combined grant amount, c) which project would be the surviving grant, and d) what start and end dates would the combined projects go to?

13. Has the project made any major changes in the last 12 months, or expects to make changes in the next 12 months, such as grant consolidation, change in service priorities or population, or loss of funding?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please explain those changes.

Declaration of Intent to Renew
Please confirm whether you intend to renew your project application in the 2022 grant cycle. If you decide not to renew a project in the 2022 grant cycle, you do not have to submit responses for that project in the rest of the form. However, if you will renew at least one project, the rest of the form must be completed.

If a project does not renew and would like to receive future funding, it will have to reapply through a competitive grant process and the project type may no longer be eligible.

☐ Yes, the project would like to be considered for renewal

☐ No, this project will not be renewed in the 2022 grant cycle.

Was any of the prepopulated information incorrect?

Please provide the correct information here. Also provide any additional narrative needed to explain any of the answers given above.

[   ]

Complete the information below about Project #5.

1. Project name

[   ]

2. HMIS ID

If this number is wrong, please provide the correct number in the text field at the bottom of this section.

If there are multiple IDs associated with one project, we have listed both. Again, if this information is wrong or missing please provide it in the text field at the bottom of this section.

[   ]

3. Program model type (HUD)

Permanent Supportive Housing
Rapid Rehousing
Transitional Housing
Safe Haven
Supportive Services Only
Joint TH & RRH
HMIS
Planning Grant

4. Subpopulation focus (check all that apply)

This selection should match what you have indicated in the NOFO project renewal application. If

you chose a subpopulation focus on the NOFO project renewal application, you may select it here. Otherwise, do not select it.

☐ Veterans

☐ Youth (under 25)

☐ Families with children

☐ Domestic violence

☐ Substance use

☐ Mental Illness

☐ HIV/AIDS

☐ Chronic Homeless

☐ N/A - Project serves all populations

☐ Other - Write In

[   ]

5. Grant number (most recent)
   If you have entered into a more recent grant, please provide the correct grant number in the text field at the bottom of this section.

[   ]

6. Grant start date

[   ] ◈

7. Grant end date

[   ] ◈

8. If the project was new in 2021, provide the date it started operating.
   If this is not a new project, skip this field.

[   ] ◈

9. If the project consolidated since January 1, 2021 (i.e., completed first year as consolidated project), provide the start and end date of this grant and the surviving HMIS provider ID:

If the project did not consolidate, skip this field.

[   ]

10. Did the project amend its 2019 or 2020 grant through the expedited grant amendment process?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please describe the amendments that were made.

[   ]

11. Identify total project funding (for the grant year that concluded in 2021), broken down by funding source. Estimates are acceptable. The goal is to represent the total amount of funding that is connected to the project. This would include the HUD CoC funding as well as any other sources of funding that support and are attributed to the project.

CoC funding ($): [   ]

Other public funding ($): [   ]

If other public funding, list the funding sources here (text): [   ]

Private funding ($): [   ]

General operating ($): [   ]

Program income ($): [   ]

In-kind ($): [   ]

One time funding sources (such as a temporary pilot, for [   ]

One-time funding sources (such as a temporary pilot, for example) ($): [   ]

Other ($): [   ]

Total project expenses (sum of the above) ($): [   ]

12. Would the agency consider consolidating this project with another if the opportunity is available in the FY2022 NOFO?

☐ Yes   ☐ No

Please identify to the best of your ability: a) which projects would consolidate, b) combined grant amount, c) which project would be the surviving grant, and d) what start and end dates would the combined projects go to?

[   ]

13. Has the project made any major changes in the last 12 months, or expects to make changes in the next 12 months, such as grant consolidation, change in service priorities or population, or loss of funding?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please explain those changes.

[   ]

Declaration of Intent to Renew
Please confirm whether you intend to renew your project application in the 2022 grant cycle. If you decide not to renew a project in the 2022 grant cycle, you do not have to submit responses for that project in the rest of the form. However, if you will renew at least one project, the rest of the form must be completed.

If a project does not renew and would like to receive future funding, it will have to reapply through a competitive grant process and the project type may no longer be eligible.

☐ Yes, the project would like to be considered for renewal

☐ No, this project will not be renewed in the 2022 grant cycle.

Was any of the prepopulated information incorrect?

Please provide the correct information here. Also provide any additional narrative needed to explain any of the answers given above.

Complete the information below about Project #6.

1. Project name

2. HMIS ID
   If this number is wrong, please provide the correct number in the text field at the bottom of this section.
   If there are multiple IDs associated with one project, we have listed both. Again, if this information is wrong or missing please provide it in the text field at the bottom of this section.

3. Program model type (HUD)

```
Permanent Supportive Housing  ▲
Rapid Rehousing               ▓
Transitional Housing          ▓
Safe Haven                    ▓
Supportive Services Only      ▓
Joint TH & RRH                ▓
HMIS                          ▓
Planning Grant                ▼
```

4. Subpopulation focus (check all that apply)

This selection should match what you have indicated in the NOFO project renewal application. If you chose a subpopulation focus on the NOFO project renewal application, you may select it here. Otherwise, do not select it.

☐ Veterans

☐ Youth (under 25)

☐ Families with children

☐ Domestic violence

☐ Substance use

☐ Mental Illness

☐ HIV/AIDS

☐ Chronic Homeless

☐ N/A - Project serves all populations

☐ Other - Write In

[   ]

5. Grant number (most recent)

If you have entered into a more recent grant, please provide the correct grant number in the text field at the bottom of this section.

