**2024 Georgia Balance of State Continuum of Care Review Application**

**Renewal Projects ONLY (Non-YHDP)**

**Annual Competition**

**General Information**

Please open in the word desktop app for full functionality. For the text fields on the first page, click on the box once and then begin typing. To enter an “x” in the boxes on the form, please click on the box twice and then select “Checked.”

1. **Project Applicant Information:**
2. Name of Organization:
3. Organization Type

[ ]  Non-profit 501 (c)(3) [ ]  Unit of Government [ ]  Public Housing Authority (PHA)

[ ]  Other: Describe:

Unique Entity Identifier (UEI) Number:

1. **Sub-Recipient / Sponsor Organization (if applicable):**
2. Name of Organization:
3. Organization Type

[ ]  Non-profit 501 (c)(3) [ ]  Unit of Government [ ]  Public Housing Authority (PHA)

[ ]  Other: Describe:

Unique Entity Identifier (UEI) Number:

1. **Contact person for this application:**
2. Name:
3. Title:
4. Phone:
5. Email:
6. **Project Name:**
	1. **HUD Grant Number:**
7. **Exact HMIS Project Name in Client Track (or equivalent):**
8. **Location of Project Site(s) [City(ies)/County(ies)]:**

1. **Total HUD 2023 Project Funding Request:**
2. **HUD Project Type:**

[ ]  Permanent Supportive Housing [ ]  Rapid Re-housing

 [ ]  Facility-Based

 [ ]  Scattered Site

[ ]  Supportive Services Only [ ]  HMIS

1. **Are any of the following changes proposed to the project grant:**

[ ]  Reduction to grant proposed due to underutilization?

[ ]  General reduction to the grant for other reasons?

If any changes are proposed, please provide an explanation.

**Program Overview and Priority Alignment**

Please provide a brief, but complete, summary that addresses the entire scope of the project. The description should include information on the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, projected project outcome(s), and coordination with other organizations (e.g. federal, state, nonprofit), and how the CoC funding will be used. *(3000 characters maximum*)

1. As specified in the Governance Charter, the BoS CoC has aligned itself with HUD priorities, as well as with the USICH Plan. While much of the scored information will be taken from agency and program APRs and HMIS, please respond to the following questions, addressing the various objectives of the CoC. Please note, however, to remain as objective as possible, much of the scoring is based on data and backup information provided. The explanations may be for informational purposes only.

Unless otherwise noted, for questions that reference project performance, please include the applicable project performance data from the HUD APR from SAGE covering the period of 7/1/2023-6/30/2024. If your project is newer and does not have data for the complete year to report on, please submit partial year data AND note that it is partial year due to startup and explain how project will meet the objectives (when narratives are indicated). Applicants will need to pull the data from HMIS and then upload the CSV-APR into Sage using the Test Run function in order to create the required report.

***Objective 1-A: Increase Progress towards Ending Chronic Homelessness***

1. Does the project assess all clients using the VI-SPDAT, or participate in a local Balance of State Coordinated Entry implementation where applicable?

[ ]  Yes [ ]  No

**Please explain and discuss** process of assessing clients using the VI-SPDAT, or participation in a local Coordinated Entry implementation (as it relates to assessment) for this program. *(500 characters maximum)*

1. Does the project prioritize clients as outlined in the Balance of State CoC Written Standards and the Balance of State Coordinated Entry Written Standards Policies and Procedures, or participate in a local Balance of State Coordinated Entry implementation where applicable?

[ ]  Yes [ ]  No

**Please explain and discuss** how the project prioritizes clients as outlined in the CoC Written Standards and Coordinated Entry Written Standards Policies and Procedures, or participation in a local Coordinated Entry implementation (as it relates to prioritization of clients **and** project acceptance of clients through the referral process) for this program. *(500 characters maximum)*

1. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?

