

**\* For New Projects \***

**U.S. Department of Housing and Urban Development (HUD)  
Continuum of Care Grant (CoC)  
FY2024-2025  
Macomb County Narrative Questionnaire**

Please answer all the following questions as clearly and completely as possible. This questionnaire is intended to ensure that selected organizations have the capacity to receive and administer HUD CoC funds.

**Legal Name of Organization:** \_\_\_\_\_

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

**Project Type:** \_\_\_\_\_

**Applicant Experience:**

1. Describe your organization's experience and the experience sub-recipients (if any) in working with the proposed population and in providing services similar to that proposed in the application.

2. Please describe your organization's experience with utilizing a Housing First approach. Housing First is an approach to quickly and successfully connect people experiencing homelessness to permanent housing without barriers or preconditions such as sobriety, treatment, or service participation requirements. Please explain how this project will utilize Housing First as a part of:
- a. Project eligibility criteria,

- b. The process for accepting new clients,

- c. The process and criteria for exiting clients.

d. Affirm that this project will follow Housing First. The project must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. The project must demonstrate that there will be a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.

Yes, I affirm       No, I do not affirm

3. Does your organization have experience in effectively utilizing federal funds including HUD grants and other public funding?  Yes       No

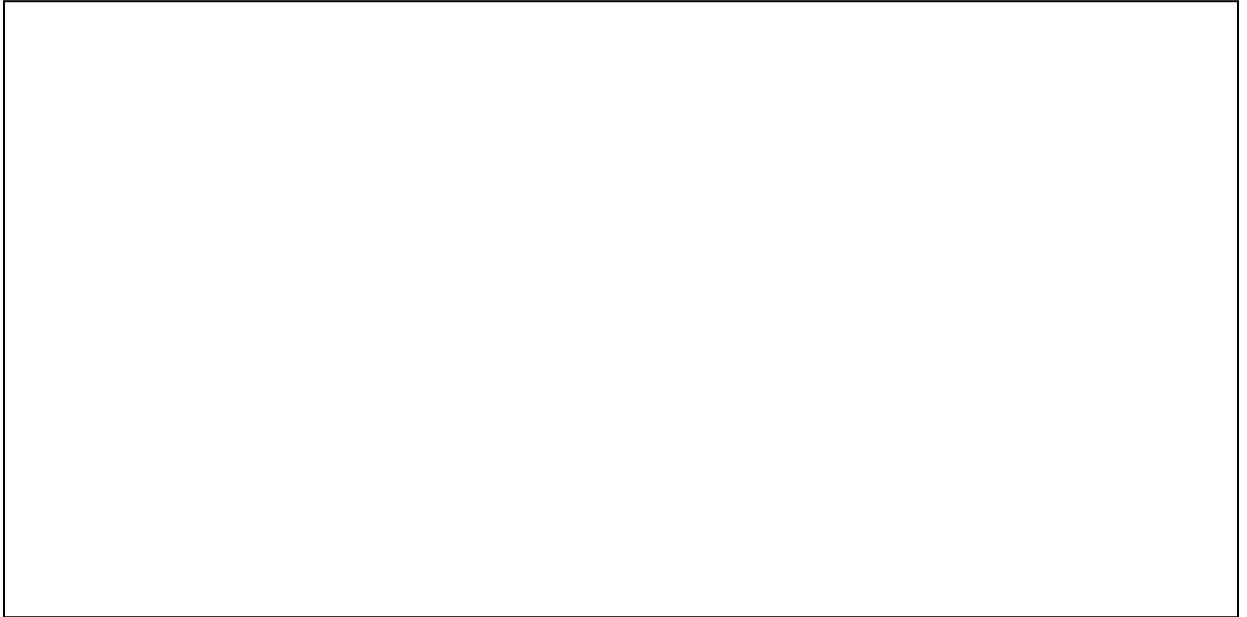
Please explain the organization's experience. Experience should include satisfactory drawdowns and performance for existing grants, regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.