[   ]

6. Grant start
date

[   ] �

7. Grant end
date

[   ] �

8. If the project was new in 2021, provide the date it started
operating.
   If this is not a new project, skip this field.

[   ] �

9. If the project consolidated since January 1, 2021 (i.e., completed first year as
consolidated project), provide the start and end date of this grant and the surviving HMIS
provider ID:
   If the project did not consolidate, skip this field.

[   ]

10. Did the project amend its 2019 or 2020 grant through the expedited grant
amendment process?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please describe the amendments that
were made.

[   ]

11. Identify total project funding (for the grant year that concluded in 2021),
broken down by funding source. Estimates are acceptable. The goal is to
represent the total amount of funding that is connected to the project. This
would include the HUD CoC funding as well as any other sources of funding
that support and are attributed to the project.

CoC funding ($):

Other public funding ($):

If other public funding, list the funding sources here (text):

Private funding ($):

General operating ($):

Program income ($):

In-kind ($):

One-time funding sources (such as a temporary pilot, for example) ($):

Other ($):

Total project expenses (sum of the above) ($):

12. Would the agency consider consolidating this project with another if the opportunity is available in the FY2022 NOFO?

☐ Yes   ☐ No

Please identify to the best of your ability: a) which projects would consolidate, b) combined grant amount, c) which project would be the surviving grant, and d) what start and end dates would the combined projects go to?

13. Has the project made any major changes in the last 12 months, or expects to make changes in the next 12 months, such as grant consolidation, change

in service priorities or population, or loss of funding?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please explain those changes.

[text box]

Declaration of Intent to Renew
Please confirm whether you intend to renew your project application in the 2022 grant cycle. If you decide not to renew a project in the 2022 grant cycle, you do not have to submit responses for that project in the rest of the form. However, if you will renew at least one project, the rest of the form must be completed.

If a project does not renew and would like to receive future funding, it will have to reapply through a competitive grant process and the project type may no longer be eligible.

☐ Yes, the project would like to be considered for renewal

☐ No, this project will not be renewed in the 2022 grant cycle.

Was any of the prepopulated information incorrect?

Please provide the correct information here. Also provide any additional narrative needed to explain any of the answers given above.

[text box]

Complete the information below about Project #7.

1. Project name

[   ]

2. HMIS ID
If this number is wrong, please provide the correct number in the text field at the bottom of this section.
If there are multiple IDs associated with one project, we have listed both. Again, if this information is wrong or missing please provide it in the text field at the bottom of this section.

[   ]

3. Program model type
(HUD)

```
Permanent Supportive Housing
Rapid Rehousing
Transitional Housing
Safe Haven
Supportive Services Only
Joint TH & RRH
HMIS
Planning Grant
```

4. Subpopulation focus (check all that apply)
This selection should match what you have indicated in the NOFO project renewal application. If you chose a subpopulation focus on the NOFO project renewal application, you may select it here. Otherwise, do not select it.

☐ Veterans

☐ Youth (under 25)

☐ Families with children

☐ Domestic violence

☐ Substance use

☐ Mental Illness

☐ HIV/AIDS

☐ HIV/AIDS

☐ Chronic Homeless

☐ N/A - Project serves all populations

☐ Other - Write In

[ ]

5. Grant number (most recent)

If you have entered into a more recent grant, please provide the correct grant number in the text field at the bottom of this section.

[ ]

6. Grant start date

[ ] ◆

7. Grant end date

[ ] ◆

8. If the project was new in 2021, provide the date it started operating.

If this is not a new project, skip this field.

[ ] ◆

9. If the project consolidated since January 1, 2021 (i.e., completed first year as consolidated project), provide the start and end date of this grant and the surviving HMIS provider ID:

If the project did not consolidate, skip this field.

[ ]

10. Did the project amend its 2019 or 2020 grant through the expedited grant amendment process?

☐ Yes ☐ No

If you answered "yes" to the previous question, please describe the amendments that were made.

[ ]

11. Identify total project funding (for the grant year that concluded in 2021), broken down by funding source. Estimates are acceptable. The goal is to represent the total amount of funding that is connected to the project. This would include the HUD CoC funding as well as any other sources of funding that support and are attributed to the project.

CoC funding ($): [ ]

Other public funding ($): [ ]

If other public funding, list the funding sources here (text): [ ]

Private funding ($): [ ]

General operating ($): [ ]

Program income ($): [ ]

In-kind ($): [ ]

One-time funding sources (such as a temporary pilot, for example) ($): [ ]

Other ($): [ ]

Total project expenses (sum of the above) ($): [ ]

12. Would the agency consider consolidating this project with another if the opportunity is available in the FY2022 NOFO?

☐ Yes ☐ No

Please identify to the best of your ability: a) which projects would consolidate, b) combined grant amount, c) which project would be the surviving grant, and d) what start and end dates would the combined projects go to?

13. Has the project made any major changes in the last 12 months, or expects to make changes in the next 12 months, such as grant consolidation, change in service priorities or population, or loss of funding?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please explain those changes.

Declaration of Intent to Renew
Please confirm whether you intend to renew your project application in the 2022 grant cycle. If you decide not to renew a project in the 2022 grant cycle, you do not have to submit responses for that project in the rest of the form. However, if you will renew at least one project, the rest of the form must be completed.

