

CAPITAL REGION HOUSING COLLABORATIVE

Lansing/East Lansing, Ingham County (MI-508) FY 2025 HUD Continuum of Care Competition

NEW PROJECT APPLICATION

HUD COC LOCAL COMPETITION NOFO

The Capital Region Housing Collaborative (CRHC) is soliciting Project Applications for Fiscal Year 2025 Continuum of Care (CoC) Program funding competition. All applicants are strongly encouraged to fully review the changes outlined in the updated [HUD NOFO](#).

All inquiries and complete applications should be sent to the CRHC:

glhrncoordinator@gmail.com

NOFO Release Date: November 13, 2025

Grant Period: funds available May 1, 2026 through December 31, 2027

Application Deadline: Monday, December 15, 2025 by 12:00p.m.

SEPARATE APPLICATIONS ARE RERQUIRED FOR EACH PROJECT

HUD/CRHC PRIORITIES

HUD has prioritized the following goals, consistent with national policy objectives, which must be incorporated into the awarding of funds:

1. Ending the crisis of homelessness on our streets
2. Prioritizing treatment and recovery
3. Advancing public safety
4. Promoting self-sufficiency
5. Improving outcomes
6. Minimizing trauma

The **Capital Region Housing Collaborative** (CRHC) is dedicated to aligning community efforts to prevent and end homelessness through equitable, quality, and sustainable solutions, prioritizing the following goals:

1. Reducing the number of individuals experiencing homelessness for the first time
2. Reducing the length of time individuals are homeless
3. Increase the rate of discharges to permanent housing
4. Increase the number of safe, accessible, and affordable housing for all individuals
5. Increasing outreach efforts, engaging Persons with Lived Experience to improve outcomes
6. Increase accountability, strategically using data in decision making
7. Expanding CoC partnerships and membership engagement to improve performance and broaden resource allocation

APPLICATION INFORMATION

A complete application packet will include:

- | | |
|---|--|
| <input type="checkbox"/> Proof of 501(c)(3) status (copy of 990) | <input type="checkbox"/> Project budget complete (including subsidies not funded by CoC/ESG) and attached |
| <input type="checkbox"/> Organizational Chart, including Board Roster | <input type="checkbox"/> 25% match & leverage plan attached |
| <input type="checkbox"/> Active SAM registration verified (provide UEI) | <input type="checkbox"/> Project Personnel Cost Allocation attached |
| <input type="checkbox"/> General Liability Insurance | <input type="checkbox"/> Attach any pending lawsuits and/or statements of resolution, including civil rights matters |
| <input type="checkbox"/> LARA Certificate of Good Standing | <input type="checkbox"/> Performance Reports (i.e., APRs) from previous, or comparable project |
| <input type="checkbox"/> Agency policies/procedures: | <input type="checkbox"/> Project Policies |
| <input type="checkbox"/> Conflict of Interest & Code of Conduct | <input type="checkbox"/> Grievance or Complaint Procedure |
| <input type="checkbox"/> By-laws | <input type="checkbox"/> Non-discrimination policies |
| <input type="checkbox"/> Chart of Accounts | <input type="checkbox"/> Personnel training log from prior FY |
| <input type="checkbox"/> Lobbying policy | <input type="checkbox"/> Client Termination Policy |
| <input type="checkbox"/> Drug-free workplace policy | <input type="checkbox"/> Copy of leases (PSH only) |
| <input type="checkbox"/> Confidentiality policy | |
| <input type="checkbox"/> Personnel, Financial, Procurement policies | |
| <input type="checkbox"/> Fraud policy | |
| <input type="checkbox"/> Healthcare resource contribution (≥25% of CoC grant) agreement(s) attached | |

PART I: PROJECT INFORMATION

Agency (Grant Recipient) Name & Address:

Project Name:

Unique Entity Identification (UEI) #:

Project Sub-recipient Organization Name (if applicable):

Project Address:

Check this box if this project will provide scattered-site leasing or rental assistance ☐

Project Service Area(s):

PROJECT CONTACTS

Organization Executive Director

Name:

Title:

Phone:

Email:

Project Lead

Name:

Title:

Phone:

Email:

Fair Housing/HUD Priority Lead

Name:

Title:

Phone:

Email:

HMIS Lead

Name:

Title:

Phone:

Email:

E-Snaps Lead

Name:

Title:

Phone:

Email:

Finance Lead

Name:

Title:

Phone:

Email:

Attach list of additional personnel, include titles, hire date, & FTE to be paid from grant funds

PROJECT TYPE (Select one)

☐ Permanent Supportive Housing (PSH) ☐ Transitional Housing (TH)

☐ Supportive Services Only (SSO) ☐ Coordinated Entry (CE)

☐ Homeless Management Information System (HMIS)

PROJECT STATUS (Select one)

☐ New ☐ Renewal ☐ Expansion ☐ Consolidation ☐ Transition ☐ Bonus

☐ YHDP Replacement

TARGET POPULATION

☐ Chronically Homeless ☐ Domestic Violence ☐ Veterans ☐ Developmental Disability

☐ Youth (under 24) ☐ Families ☐ Elderly (over 62) ☐ Physical Disability/impairment

COST-EFFECTIVENESS

Funding Request:

of Units:

of Households:

Estimated cost per household:

*Divide the cost of the project, including match, by the annual number of households served.

New Project Implementation Plan: *Describe plan, including proposed activities and specific timelines (e.g., 30, 60, 120, 180 days), to ensure rapid implementation of the project.*

PART II: THRESHOLD REQUIREMENTS

To be eligible for MI-508 CoC funding, the applicant organization must meet all threshold requirements. Failure to meet the required thresholds will result in a reduction of points or a rejected application. Threshold and participant eligibility requirements can be found in the **NOFO** beginning on page 54.

