**2017 Georgia Balance of State Continuum of Care Application**

**NEW Joint Transitional Housing and PH-Rapid Re-Housing Component (Joint TH & PH-RRH) Project**

**General Information**

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:

DUNS 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:

DUNS Number:

1. **Contact person for this application:**
2. Name:
3. Title:
4. Phone:
5. Email:
6. **Project Name:**
7. **Location of Project Site(s) [City(ies)/County(ies)]:**

1. **HUD 2017 Project Funding Requested:**  + **Admin Requested:**

**Threshold Information**

**Please check the applicable components of your agency and/or project below. If any are not applicable, please explain.**

[ ]  Agency can provide proof of a 501c3 tax-exempt status, if applicable. (Please attach to application submission.)

[ ]  Agency can provide a list of board members, if applicable. (Please attach to application submission.)

[ ]  Agency can provide their most recent independent financial audit, or equivalent financial statement, to assist in determining financial capacity. (Please attach to application submission.)

[ ]  Agency can provide a current 990 IRS Form: Return of Organization Exempt from Income Tax, if applicable. (Please attach to application submission.)

[ ]  Agency understands that if funded, they must serve 100% individuals or families coming from the streets or emergency shelters, or received services through a Department of Veterans Affairs (VA)-funded homeless assistance program (eligible for JOINT project if from TH or Emergency Shelters) from the 152 counties located in the Balance of State CoC.

[ ]  Agency is prepared to utilize ClientTrack HMIS (or an approved family violence HMIS alternative) to capture client-level data on all clients in the project.

[ ]  Agency can demonstrate adequate match and leverage.

[ ]  Project proposal limits administrative costs to 10% or less.

[ ]  Project is Housing First/Low Barrier Entry

**Proposed Project Information**

Please respond to the following questions, as completely as possible. Please note that several of these are taken directly from the *e-snaps* application. In those instances, please copy and paste the same answers for both applications; there is no need to recreate new responses. Other questions, however, may relate to the *e-snaps* questions, but may vary slightly. Please be certain to fully answer each question.

1. **Agency Experience (*e-snaps* 2B)**
2. Describe the experience of the applicant, in effectively administering federal funding. Describe basic organization and management structure, and include evidence of internal and external coordination and an adequate financial accounting system.
3. Describe the experience of the applicant, in working with homeless persons. Describe previous work of a similar nature, especially as it relates to working with homeless persons, the project’s target populations - unsheltered homeless and youth, and managing Transitional Housing and Rapid Rehousing projects.
4. Describe the experience of the applicant as it relates to leasing units, administering rental assistance, providing supportive services, and implementing an HMIS, as applicable to the proposed project. Include in the description the role of each partner organization and how their expertise contributes to the project’s operation and provision of supportive services.
5. **General Description (*e-snaps* 3B)**
6. Describe the community needs, target population(s) to be served, project plan for addressing the identified housing and supportive service needs, projected project outcome(s), coordination with other source(s)/partner(s), and the reason why CoC Program support is required. Applicants must demonstrate how this program will target and prioritize people experiencing homelessness with higher needs and who are most vulnerable.

The program description should describe the project at full operational capacity and demonstrate how full capacity will be achieved over the term being requested. If any project site is not currently owned or under a lease agreement, provide a summary of relevant contracts and agreements (e.g., with local landlords, housing locator specialists, public housing authority, other partner organizations) needed for the achievement of project operation. The narrative must provide evidence that ensures there will be no delay in service provision to participants, operation of CoC management systems, or the leasing of units for reasonable rents.

1. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This narrative must demonstrate how full capacity will be achieved over the term requested in this application.
2. Housing First is a required element of the Joint TH & PH-RRH project. Describe the agency’s understanding of, and experience in utilizing, the Harm Reduction and Housing First philosophies, and how it plans to implement the models in the new project.
3. Does your agency have policies and/or practices that would prevent project entry for any of the reasons listed below? Please check all items that might prohibit project entry for a client.

[ ]  Alcohol Testing/Sobriety Requirements

[ ]  Drug Testing/Active Substance Abuse

[ ]  Employment Requirements

[ ]  Minimum Income Requirements

[ ]  Minor Criminal History (other than state-mandated exceptions)

[ ]  Refusal to Participate in Services

[ ]  Other requirements based on “housing readiness”

If you selected “Other requirements based on ‘housing readiness’” above, please describe those requirements.