If a project does not renew and would like to receive future funding, it will have to reapply through a competitive grant process and the project type may no longer be eligible.

☐ Yes, the project would like to be considered for renewal

☐ No, this project will not be renewed in the 2022 grant cycle.

Was any of the prepopulated information incorrect?

Please provide the correct information here. Also provide any additional narrative needed to explain any of the answers given above.

Complete the information below about Project #8.

1. Project name

2. HMIS ID
   If this number is wrong, please provide the correct number in the text field at the bottom of this section.
   If there are multiple IDs associated with one project, we have listed both. Again, if this information is wrong or missing please provide it in the text field at the bottom of this section.

3. Program model type
(HUD)

| Permanent Supportive Housing |
| Rapid Rehousing |
| Transitional Housing |
| Safe Haven |
| Supportive Services Only |
| Joint TH & RRH |
| HMIS |
| Planning Grant |

4. Subpopulation focus (check all that apply)

This selection should match what you have indicated in the NOFO project renewal application. If you chose a subpopulation focus on the NOFO project renewal application, you may select it here. Otherwise, do not select it.

☐ Veterans

☐ Youth (under 25)

☐ Families with children

☐ Domestic violence

☐ Substance use

☐ Mental Illness

☐ HIV/AIDS

☐ Chronic Homeless

☐ N/A - Project serves all populations

☐ Other - Write In

[   ]

5. Grant number (most recent)

If you have entered into a more recent grant, please provide the correct grant number in the text field at the bottom of this section.

[   ]

6. Grant start date

[   ] �

7. Grant end date

[   ] �

8. If the project was new in 2021, provide the date it started

operating.
   If this is not a new project, skip this field.

[   ] ◆

9. If the project consolidated since January 1, 2021 (i.e., completed first year as consolidated project), provide the start and end date of this grant and the surviving HMIS provider ID:
   If the project did not consolidate, skip this field.

[   ]

10. Did the project amend its 2019 or 2020 grant through the expedited grant amendment process?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please describe the amendments that were made.

[   ]

11. Identify total project funding (for the grant year that concluded in 2021), broken down by funding source. Estimates are acceptable. The goal is to represent the total amount of funding that is connected to the project. This would include the HUD CoC funding as well as any other sources of funding that support and are attributed to the project.

CoC funding ($): [   ]

Other public funding ($): [   ]

If other public funding, list the funding sources here (text): [   ]

Private funding ($): [   ]

General operating ($): [   ]

Program income ($): [   ]

In-kind ($): [_____]

One-time funding sources (such as a temporary pilot, for example) ($): [_____]

Other ($): [_____]

Total project expenses (sum of the above) ($): [_____]

12. Would the agency consider consolidating this project with another if the opportunity is available in the FY2022 NOFO?

☐ Yes   ☐ No

Please identify to the best of your ability: a) which projects would consolidate, b) combined grant amount, c) which project would be the surviving grant, and d) what start and end dates would the combined projects go to?

[_____]

13. Has the project made any major changes in the last 12 months, or expects to make changes in the next 12 months, such as grant consolidation, change in service priorities or population, or loss of funding?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please explain those changes.

[_____]

Declaration of Intent to Renew

Please confirm whether you intend to renew your project application in the 2022 grant cycle. If you decide not to renew a project in the 2022 grant cycle, you do not have to submit responses for that project in the rest of the form. However, if you will renew at least one project, the rest of the form must be completed.

If a project does not renew and would like to receive future funding, it will have to reapply through a competitive grant process and the project type may no longer be eligible.

☐   Yes, the project would like to be considered for renewal

☐   No, this project will not be renewed in the 2022 grant cycle.

Was any of the prepopulated information incorrect?

Please provide the correct information here. Also provide any additional narrative needed to explain any of the answers given above.

Complete the information below about Project #9.

1. Project name

2. HMIS ID
   If this number is wrong, please provide the correct number in the text field at the bottom of this section.
   If there are multiple IDs associated with one project, we have listed both. Again, if

this information is wrong or missing please provide it in the text field at the bottom of this section.

[   ]

3. Program model type
(HUD)

| Permanent Supportive Housing |
| Rapid Rehousing |
| Transitional Housing |
| Safe Haven |
| Supportive Services Only |
| Joint TH & RRH |
| HMIS |
| Planning Grant |

4. Subpopulation focus (check all that apply)

This selection should match what you have indicated in the NOFO project renewal application. If you chose a subpopulation focus on the NOFO project renewal application, you may select it here. Otherwise, do not select it.

☐ Veterans

☐ Youth (under 25)

☐ Families with children

☐ Domestic violence

☐ Substance use

☐ Mental Illness

☐ HIV/AIDS

☐ Chronic Homeless

☐ N/A - Project serves all populations

☐ Other - Write In

[   ]

5. Grant number (most
recent)
If you have entered into a more recent grant, please provide the correct grant

number in the text field at the bottom of this section.

[ ]

6. Grant start
date

[ ] �

7. Grant end
date

[ ] �

8. If the project was new in 2021, provide the date it started
operating.
   If this is not a new project, skip this field.

[ ] �

9. If the project consolidated since January 1, 2021 (i.e., completed first year as
consolidated project), provide the start and end date of this grant and the surviving HMIS
provider ID:
   If the project did not consolidate, skip this field.

[ ]

10. Did the project amend its 2019 or 2020 grant through the expedited grant
amendment process?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please describe the amendments that
were made.