[ ]  Yes [ ]  No

**Please explain and discuss** program entry requirements and restrictions for homeless persons to access and be accepted into this program. *(500 characters maximum)*

***Objective 1-B: Serving People with the Highest Barriers to Housing (&/or Special Needs)***

In addition to prioritizing people experiencing chronic homelessness, as implemented in each part of the state, the coordinated entry process will prioritize people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. CoC-funded projects frequently work with families or individuals who have severe barriers to securing and maintaining housing, and as such, the CoC and CoC-funded projects must ensure that our standard of care, program policies and procedures, and portfolio of housing and services options is responsive to those needs. To that end, CoC-funded projects are expected to reduce and remove barriers to accessing services, program acceptance and entry and continued program participation.

Please review and answer the following questions as applicable to the renewal project.

1. Will the project enroll program participants who have the following barriers? Please **select all barriers that apply, where a participant can have that barrier and still be admitted into the project**.

[ ]  Having too little or little income

[ ]  Active or history of substance abuse

[ ]  Having a criminal record (with the exception of state/federal-mandated restrictions)

[ ]  History of victimization (i.e. domestic violence, sexual assault, childhood abuse)

[ ]  None of the above

If you did NOT select one or more of the first four barriers (showing that participants with those barriers were NOT allowed to be admitted into project), please describe related project entry requirements. If you selected “none of the above,” please describe related requirements. (*1000 characters maximum*)

1. Will the project prevent program participant termination from the project for the following reasons? Please select all that apply, where the item would **NOT** cause a client to be terminated from the project.

[ ]  Failure to participate in supportive services

[ ]  Failure to make progress on a service plan

[ ]  Loss of income or failure to improve income

[ ]  Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area

[ ]  None of the above

If you did NOT select one or more of the four items (showing that participants would be terminated from a project for that reason), please describe program policies/practices that would be cause for termination. If you selected “none of the above,” please describe rule violations that would cause a client to be terminated. (*1000 characters maximum*)

***Objective 2: Increase Housing Stability***

What was the project performance regarding housing stability (APRQ23), in your HUD APR for CoC Grant-Funded Programs from HMIS or DV comparable database on clients served between 7/1/2023-6/30/2024.

**Permanent Supportive Housing (PSH) projects -**

1. APR Q05a, Total number of persons served minus persons who exited Q23c as Other Destination-deceased:
2. APR Q05a, Total number of persons who exited minus Q23c, Other Destination-deceased:
3. APR Q05a, Total number of persons who maintained housing within the project (Number of Stayers):
4. APR Q23c, number of persons who exited to positive permanent housing destination (Sum of all in Permanent Destination chart):
5. Percent of persons who accomplished this measure [(c+d)/a x 100 = %]:

**Rapid Re-Housing (RRH) projects -**

1. APR Q05a, Total number of persons served:
2. APR Q05a, Total number of persons who exited minus Q23c, Other Destination-deceased:
3. APR Q23c, number of persons who exited to positive permanent housing destination (Sum of all in Permanent Destination chart):
4. Percent of persons who accomplished this measure (Positive Permanent Housing Destination/# Persons Exiting) (c/b x 100 = %):

**Please briefly explain** how your agency plans to improve, or maintain, the housing stability of project participants. Projects with zero client turnover during the reporting period should describe the housing stability of participants staying in the program. *(500 characters maximum)*

***Objective 3: Increase Project Participant Income***

What was the project performance regarding income (APR Q18, Q19a1, and Q19a3), in your HUD APR for Grant-Funded Programs from HMIS or DV comparable database on clients served between 7/1/2023-6/30/2024.