COC PARTICIPANT REQUIREMENTS	Applicant Initials
1. Project is compliant with applicable fair housing and civil rights requirements, committing to engage all eligible individuals and families with children under 18 for project entry.	
2. Project applicant will not engage in racial preferences or other forms of illegal discrimination.	
3. Applicant agrees to actively engage with outreach to identify and enroll prospective participants.	
4. People being served by the project must meet the HUD definitions 1, 2 or 4 of homelessness. The project Applicant agrees to verify eligibility of project participants , to be provided upon request.	
5. Applicant attests of no unresolved HUD monitoring or OIG audit findings for any HUD grants associated with your organization. *Attach findings & corrective action from the prior monitoring period*	
6. Applicant agrees to participate in required CoC trainings , including but not limited to the Homeless Management Information System (HMIS), Coordinated Entry (CE), and the CoC assessment tool.	
7. Applicant agrees to collect and enter data using the HMIS , or a comparable database* for Victim Service providers, allowing for project performance evaluations as outlined in HUD System Performance Measures (SPMs). a. Alternative database: _____	
8. Project Applicant agrees to follow the CRHC Coordinated Entry process, including acceptance of referrals, notification of openings, data sharing, and case conferencing.	
9. If renewing , Applicant attests of timely APR submission to HUD through SAGE.	
10. If renewing , Applicant attests funds were drawn from the grant at least quarterly .	

11. Project utilizes healthcare resources to help individuals and families experiencing homelessness; this <u>must include</u> at least one of the following: a. Access to treatment or recovery services for all participants who qualify for services, b. <i>Provision</i> of healthcare services by a private or public organization tailored to the program participants, or c. A <i>financial contribution</i> from a public or private healthcare agency or health insurance provider. Resource must be equivalent to 25% of CoC Grant, documentation is required.	
12. Applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	
13. Applicant acknowledges Projects must meet or exceed minimum scoring requirements to be considered for funding. *Project-type criteria can be found in the NOFO beginning on page 55*	

PART III: FINANCIALS

- Projects must include ‘**match**’ accounting for 25% of the proposed budget; additional funds are ‘**leverage**’. Each project ‘match’ or ‘leverage’ **plan must be attached**.
- Rental/Leasing budgets must be based on **Fair Market Rent** (FY '26: Efficiency \$973, 1-Bed \$1012, 2-Bed \$1268, 3-Bed \$1627, 4-Bed \$1679)

HUD REQUESTED BUDGET	
Category	Cost
Operations (including equipment)	\$
Building Lease	\$
Rental Assistance	\$
Administrative	\$
HMIS	\$
Support Services	\$
Newly approved VAWA expenses	\$
TOTAL	\$
Support Service Detail	
Salaries	\$
Fringe Benefits	\$
Contractual Services	\$
Travel	\$
TOTAL	\$
Match Income: activities such cash-match, participant contributions toward rent, etc.	
Match Income	Leverage Income

Source	Amount	Type	Source	Amount
	\$	Select Type		\$
	\$	Select Type		\$
	\$	Select Type		\$
	\$	Select Type		\$
TOTAL	\$		TOTAL	\$

PART IV: NARRATIVE QUESTIONS

PROJECT DESIGN			
1. Describe the project mission as it relates to the project's target population characteristics and needs as supported by relevant data.			
a. Describe how the project aligns with CRHC priorities.			
b. Explain how the project supports priorities of the FY25 HUD NOFO.			
c. Detail how the project incorporates input and priorities from Persons with Lived Experience.			
2. Identify and describe evidence-based methods, specific to the identified target population, the project will use to assess and assist participants in achieving self-sufficiency & economic independence (attach related tools).			
3. Provide details (or attach tools) outlining the project's support service plan, including:			
Service	Description	Frequency	Provider
Case management			
Transportation			
ID/Birth Certificate/SSN			
SSI/SSDI application assistance			
Medicaid/care			

application assistance			
Connection to mainstream supports (TANF, SNAP)			
Behavioral health services			
Substance use treatment			
Physical health services			
Educational supports			
Workforce training			
Employment supports			

Applicants are only required to address each service applicable to the proposed project

4. Outline the process and/or attach the tool used for determining when participants are ready to move to permanent housing, including non-subsidized options.

PROJECT ACCESS & EQUITY

5. State the **eligibility** requirements for project participation.

a. Describe strategies to **engage** individuals with high-acuity needs (e.g., behavior health, domestic violence, substance use, youth) in support services.

b. Provide the project's strategies to **reach** (i.e., outreach efforts) individuals with the highest needs, who do not traditionally engage with services, including those who are unsheltered.

6. Describe the **termination criteria and aftercare plan** for individuals with ongoing unmet needs, including considerations for substance use, insufficient income, legal involvement, etc.

b. Experience working with the project’s target population experiencing homelessness.
c. Experience administering Federal funds, particularly homeless assistance, or HUD grants.
PROJECT PARTNERSHIPS
11. Outline safety strategies and de-escalation techniques, using a trauma-informed lens, including collaboration with law enforcement and behavioral health entities.
12. Outline the Applicant’s engagement and participation in the CRHC CoC efforts, including specific committee attendance.
13. Describe connections to and leveraging of philanthropic or local mainstream’ funding sources, including history of similar projects.
14. Explain how healthcare resources will be integrated to connect participants to physical, behavioral health, and substance use treatment.
15. If the project includes subcontracted work, describe the scope and relevant contractor experience.

Applicants should attach MOUs, agreements, or contracts as applicable

PART V: AUTHORIZED REPRESENTATIVE

On behalf of the agency I, [Click or tap here to enter text.](#), certify the statements contained in the application herein are true, complete, and accurate to the best of my knowledge.

Signature of Authorized Official

Date