[ ]

11. Identify total project funding (for the grant year that concluded in 2021),
broken down by funding source. Estimates are acceptable. The goal is to
represent the total amount of funding that is connected to the project. This

represent the total amount of funding that is connected to the project. This would include the HUD CoC funding as well as any other sources of funding that support and are attributed to the project.

CoC funding ($):

Other public funding ($):

If other public funding, list the funding sources here (text):

Private funding ($):

General operating ($):

Program income ($):

In-kind ($):

One-time funding sources (such as a temporary pilot, for example) ($):

Other ($):

Total project expenses (sum of the above) ($):

12. Would the agency consider consolidating this project with another if the opportunity is available in the FY2022 NOFO?

☐ Yes   ☐ No

Please identify to the best of your ability: a) which projects would consolidate, b) combined grant amount, c) which project would be the surviving grant, and d) what start and end dates would the combined projects go to?

13. Has the project made any major changes in the last 12 months, or expects to make changes in the next 12 months, such as grant consolidation, change in service priorities or population, or loss of funding?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please explain those changes.

Declaration of Intent to Renew
Please confirm whether you intend to renew your project application in the 2022 grant cycle. If you decide not to renew a project in the 2022 grant cycle, you do not have to submit responses for that project in the rest of the form. However, if you will renew at least one project, the rest of the form must be completed.

If a project does not renew and would like to receive future funding, it will have to reapply through a competitive grant process and the project type may no longer be eligible.

☐ Yes, the project would like to be considered for renewal

☐ No, this project will not be renewed in the 2022 grant cycle.

Was any of the prepopulated information incorrect?
Please provide the correct information here. Also provide any additional narrative needed to explain any of the answers given above.

Complete the information below about Project #10.

1. Project name

[   ]

2. HMIS ID
If this number is wrong, please provide the correct number in the text field at the bottom of this section.
If there are multiple IDs associated with one project, we have listed both. Again, if this information is wrong or missing please provide it in the text field at the bottom of this section.

[   ]

3. Program model type (HUD)

```
Permanent Supportive Housing  ▲
Rapid Rehousing               ▨
Transitional Housing          ▨
Safe Haven                    ▨
Supportive Services Only      ▨
Joint TH & RRH                ▨
HMIS                          ▨
Planning Grant                ▼
```

4. Subpopulation focus (check all that apply)
This selection should match what you have indicated in the NOFO project renewal application. If you chose a subpopulation focus on the NOFO project renewal application, you may select it here. Otherwise, do not select it.

☐ Veterans

☐ Youth (under 25)

☐ Families with children

☐ Domestic violence

☐ Substance use

☐ Substance use

☐ Mental Illness

☐ HIV/AIDS

☐ Chronic Homeless

☐ N/A - Project serves all populations

☐ Other - Write In

[   ]

5. Grant number (most recent)
If you have entered into a more recent grant, please provide the correct grant number in the text field at the bottom of this section.

[   ]

6. Grant start date

[   ] �

7. Grant end date

[   ] �

8. If the project was new in 2021, provide the date it started operating.
If this is not a new project, skip this field.

[   ] �

9. If the project consolidated since January 1, 2021 (i.e., completed first year as consolidated project), provide the start and end date of this grant and the surviving HMIS provider ID:
If the project did not consolidate, skip this field.

[   ]

10. Did the project amend its 2019 or 2020 grant through the expedited grant amendment process?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please describe the amendments that were made.

[   ]

11. Identify total project funding (for the grant year that concluded in 2021), broken down by funding source. Estimates are acceptable. The goal is to represent the total amount of funding that is connected to the project. This would include the HUD CoC funding as well as any other sources of funding that support and are attributed to the project.

CoC funding ($): [   ]

Other public funding ($): [   ]

If other public funding, list the funding sources here (text): [   ]

Private funding ($): [   ]

General operating ($): [   ]

Program income ($): [   ]

In-kind ($): [   ]

One-time funding sources (such as a temporary pilot, for example) ($): [   ]

Other ($): [   ]

Total project expenses (sum of the above) ($): [   ]

12. Would the agency consider consolidating this project with another if the

opportunity is available in the FY2022 NOFO?

☐ Yes   ☐ No

Please identify to the best of your ability: a) which projects would consolidate, b) combined grant amount, c) which project would be the surviving grant, and d) what start and end dates would the combined projects go to?

```

```

13. Has the project made any major changes in the last 12 months, or expects to make changes in the next 12 months, such as grant consolidation, change in service priorities or population, or loss of funding?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please explain those changes.

```

```

Declaration of Intent to Renew
Please confirm whether you intend to renew your project application in the 2022 grant cycle. If you decide not to renew a project in the 2022 grant cycle, you do not have to submit responses for that project in the rest of the form. However, if you will renew at least one project, the rest of the form must be completed.

If a project does not renew and would like to receive future funding, it will have

to reapply through a competitive grant process and the project type may no longer be eligible.

☐ Yes, the project would like to be considered for renewal

☐ No, this project will not be renewed in the 2022 grant cycle.

Was any of the prepopulated information incorrect?

Please provide the correct information here. Also provide any additional narrative needed to explain any of the answers given above.

Complete the information below about Project #11.

1. Project name

2. HMIS ID
   If this number is wrong, please provide the correct number in the text field at the bottom of this section.
   If there are multiple IDs associated with one project, we have listed both. Again, if this information is wrong or missing please provide it in the text field at the bottom of this section.