**Earned Income (All Projects) – Part 1 (A):**

1. APR Q05a Total Adult Leavers:
2. APR Q18 Adults with Only Earned Income – Leavers (last column):

Percentage of Adult Leavers with Only Earned Income (b/a x 100 = %):

1. APR Q18 Adults with Only Other Income – Leavers (last column):

Percentage of Adult Leavers with Only Earned Income (c/a x 100 = %):

1. APR Q18 Adults with Both Earned Income & Other Income – Leavers (last column):

Percentage of Adult Leavers with Both (d/a x 100 = %):

1. APR Q18 Combined Total of Adult Leavers with Only Earned Income (b), Adult Leavers with Only Other Income (c), and Adult Leavers with Both Earned and Other Income (d):

Percentage of Adult Leavers from b, c, and d (b+c+d/a x 100 = %):

 **Increased Income Stayers (All Projects) – Part 2 (B):**

1. APR Q19a1 Number of Adults who gained or increased income from Start to Annual Assessment/Exit Average Gain (second to last column of Q19a1 on the line “Number of Adults with Any Income” line):
2. APR Q19a1 Total Adults (Including those with no income) (third column from the right on the line “Number of Adults with Any Income” line):
3. APR Q19a1 Percentage Adults who gained or increased income from Start to Annual Assessment/Exit Average Gain (f/g x 100 = %):

 **Increased Income Leavers (All Projects) – Part 3 (C):**

1. APR Q19a2 Number of Adults who gained or increased income from Start to Annual Assessment/Exit Average Gain (second to last column of Q19a2 on the line “Number of Adults with Any Income” line):
2. APR Q19a2 Total Adults (Including those with no income) (third column from the right on the line “Number of Adults with Any Income” line):
3. APR Q19a2 Percentage Adults who gained or increased income from Start to Annual Assessment/Exit Average Gain (f/g x 100 = %):

**Please briefly explain** what steps your agency has in place to assist participants in increasing their income. Projects with zero client turnover during the reporting period should describe client progress in meeting the objective to maintain or improve income for participants staying in the program. Projects with zero client turnover during the reporting period should describe client progress in meeting the objective to maintain or improve income for participants. *(500 characters maximum)*

***Objective 4: Increase the Number of Participants Obtaining Mainstream (Non-Cash) Benefits***

What was the project performance regarding mainstream benefits (APR Q20), in your HUD APR for CoC Grant-Funded Programs from HMIS or DV comparable database on clients served between 7/1/2023-6/30/2024.

**Rapid Re-Housing (RRH) projects**:

1. APR Q20b of Total 1+Source(s) (second line) of Benefit at Exit for Leavers (third column):
2. APR Q20b of Total number of Leavers (third column total):
3. APR Q20b Percentage Leavers with Benefit at Exit (a/b x 100 = %):

**Permanent Supportive Housing (PSH) projects**:

1. APR Q20b of Total 1+Source(s) (second line) of Benefit at Latest Annual Assessment for Stayers (second column):
2. APR Q20b of Total number of Stayers (second column total):
3. APR Q20b Percentage Stayers with Benefit at Latest Assessment (a/b x 100 = %):

**Please briefly describe** how your agency plans to increase the percentage of participants who access mainstream benefits. Descriptions should include how participants are assisted in to connect to mainstream resources (all mainstream resources, and not just SSI/SSDI).  Projects with zero client turnover during the reporting period should describe client progress in meeting the objective to maintain or increase access to mainstream benefits for participants staying in the program (*500 characters maximum).*

**Financial & Project Information**

1. Start and end date of your HUD award from the 2022 award (operating year):  to
2. Total amount of award: $
3. Amount of funds not yet drawn down: $
4. Were there, or do you anticipate there will be, unexpended funds at the expiration date of the FY 2022 operating year?

[ ]  Yes [ ]  No If yes, how much? $

1. Have you had unexpended HUD funds at the expiration of grant terms in the past 3 years?

[ ]  Yes [ ]  No

If yes, how much unexpended (Enter “0” if all funds were expended and “n/a” if it does not apply)?

|  |  |  |
| --- | --- | --- |
| **Competition Year (operating year)** | **Total Grant Award** | **Amount Unexpended** |
| 2022 CoC Competition (2023-24) |  |  |
| 2021 CoC Competition (2022-23) |  |  |
| 2020 CoC Competition (2021-22) |  |  |

Is this a first-time renewal project? [ ]  Yes [ ]  No

Have there been extenuating circumstances in drawing down funds related to a change in the grant year or execution of the contract? [ ]  Yes [ ]  No

 If “Yes,” please explain (identifying grant years impacted):

1. Does the applicant have any outstanding federal debt?

[ ]  Yes

[ ]  No

If yes, please provide an explanation of debt owed and repayment arrangements *(250 characters maximum).*

1. When was your most recent monitoring visit? **PSH (f/k/a S+C) projects should** report on the most recent **DCA** monitoring visit. **All other projects** should report on the most recent **HUD monitoring visit**.