**Design of Housing and Supportive Services:**

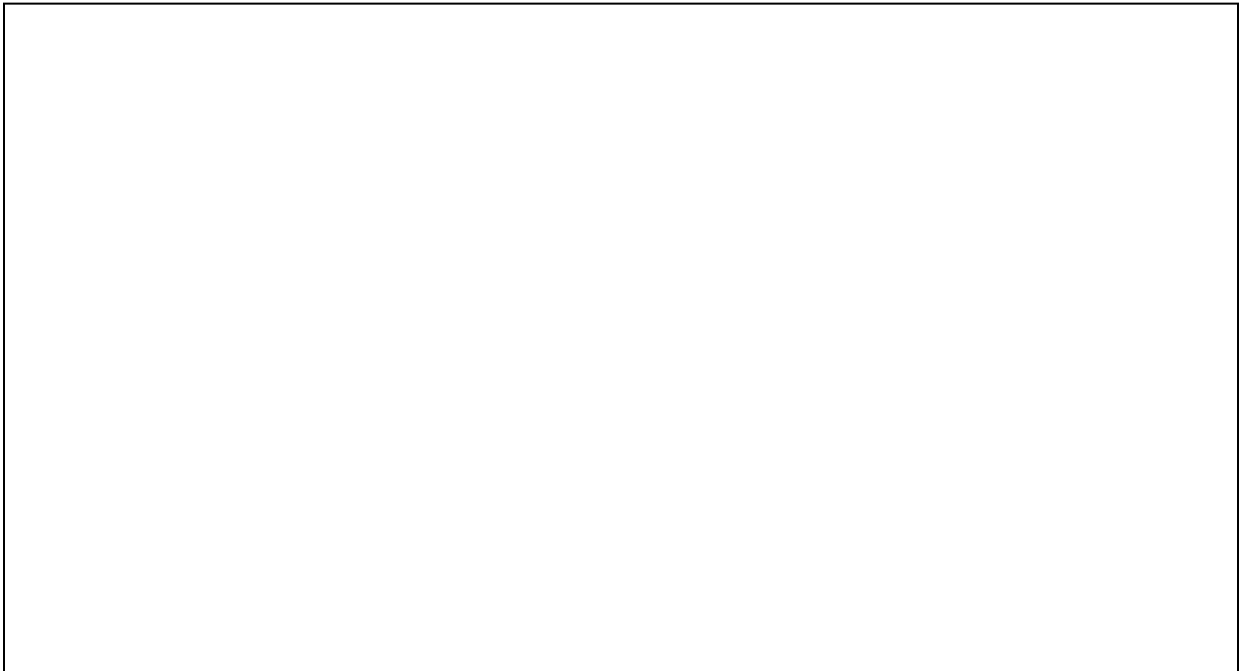
- 4. Please describe the extent to which your organization and this project:
  - a. Demonstrates understanding of the needs of the clients to be served.

- b. Demonstrates that the type, scale, and location of the housing fits the needs of the clients to be served.

- c. Demonstrates that type and scale of all supportive services, regardless of funding source, meets the needs of clients to be served.



- d. Demonstrates how clients will be assisted in obtaining mainstream benefits.



- e. Will establish performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.

- 5. Describe how the project plans to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.

6. Describe the plan for how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.

7. Will the project leverage housing resources with housing subsidies or units not funded through the CoC or Emergency Solutions Grant programs? Please explain.

Yes      No

8. Will the project leverage health resources, including a partnership commitment with a healthcare organization? Please explain.

Yes      No

**Timeliness:**

9. Describe the plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Please provide a schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.



**Financial:**

10. Please explain how the project will be cost effective.

11. What is the date of the organization's most recent audit: \_\_\_\_\_

Were there any exceptions to standard practices found?

Yes            No            (If yes, please explain)

b. Has your organization been identified as "low risk" (per 2 CFR 200.520)

Yes             No (If yes, please explain)

c. Does your organization's most recent audit indicate any findings?

Yes       No (If yes, please explain)

12. Will the documented match amount meet HUD requirements?     Yes     No

Please explain the source of the match for this proposed project. Projects funded under the HUD CoC Program requires a 25 percent match of the awarded grant amount minus funds for leasing. Cash or in-kind resources will satisfy the match requirement. (per 24 CFR 578.73)

13. Are the project's budgeted costs reasonable, allocable, and allowable? Please explain.

Yes          No

**Project Effectiveness:**

14. Will this project agree to actively participate in Coordinated Entry system and accept referrals from Coordinated Entry?    Yes           No

Please explain how the project will participate in, follow the policies and procedures of, and agree to receive client referrals as part of the Coordinated Entry system established by the Macomb County Continuum of Care.

**Applicant Equity Factors:**

15. Does the applicant have under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions? If no, please explain how the applicant will address this.

Yes      No

16. Does the applicant's organizational board of directors includes representation from more than one person with lived experience? If no, how will the applicant address this?

Yes       No (Please explain)

17. Does the organization have a process for receiving and incorporating feedback from persons with lived experience or a plan to create one?      Yes      No  
Please explain.

18. Has the organization reviewed internal policies and procedures with an equity lens and have a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes? If not, how the will organization address this?  
 Yes       No (Please explain)

19. Does your organization have a plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age? If already implementing a plan, describe findings from outcomes review.

Yes      No

20. Does your organization have a plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes? If already implementing plan, describe findings from review.

Yes       No (please explain)

21. Does your organization plan to work with the HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age? If already implementing plan, describe findings from review.      Yes      No

**Other and Local Criteria:**

22. Is your organization currently providing services to Macomb County residents?      Yes      No  
Please explain the services currently being provided to Macomb County residents. If the applicant is not currently providing services in Macomb County, describe the plan for how the agency will start providing services in Macomb County.