3. Program model type
   (HUD)

Permanent Supportive Housing
Rapid Rehousing
Transitional Housing
Safe Haven
Supportive Services Only

Joint TH & RRH
HMIS
Planning Grant

4. Subpopulation focus (check all that apply)

This selection should match what you have indicated in the NOFO project renewal application. If you chose a subpopulation focus on the NOFO project renewal application, you may select it here. Otherwise, do not select it.

☐ Veterans

☐ Youth (under 25)

☐ Families with children

☐ Domestic violence

☐ Substance use

☐ Mental Illness

☐ HIV/AIDS

☐ Chronic Homeless

☐ N/A - Project serves all populations

☐ Other - Write In

[   ]

5. Grant number (most recent)

If you have entered into a more recent grant, please provide the correct grant number in the text field at the bottom of this section.

[   ]

6. Grant start date

[   ] ◆

7. Grant end date

[   ] ◆

8. If the project was new in 2021, provide the date it started operating.

   If this is not a new project, skip this field.

   [   ] �

9. If the project consolidated since January 1, 2021 (i.e., completed first year as consolidated project), provide the start and end date of this grant and the surviving HMIS provider ID:

   If the project did not consolidate, skip this field.

   [   ]

10. Did the project amend its 2019 or 2020 grant through the expedited grant amendment process?

    ☐ Yes   ☐ No

If you answered "yes" to the previous question, please describe the amendments that were made.

   [   ]

11. Identify total project funding (for the grant year that concluded in 2021), broken down by funding source. Estimates are acceptable. The goal is to represent the total amount of funding that is connected to the project. This would include the HUD CoC funding as well as any other sources of funding that support and are attributed to the project.

   CoC funding ($): [   ]

   Other public funding ($): [   ]

   If other public funding, list the funding sources here (text): [   ]

   Private funding ($): [   ]

General operating ($): [   ]

Program income ($): [   ]

In-kind ($): [   ]

One-time funding sources (such as a temporary pilot, for example) ($): [   ]

Other ($): [   ]

Total project expenses (sum of the above) ($): [   ]

12. Would the agency consider consolidating this project with another if the opportunity is available in the FY2022 NOFO?

☐ Yes   ☐ No

Please identify to the best of your ability: a) which projects would consolidate, b) combined grant amount, c) which project would be the surviving grant, and d) what start and end dates would the combined projects go to?

[   ]

13. Has the project made any major changes in the last 12 months, or expects to make changes in the next 12 months, such as grant consolidation, change in service priorities or population, or loss of funding?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please explain those changes.

[   ]

Declaration of Intent to Renew

Please confirm whether you intend to renew your project application in the 2022 grant cycle. If you decide not to renew a project in the 2022 grant cycle, you do not have to submit responses for that project in the rest of the form. However, if you will renew at least one project, the rest of the form must be completed.

If a project does not renew and would like to receive future funding, it will have to reapply through a competitive grant process and the project type may no longer be eligible.

☐ Yes, the project would like to be considered for renewal

☐ No, this project will not be renewed in the 2022 grant cycle.

Was any of the prepopulated information incorrect?

Please provide the correct information here. Also provide any additional narrative needed to explain any of the answers given above.

Complete the information below about Project #12.

1. Project name

2. HMIS ID

2. HMIS ID

If this number is wrong, please provide the correct number in the text field at the bottom of this section.

If there are multiple IDs associated with one project, we have listed both. Again, if this information is wrong or missing please provide it in the text field at the bottom of this section.

[   ]

3. Program model type
(HUD)

| Permanent Supportive Housing |
| Rapid Rehousing |
| Transitional Housing |
| Safe Haven |
| Supportive Services Only |
| Joint TH & RRH |
| HMIS |
| Planning Grant |

4. Subpopulation focus (check all that apply)

This selection should match what you have indicated in the NOFO project renewal application. If you chose a subpopulation focus on the NOFO project renewal application, you may select it here. Otherwise, do not select it.

☐ Veterans

☐ Youth (under 25)

☐ Families with children

☐ Domestic violence

☐ Substance use

☐ Mental Illness

☐ HIV/AIDS

☐ Chronic Homeless

☐ N/A - Project serves all populations

☐ Other - Write In

[   ]

5. Grant number (most recent)

If you have entered into a more recent grant, please provide the correct grant number in the text field at the bottom of this section.

[   ]

6. Grant start date

[   ] ◆

7. Grant end date

[   ] ◆

8. If the project was new in 2021, provide the date it started operating.

If this is not a new project, skip this field.

[   ] ◆

9. If the project consolidated since January 1, 2021 (i.e., completed first year as consolidated project), provide the start and end date of this grant and the surviving HMIS provider ID:

If the project did not consolidate, skip this field.

[   ]

10. Did the project amend its 2019 or 2020 grant through the expedited grant amendment process?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please describe the amendments that were made.

[   ]

11. Identify total project funding (for the grant year that concluded in 2021), broken down by funding source. Estimates are acceptable. The goal is to represent the total amount of funding that is connected to the project. This would include the HUD CoC funding as well as any other sources of funding that support and are attributed to the project.

CoC funding ($):

Other public funding ($):

If other public funding, list the funding sources here (text):

Private funding ($):

General operating ($):

Program income ($):

In-kind ($):

One-time funding sources (such as a temporary pilot, for example) ($):

Other ($):

Total project expenses (sum of the above) ($):

12. Would the agency consider consolidating this project with another if the opportunity is available in the FY2022 NOFO?