Please submit a copy of your most recent HUD/DCA monitoring report with your application (along with any response, corrective action, or other related documents). PSH (f/k/a S+C) projects should submit DCA monitoring documentation, and non-S+C CoC-funded projects should submit HUD monitoring documentation. Applications for projects that have not been monitored should include a document providing that information to reviewers.

1. Does the agency have any open (unresolved) monitoring findings or concerns from HUD, DCA, or any other governmental or foundation funder? If yes, please identify the finding or concern and explain a corrective plan of action *(500 characters maximum).*

1. Project Utilization - Participants Served

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contracted # of Participants/ Households to be served (From HUD Project Application)** | **Actual Annual # of Participants / Households Served** 7/1/2023-6/30/2024 **(From HMIS)** | **Number of participants enrolled on 6/30/2024** |
| **Number of Households With Children (Families)** |  |  |  |
| 1. Number of Households
 |  |  |  |
| 1. Number of Adults over age 24
 |  |  |  |
| 1. Number of Adults 18-24
 |  |  |  |
| 1. Number of Children
 |  |  |  |
| **Number of Households without Children****(Individuals, Couples w/no children)** |  |  |  |
| 1. Number of Adults over age 24
 |  |  |  |
| 1. Number of Adults 18-24
 |  |  |  |
| **Number of Households with ONLY Children (unaccompanied youth 17 yrs. or younger)** |  |  |  |
| 1. Number of unaccompanied youth under age 18
 |  |  |  |
| **Total Number (People)** |  |  |  |

1. Racial Equity in Housing – Participants Served

Beginning in 2018, HUD requested each CoC to assess racial disparities in the provision or outcome of homeless assistance. The CoC is requesting applicants to report on the following: Your CoC Admin will provide the HMIS data for this chart. **Please complete the 2023 census data section by visiting** [**https://www.census.gov/quickfacts/fact/dashboard/GA/PST045219**](https://www.census.gov/quickfacts/fact/dashboard/GA/PST045219) **and typing the name of your county in the search bar (you will need to click on the “County Name, Georgia” when it appears).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Race** | **2023 Census Data****%** | **Total Number of People Served** 7/1/2023-6/30/2024 **(Q12a & Q12b)** | **Total Percentage of People Served** 7/1/2023-6/30/2024 | **People Exiting to Permanent Destination** 7/1/2023-6/30/2024 **(Active Client List)** | **Percentage People Exiting to Permanent Destination** 7/1/2023-6/30/2024 |
| Black or African American |  |  |  |  |  |
| Asian |  |  |  |  |  |
| American Indian or Alaska Native |  |  |  |  |  |
| Native Hawaiian or Other Pacific Islander |  |  |  |  |  |
| White |  |  |  |  |  |
| Multiple Races |  |  |  |  |  |
| Client Doesn’t Know/Client Refused |  |  |  |  |  |
| Data Not Collected |  |  |  |  |  |
| Total |  |  |  |  |  |
| Ethnicity |  |  |  |  |  |
| Hispanic/Latino |  |  |  |  |  |
| Non-Hispanic/Non-Latino |  |  |  |  |  |

10. a. Please identify any barriers to participation in this project (e.g. lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population. Please explain how these barriers were identified. Also include what steps have been taken and will be taken to eliminate the identified barriers. (***1000 characters maximum***)

 b. Please describe the measure in place to track progress and evaluate the effectiveness of efforts to advance racial equity. (***1000 characters maximum***)

1. **NEW: How will the project partner with people with lived experience/expertise and involve input from people with lived experience/expertise into the design, implementation, and evaluation of your project?**

