

## SUBMISSION CHECKLIST

The following is provided by the CoC as a *guide* to potential applicants for successful submission of an application for consideration by the CoC review and ranking committee for funding under the FY 2024 and FY 2025 HUD NOFO.

### APPLICANTS MUST SUBMIT THE FOLLOWING IN ESNAPS FOR EACH PROJECT:

- Applicant Profile
- Project Application

### A. APPLICANTS MUST SUBMIT THE FOLLOWING BY EMAIL IN PDF FORMAT FOR THEIR ORGANIZATION:

- Active SAM registration documentation
- Valid UEI number documentation
- Nonprofit or Government IRS documentation
- Most recent 990
- Most recent independent audit
- Copy of the Applicant Profile
- Verification of Organization's Medicaid billable status (if applicable)

### B. APPLICANTS MUST SUBMIT THE FOLLOWING BY EMAIL IN PDF FORMAT FOR EACH PROJECT:

- Copy of the Project Application
- CoC Supplemental Application Addendum
- eLOCCS snapshot showing draws \* *Renewal applications only*
- Most recent SAGE APR\* *Renewal applications only*
- Partnership documentation
- Match documentation

**ESNAPS:** [e-snaps : CoC Program Applications and Grants Management System - HUD Exchange](#)

**EMAIL:** [coc.princegeorges@maryland.gov](mailto:coc.princegeorges@maryland.gov)

# Prince George's County CoC 2024 and 2025

## **Supplemental Application Addendum**

*This form is not required for Planning, HMIS, or Coordinated Entry Projects*

### Part 1: Program Overview

#### A. Organization Name and Contact Person

Organization Name \_\_\_\_\_

Project Application Name \_\_\_\_\_

Contract Identification/Grant Award Number (First 6 digits only. e.g., MD8675) \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Email Address for person completing addendum \_\_\_\_\_

Contact Phone Number for person completing addendum \_\_\_\_\_

### Part 2: Equity, Diversity, and Inclusion

1. Does your project or organization agency conduct annual participant satisfaction surveys or focus groups to collect feedback?

Yes

No

2. Does your project or organization provide monthly opportunities for program participants to provide feedback via Community Meetings, or Public Meetings, or smaller meetings with staff members where participants have an opportunity to express their views and comment on topics of relevance to them?

Yes

No (If no, provide frequency: \_\_\_\_\_)

3. Does your organization have a Grievance Policy for participants?

Yes

No

**4. How does your organization include persons with lived experience (PWLE) in their operations? Do you:**

Employ PWLE in your organizational workforce?  Yes  No

Employ PWLE in your HUD funded CoC Project?  Yes  No

Have PWLE on its Board of Directors, or another Policy-Making Body/ Consumer Advisory Board?  Yes  No

Other methods of engagement:

Please describe: \_\_\_\_\_  
\_\_\_\_\_

**5. Is your organizational structure representative of the racial, ethnic, gender, or other cultural makeup of the program participants?**

Yes

No

Please provide the percentage of BIPOC and gender diverse representation among leadership, frontline and the advisory board(s). Also describe the bilingual capacity of your HUD funded COC staff, including languages spoken: \_\_\_\_\_  
\_\_\_\_\_

**6. Did your project or organization provide staff training that enhanced case management and/or client engagement skills during the fiscal year?**

Yes

No

Please list all trainings: \_\_\_\_\_

### Part 3: Program Entry

**7. HUD-funded projects are required to participate in PGC's coordinated entry system. Please check all that apply.**

Our project only receives referrals through Coordinated Entry.

Our project accepts referrals from C.E. and other sources.

Program staff regularly attend coordinated entry meetings.

New to the CoC but am proposing to receive all referrals through Coordinated Entry

**8. Are there eligibility requirements for program acceptance?**

- |                             |                          |     |                          |    |
|-----------------------------|--------------------------|-----|--------------------------|----|
| Documentation               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Participant Interviews      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Background Checks           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Credit scores               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Criminal history            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Clean/Sober or in treatment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Other: \_\_\_\_\_

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**9. Alignment with *Housing First* principles (mark all that apply):**

- We accept participants into this program regardless of their “readiness.”
  - We accept participants into this program regardless of their level of service needs, and we seek out additional services for those in need.
  - We accept participants regardless of income.
  - We require participants to participate in our programs in order to receive housing assistance. If checked, please describe: \_\_\_\_\_
- 

**10. How do you take into account client preferences in location, housing type, and amenities?**

**11. How do you address requests for reasonable accommodation?**

**Part 4: Housing Stabilization**

**Please provide descriptions of your policies and procedures to address the following circumstances.**

12. What is your procedure for working with a tenant who is engaging in activities such as excessive traffic in the unit, disturbing their neighbors, illegal substance use, and/or other behaviors that threaten their tenancy?
13. What is your policy for a tenant's continuation in your program when they have been hospitalized or incarcerated?
14. What steps do you take when a tenant violates their lease?
15. What factors would lead to termination from your program?
16. If a tenant is evicted from a unit, what is your commitment to re-house them? Is there a limit to how many times you will re-house a tenant?
17. **Formal partnerships that expand services for participants. (mark all that apply):**
- Partnerships with a Housing Authority and/or affordable housing developers
  - Partnerships that provide educational or vocational opportunities
  - Partnerships that provide employment or job advancement opportunities
  - Partnerships with somatic health providers
  - Partnerships with behavioral health providers
  - Other - Please list. \_\_\_\_\_
- \_\_\_\_\_

## Part 5: Program Administration

**18. Did your organization make timely drawdowns (at least quarterly) in your most recently completed contract year?**

- Yes
- No
- N/A – New CoC Applicant

**19. Did your organization expend all funds in your most recently completed grant year. (If no, quantify amount not drawn).**

- Yes
- No
- N/A – New CoC Applicant

**20. Did your organization submit its APR in SAGE within 90 days of the end of your most recent grant year?**

- Yes
- No
- N/A – New CoC Applicant

**21. What is your program staff to participant ratio?**

\*Attach a copy of your organizational chart that details staffing for your HUD- funded projects.

**22. What is your project staff retention rate (use last two years)?**

**23. What techniques do you use to support and retain staff?**