☐ Yes   ☐ No

Please identify to the best of your ability: a) which projects would consolidate, b) combined grant amount, c) which project would be the surviving grant, and d) what start and end dates would the combined projects go to?

13. Has the project made any major changes in the last 12 months, or expects to make changes in the next 12 months, such as grant consolidation, change in service priorities or population, or loss of funding?

☐ Yes   ☐ No

If you answered "yes" to the previous question, please explain those changes.

Declaration of Intent to Renew
Please confirm whether you intend to renew your project application in the 2022 grant cycle. If you decide not to renew a project in the 2022 grant cycle, you do not have to submit responses for that project in the rest of the form. However, if you will renew at least one project, the rest of the form must be completed.

If a project does not renew and would like to receive future funding, it will have to reapply through a competitive grant process and the project type may no longer be eligible.

☐ Yes, the project would like to be considered for renewal

☐ No, this project will not be renewed in the 2022 grant cycle.

Was any of the prepopulated information incorrect?
Please provide the correct information here. Also provide any additional narrative needed to explain any of the answers given above.

Desk Audit

A1. In 2021, providers that operated projects taking matches from CES were asked to confirm standard eligibility criteria or submit a contract and/or scope detailing funder required eligibility criteria. This information will be referenced this year in relation to adherences to the Housing First approach. If this information has changed, please explain. To request a copy of what your agency submitted, contact cocprograms@allchicago.org.

a) Providing or locating project-based or scattered-site units that meet the **needs and preferences** of participants (current or working towards enrollment or move-in).

Project Name(s):
Name the project(s) this response applies to. You can state "all" if applicable.
Answer this set of questions as many times as needed.

i. Describe the challenge/barrier:

ii. Describe any successes or efforts to address:

Add Another Response

b) Internal agency or program policies and procedures, such as agency-specific document requirements.

Project Name(s):
Name the project(s) this response applies to. You can state "all" if applicable.
Answer this set of questions as many times as needed.

i. Describe the challenge/barrier:

ii. Describe any successes or efforts to address:

Add Another Response

c) Requirements from other funding sources (please specify what other funding is used and what requirements it has that impact the project's ability to implement housing first).

Project Name(s):
Name the project(s) this response applies to. You can state "all" if applicable.
Answer this set of questions as many times as needed.

i. Describe the challenge/barrier:

ii. Describe any successes or efforts to address:

Add Another Response

d) Any other barriers participants may experience in the process of being approved for project enrollment or approved for a unit.

Project Name(s):
Name the project(s) this response applies to. You can state "all" if applicable.
Answer this set of questions as many times as needed.

i. Describe the challenge/barrier:

ii. Describe any successes or efforts to address:

Add Another Response

A3. Describe the project's efforts to **support** referral participants with project enrollment or movement into housing. This can include the ways a project tries to locate and stay in contact with participants and how the project supports participants in obtaining documentation or meeting any other program requirements. For scattered-site projects, it may include a description of the ways a project advocates on behalf of participants in overcoming challenges to being approved by landlords related to lack of income documentation, instances of interaction with the criminal system, or others.

Project Name(s):
Name the project(s) this response applies to. You can state "all" if applicable.
Answer this set of questions as many times as needed.

Narrative:

Add Another
Response

A4 (informational). Describe the interactions that take place between the project and the referral participant when the match is rejected for any reason. For example, describe how they are notified, what information they receive from the project, and whether this includes due process or the ability to appeal the decision.

Project Name(s):
    Name the project(s) this response applies to. You can state "all" if applicable.
    Answer this set of questions as many times as needed.

Narrative:

Add Another
Response

B1 (informational). Describe the agency/project's efforts to advance diversity, equity, and inclusion within the program and/or agency.

Project Name(s):
Name the project(s) this response applies to. You can state "all" if applicable. Answer this set of questions as many times as needed.

Narrative:

Add Another Response

B2 (informational). Describe any steps the agency is taking to understand the extent to which the project's participants reflect the broad population of those experiencing homelessness in the Chicago CoC.

Note: Demographic information about the Chicago CoC participant population can be found here.

Project Name(s):
Name the project(s) this response applies to. You can state "all" if applicable.
Answer this set of questions as many times as needed.

Narrative:

Add Another
Response

B3 (informational). Describe any steps the agency is taking to understand the extent to which the agency's board of directors and its executive leadership reflect the diversity of its participants.

Project Name(s):
Name the project(s) this response applies to. You can state "all" if applicable.
Answer this set of questions as many times as needed.

Narrative:

Add Another
Response

B4 (informational). Describe any steps the agency is taking to review internal policies/procedures with an equity lens.

Project Name(s):
Name the project(s) this response applies to. You can state "all" if applicable.
Answer this set of questions as many times as needed.

Narrative:

Add Another
Response

Certifications and Supporting Documentation

1. Are there any open/unresolved findings that were issued prior to calendar year 2021?

☐ Yes   ☐ No

Please explain in a narrative why the finding(s) remain unresolved.