1. Project Utilization for ALL Housing Projects (RRH and PSH Projects **MUST** complete this question)
2. Total number of units this project is contracted to have (GIW):
3. Total number of beds this project is contracted to have (GIW):
4. Number of beds dedicated to people who are chronically homeless:
5. Number of beds designated as DedicatedPLUS (PSH only):
6. Number of beds **not** dedicated to people who are chronically

homeless, but that will be prioritized for the chronically homeless:

1. Total number of units being utilized on June 30, 2024:
2. Total number of beds being utilized on June 30, 2024:
3. Sub-Populations (ALL Programs)

|  |  |
| --- | --- |
| **What is the total number of clients served from each of the sub-populations below? Clients may fall into multiple categories. (APR 7/1/2023-6/30/2024)** | **Number Served** |
| Chronically Homeless Persons (HUD-defined chronically homeless) (Sage APR Q26b) |  |
| Chronically Homeless Households (HUD-defined chronically homeless) (Sage APR Q26a) |  |
| Mental Health Problem (APR Q13a1) |  |
| Alcohol Abuse (APR Q13a1) |  |
| Drug Abuse (APR Q13a1) |  |
| Both Alcohol and Drug Abuse (APR Q13a1) |  |
| Veteran (APR Q05a) |  |
| Chronic Health Condition (APR Q13a1) |  |
| Persons with HIV/AIDS (APR Q13a1) |  |
| Developmental Disability (APR Q13a1) |  |
| Physical Disability (APR Q13a1) |  |
| Domestic Violence History (APR Q14a) |  |
| Fleeing Domestic Violence (APR Q14b) |  |
| Youth Parenting Households with Children (where no adult parent or guardian over the age of 24 is in the household) (APR Q27b) |  |
| Youth Households without Children (where no adult parent or guardian over the age of 24 is in the household) (APR Q27a) |  |

**Eligible Costs Associated with the Violence Against Women Act of 2022 (VAWA 2022):** Section 605(a)(2) of VAWA 2022 amends section 423(a) of the McKinney-Vento Homeless Assistance Act to add the following eligible activity to the CoC program: “Facilitating and coordinating activities to ensure compliance with the emergency transfer plan requirement in 34 U.S.C. 12491(e) and monitoring compliance with the confidentiality protections in 34 U.S.C. 12491(c)(4).” Further, HUD has determined that this new eligible activity category is not subject to the CoC program’s spending caps on administrative costs and is allowing this activity to be added to eligible renewal projects through expansion or added to eligible renewal projects by shifting up to 10 percent of funds from one eligible activity to the VAWA costs line item (for renewing projects). To add through an expansion, a renewal applicant will also need to also submit a New Application to request an expansion as outlined in the NOFO.

**(a) CoC grant funds may be used for Emergency Transfer Facilitation** (Examples of eligible costs include the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer which includes the items listed below.) Please check the costs that this project will be requesting within the budgets (check all that apply). Not a scored question

[ ]  Assistance with moving costs. Reasonable moving costs to move survivors for an emergency transfer.

[ ]  Assistance with travel costs. Reasonable travel costs for survivors and their families to travel for an emergency transfer.

[ ]  Security Deposits. Grant funds can be used to pay for security deposits of the safe units the survivor is transferring to via an emergency transfer.

[ ]  Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.

[ ]  Housing Fees. Fees associated with getting survivor into a safe unit via emergency transfer, includes but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.

[ ]  Case management. Grant funds can be used to pay staff time necessary to assess, coordinate and implement emergency transfers.

[ ]  Housing navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfers.

[ ]  Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone and internet service when necessary to support security systems for the unit, etc.

[ ]  Applicant is not requesting to move CoC funds for these activities.

**(b) CoC grant funds may be used for Monitoring Compliance with the VAWA Confidentiality Requirements** (Examples of eligible costs include the costs of ensuring compliance with the VAWA confidentiality requirements which includes items listed below.) Please check the costs that this project will be requesting within the budgets (check all that apply). Not a scored question

[ ]  Monitoring and evaluating compliance with VAWA confidentiality requirements.