2. Were any of the agency's projects monitored by HUD in calendar year 2021 or 2022?

☐ Yes   ☐ No

3. Name the projects that were monitored by HUD in 2021 or 2022. Click "Add Another Project" to list multiple projects.

Project name & when it was monitored

Add Another Project

4. Number of concerns:

5. List the concerns:

[ ]

6. Number of findings:

[ ]

7. List the findings:

[ ]

8. Have all the HUD findings from 2021 or 2022 been resolved?

☐ Yes

☐ No

☐ N/A - there were no findings

Explain in a narrative why the findings remain unresolved:

[ ]

Attachment A: HUD Monitoring Documentation

A project that has been monitored by HUD in calendar year 2021 or 2022 will submit these attachments:

- HUD Monitoring Letter (indicating findings or lack thereof)
- If there were findings, submit a copy of the correspondence the agency sent to HUD to attempt to resolve the finding(s) as well as any additional responses from HUD
- If a finding(s) has been closed, submit a copy of the HUD close out letter

Browse...

Certifications and Supporting Documentation - Continued

9. Will your agency be able to meet the match requirement for all renewal projects?

Refer to the ITR Appendix for information about the match requirement.

☐ Yes   ☐ No

You selected "No" in response to question 9. Please list which project(s) the "No" response applies to. Click on "Add Another Project" to list more than one.

Project name

[   ]

Explanation

[   ]

[Add Another Project]

10. What is your agency's fiscal year? Provide the start and end date of the agency's fiscal year.

[   ]

11. For the most recently completed audit year, was the organization required to undergo a Single (Uniform Guidance) audit?

In general, agencies with $750,000 in federal expenditures in a fiscal year are required to undergo a single (Uniform Guidance) audit.

☐ Yes   ☐ No

Attachment B: Annual Financial Statement Audit

Attach the most recently completed audited financial statement (complete package).

As an example, if the agency's most recent year end is 6/30/21, you will likely be able to attach the audit for 6/30/21. If not, attach the audit for 6/30/20. As another example, if the agency's most recent year end is 12/31/21, you will likely attach the audit for the year that ended 12/31/20 because the audit for the year that ended 12/31/21 likely will not have been completed yet.

Browse...

Attachment C: Single Audit Report or Management Letter

If the organization underwent a Single (Uniform Guidance) audit, attach: Single audit report (complete package). It is not necessary to resubmit if this was already included in Attachment B.

If the organization did NOT undergo a Single (Uniform Guidance) audit, attach:

- Auditor's Communication With Those Charged With Governance," referred to as an AU 260 letter (this communication is <u>required</u> to be issued in connection with an audit)
- Auditor's management letter (<u>if</u> issued by your auditor)
- Communicating Internal Control Matters Identified in an Audit - AU 265 (<u>if</u> issued by your auditor)

Browse...

Certifications and Supporting Documentation - Continued

12. Do all of the agency's projects participate in Coordinated Entry?

Answer "Yes" if each of the agency's projects does at least **one** of the following:

- (a) - Refer people for a Coordinated Entry housing assessment
- (b) - Ensures all participants have access to the Coordinated Entry System
- (c) - Has a skilled assessor on staff to conduct assessments
- (d) - Requests matches for all vacancies through Coordinated Entry System, including the DV Coordinated Entry System if applicable
- (e) - Utilizes Coordinated Entry transfer requests for all transfers
- (f) - The CoC is aware that the project uses the CHA's vacancy matching process
- (g) - Fulfills matching requests
- (h) - Coordinates outreach efforts
- (i) - Coordinates or participates in System Integration Team meetings
- (j) - Oversees the Coordinated Entry System
- (k) - Performs housing system navigation

☐ Yes   ☐ No

You selected "No" in response to question 12. Please list which project(s) the "No" response applies to. Click on "Add Another Project" to list more than one.

Project name

Explanation

Add Another Project

13. If the agency has a project that is PSH, RRH, TH, Joint TH-RRH or Safe Haven that does NOT do both (d) and (e) from the list above, what is the reason?

○ A project uses the CHA vacancy matching process.

○ A project is TH, has up until now been classified as "interim", and does not take participants from Coordinated Entry.

○ Other reason for not doing both (d) and (e) - (Required to explain)

○ Not applicable - all projects (of the types listed above) do both (d) and (e).

○ Not applicable - the agency does not have a PSH, RRH, TH, Joint TH-RRH, or Safe Haven project.

Please identify and explain which project(s) do not do (d) and (e).

14. Was the last APR submitted on time for each project?

The APR must have been submitted to HUD in Sage. All Chicago will use Sage to verify that the status of the APR is "Submitted," "Accepted," or "Awaiting Director Review." If the APR was submitted on time and it has not been accepted due to a delay by HUD, it still qualifies as "submitted on time."

☐ Yes   ☐ No   ☐ N/A

You selected "No" in response to question 14. Please list which project(s) the "No" response applies to. Click on "Add Another Project" to list more than one.

Project name

Explanation

Add Another Project

15. Has the last APR been rejected by HUD for any project?

☐ Yes   ☐ No   ☐ N/A

You selected "Yes" in response to question 15, indicating that an APR has been rejected. Please list which project(s) and provide an explanation. Click on "Add Another Project" to list more than one.

Project name

Explanation

Add Another
Project

You selected "N/A" to either question #14 or #15. Please explain the reason.

Project name

[   ]

Reason for N/A

[   ]

[Add Another Project]

16. The agency agrees to maintain the confidentiality of non-HMIS records pertaining to any individual or family who receives family violence prevention or treatment services with HUD CoC funding.

See the ITR Appendix for additional details about this regulation.

☐ Yes   ☐ No

You answered "No" to question 16. Please provide an explanation.