[ ]  Developing and implementing strategies for corrective actions and remedies.

[ ]  Program evaluation of confidentiality policies, practices and procedures.

[ ]  Training on compliance with VAWA confidentiality requirements.

[ ]  Reporting to Collaborative Applicant, HUD and other interested parties on compliance with VAWA confidentiality requirements

[ ]  Costs for establishing methodology to protect survivor information.

[ ]  Staff time associated with maintaining adherence to confidentiality requirements.

[ ]  Applicant is not requesting to move CoC funds for these activities.

**Eligible Costs Associated with Rural Areas:**

HUD has determined that this new eligible Rural cost category may be included in new project applications or added to eligible renewal projects through expansion. HUD will publish a list of CoCs located in rural areas as defined in section I.B.2.b.(26) of the HUD NOFO. Renewal applicants will also need to submit a New Application to request an expansion to a current project as outlined in the HUD NOFO. See pages 48-49 of the NOFO for more information on eligible Rural costs.

**Match**

Using the guidelines included with this application, please complete the applicable match charts. Please add additional rows, as necessary. Renewal projects that have not been operational for a full year should report the amount of match committed for the project (12-month amount).

**Cash Match:** Please list the primary sources of match funds (total match should equal 25% of total costs minus leasing), funding amounts received in the last full operating year. Renewal projects that have been in operation less than a year should report committed cash match for the current full year (annual amount).

|  |  |
| --- | --- |
| **Source** | **Dollar Amount Received** **in the last fully completed operating year** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**In-Kind Match\*:** Please list the primary sources of in-kind match resources (total match should equal 25% of total costs minus leasing) equivalent cash value received in the last full operating year. Renewal projects that have been in operation less than a year should report committed in-kind match for the current full year (annual amount).

|  |  |
| --- | --- |
| **Source** | **Dollar Equivalent of Value Received** **in the last fully completed operating year** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

\*Please note that applications indicating third-party In-Kind match are required submit MOU(s) documentation confirming in-kind match commitments to HUD.

**ASSURANCES**

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

* Applicant will complete the HUD Project Application forms with the same information as contained in this application unless the CoC Project Review Scoring Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant.
* Applicant agrees to participate fully with this community’s Homeless Management Information System (HMIS).

|  |  |
| --- | --- |
| Name:(please type) |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Signature of Authorized Representative:[ ]  “X” indicates electronic signature submitted |
| Date: |  |

**MATCH**

For the purposes of the formal application being submitted in e-snaps, please note that HUD requires a 25% match (minus leasing) for this funding. Match commitments entered into the HUD application in e-snaps need to be based on current commitments at the time of project application, covering the requested grant operating period/term, and not based on projections. For additional guidance on match, please refer to the project guides, as well as the FAQs on the HUD Exchange website at: <https://www.hudexchange.info/e-snaps/faqs/> and search for “match.” Information on Match requirements can be found in the CoC Interim Rule at 24 CFR 578.73 (<https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/>).

For the scoring and ranking process of review applications for renewal projects, applicants are requested to report match for each renewal project.

Match (Cash or In-Kind Resources)

Except for leasing, match resources must equal to at least 25% of the total requested HUD funding, including project and administrative costs. Please note, Cash and In-Kind Match must qualify as eligible CoC program expenses under the CoC interim rule to be considered as match. Guidance on CoC Match can be found at: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-match/coc-match-overview/>.

Match resources for renewal projects are not required to be supported by written documentation with the Review Application(s). However, HUD requires match documentation to be submitted when executing the grant agreement. Each applicant is responsible to understand what is required to document cash and In-Kind match.

Match resources for new projects must have a written commitment in-hand at time of application, and copies of these commitment documents must be submitted to the CoC with each Review Application for new projects. A written commitment may include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, childcare, case management, etc.), the value of the contribution, and the date that the contribution will be available. The written commitment must include the project name and be addressed to the project applicant or non-profit.