17. The agency and listed project(s) take measures to ensure that the address or location of any family violence shelter project in the Chicago CoC, which is assisted with HUD CoC funds, will not be made public, except with written authorization of the person responsible for the operation of such project.

See the ITR Appendix for additional details about this regulation.

☐ Yes   ☐ No

You answered "No" to question 17. Please provide an explanation.

18. Does the agency currently have on its board of directors or other equivalent policymaking entity a participant who has experienced homelessness as defined by HUD?

See the ITR Appendix for more details about this regulation.

☐ Yes   ☐ No

You answered "No" to question 18. Please provide an explanation.

a) Has the person experienced homelessness or been a resident of an agency project in the last 10 years? (not a HUD requirement)

☐ Yes   ☐ No

b) Is the person currently experiencing homelessness or a current program participant? (not a HUD requirement)

☐ Yes   ☐ No

c) Please provide the name (first name and initial of last name) or HMIS ID of the person who has lived experience of homelessness.

[   ]

19. In any project, does the agency serve at least one household that consists of one parent and one or more children 18 and under?

☐ Yes ☐ No

Provide the name of the project(s) that serve at least one household with a child under 18. Choose "add another" to list more than one.

Project name

[   ]

[Add Another Project]

a) Does the agency and applicable project(s) accept all families with children 18 and under without regard to the age or gender of any child?

See the ITR Appendix for additional details about this regulation.

☐ Yes ☐ No

b) Does the agency and applicable project(s) ensure that a staff person has designated responsibility for providing guidance and support around enrolling children in pre-school or school, ensuring that children are enrolled in school, connecting eligible families to the CPS Students in Temporary Living Situations (STLS) program, and connecting children to appropriate services in the community?

See the ITR Appendix for additional details about this regulation.

☐ Yes ☐ No

c) Are the agency and applicable project(s)' policies and procedures consistent with the laws relating to providing education services to individuals and families?

See the ITR Appendix for additional details about this regulation.

☐ Yes ☐ No

You answered "No" to question 19a, b, or c. Please provide an explanation.

20. Does the agency adhere to Environmental Review requirements before committing funds or making fund-limiting actions such as signing a lease?

See ITR Appendix for additional details about this regulation.

☐ Yes ☐ No ☐ N/A

You answered "No" or "N/A" to question 20. Please provide an explanation.

21. Does the agency have Standard Operating Procedures (SOP) for their CoC-funded projects?

See ITR Appendix for additional details about this regulation.

☐ Yes ☐ No ☐ N/A

You answered "No" or "N/A" to question 21. Please provide an explanation.

22. Does the agency adhere to the lead-based paint regulations, including disclosure requirements and completing the Lead Requirements Screening Worksheet?

See ITR Appendix for additional details about this regulation.

☐ Yes   ☐ No   ☐ N/A

You answered "No" or "N/A" to question 22. Please provide an explanation.

23. Does the agency have a CoC grant agreement that includes funds for leasing?

☐ Yes   ☐ No

Does the agency ensure lease agreements are in place between the recipient/subrecipient and property owner?

See ITR Appendix for additional details about this regulation.

☐ Yes   ☐ No

You answered "No." Please provide an explanation.

24. Does the agency have a CoC grant agreement that includes funds for rental assistance?

☐ Yes   ☐ No

Does the agency ensure that program participants enter into a lease agreement with the property owner?

See ITR Appendix for additional details about this regulation.

☐ Yes   ☐ No

You answered "No." Please provide an explanation.

25. Has the agency used any of the waivers of regulatory requirements that HUD made available to prevent the spread of COVID-19 and to mitigate against the economic impact caused by COVID-19 for eligible households?

☐ Yes   ☐ No

a) Did the agency provide notification in writing to HUD?

See ITR Appendix for additional details.

☐ Yes   ☐ No

b) Has the agency created an Emergency Recordkeeping Policies and Procedures (i.e., recipient level documentation)?

See ITR Appendix for additional details.

☐ Yes   ☐ No

c) Has the agency documented the constraints/barriers/limitations that make it necessary to use the waivers (i.e., recipient level documentation)?

See ITR Appendix for additional details.

☐ Yes   ☐ No

d) Has the agency made notations in files of affected participants outlining application of the waiver and demonstrating that it falls within the timeframe (i.e., client level documentation)?

See ITR Appendix for additional details.

☐ Yes   ☐ No

You answered "No" to 25 a, b, c or d. Please provide an explanation.

Certification and Supporting Documentation - Continued

26. Some projects serving survivors of domestic violence are **exempt** from the requirement to participate in HMIS. Does this apply to any of the agency's projects?

☐ Yes   ☐ No

You indicated one or more project does not use HMIS. Please answer the questions below.

Project
Name:

Does the project use a comparable database?

☐ Yes   ☐ No

Add
Another

You answered "No." Please provide an explanation.

You answered "Yes." Please name the database.

27. Do all of the agency's projects (not including any exempt projects listed in response to question 26) have an HMIS ID created in ServicePoint?

☐ Yes   ☐ No   ☐ N/A

You answered "No" or "N/A." Please provide an explanation.

Intent to Renew Signature

I certify on behalf of my agency that all information contained in this application is accurate and true, based on our current project records. I understand that falsifying or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD.

Directions: There is no requirement regarding who may sign, but it must be a person within the agency who has appropriate authority to do so. Provide the title and the date of submission.
*

Signature

Clear

- -
Sign name using mouse or touch pad

Signature of

Title

Date