1. Does your agency have policies and/or practices that would terminate a client from the project for any of the reasons listed below? Please check all items that might cause a client to be terminated from the program.

[ ]  Failure to participate in supportive services

[ ]  Failure to follow the individual service plan

[ ]  Failure to make progress on a service plan

[ ]  Loss of income or failure to improve income

[ ]  Failed drug and/or alcohol test

[ ]  Other violations of project rules (see below)

If you selected “Other violations of project rules” above, please list rule violations that would cause a client to be terminated from the project.

1. Describe the method for determining the type, amount, and duration of assistance that participants can receive for both the TH and RRH segments. Please also describe the availability of the proposed unit sizes and configurations.
2. **Supportive Services for Participants (*e-snaps* 4A)**
3. What is the job title of the person in the program who acts as the educational liaison? What are the responsibilities of this position? How will this person ensure that children are enrolled in school, connected to Head Start, Part C of the Disabilities Education Act, and the McKinney-Vento education services? How will this person ensure that families with children or unaccompanied youth who are homeless understand the implications of this policy, and their decision-making rights under it?
4. Describe how participants will be assisted to obtain and remain in permanent housing. This should include a description of plans to move participants from the streets and/or emergency shelters into permanent housing, as well as plans to ensure that participants stabilize in permanent housing.

A good response will acknowledge the needs of the target population and include plans to address those needs through strengths-based and housing-focused case management activities, and the availability and accessibility of supportive services through primary health services, mental health services, educational services, employment services, life skills, and/or child care services.

The narrative must also indicate how appropriate units will be identified and how the project applicant will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

1. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. Responses should address the needs of the target population, the required supportive services, the availability and accessibility of those supportive services, and any coordination with other homeless services providers and mainstream systems.

Describe how service delivery directly leads to participant employment; how service delivery leads directly to participants accessing SSI, SSDI, or other mainstream services; and how the requested funds contribute to participants becoming more independent.

Include what activities are in place to identify and enroll all Medicaid-eligible participants. Describe how the project will include Medicaid-financed services, and indicate whether these will be provided by the recipient receiving Medicaid coverage payments for services or through formal partnerships with Medicaid billable providers. If there are barriers to including Medicaid-financed services in the project, please explain and describe how the project will leverage non-Medicaid resources available.

1. Using the table below, indicate yes or no for all supportive services that will be available to participants. Indicate who will provide them, and how often they will be provided.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes/No** | **Supportive Services** | **Who will provide? (Applicant, Subrecipient, Partner or Nonpartner)** | **Frequency of Service** |
|  | Assessment of Service Needs |  |  |
|  | Assistance with Moving Costs |  |  |
|  | Case Management |  |  |
|  | Child Care |  |  |
|  | Education Services |  |  |
|  | Employment Assistance and Job Training |  |  |
|  | Food |  |  |
|  | Housing Search and Counseling Services |  |  |
|  | Legal Services |  |  |
|  | Life Skills Training |  |  |
|  | Mental Health Services |  |  |
|  | Outpatient Health Services |  |  |
|  | Outreach Services |  |  |
|  | Substance Abuse Treatment Services |  |  |
|  | Transportation  |  |  |
|  | Utility Deposits |  |  |

1. Please indicate which supportive services will be available through this program, and indicate who will provide the services, and the level of frequency.
2. Using the table below, please identify whether the project will include the following activities.

|  |  |
| --- | --- |
| **Supportive Services** | **Yes/No** |
| Transportation Assistance to clients to attend mainstream benefit appointments, employment training, or jobs? |  |
| Use of a single application form for four or more mainstream programs? |  |
| Regular follow-ups with participants to ensure mainstream benefits are received and renewed? |  |
| Will the project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? |  |
| Has the staff person providing the technical assistance completed SOAR training in the past 24 months? |  |

1. **Housing Type and Location (*e-snaps* 4B) and Project Participants (*e-snaps* 5)**
	1. Please re-list the counties that this proposed project will serve.
	2. Please complete the tables below with the proposed/anticipated numbers.

|  |  |
| --- | --- |
| **Total Units** |  |
| **Total Beds** |  |
| **Total Dedicated Beds for Chronically Homeless** |  |
| **Total Non-Dedicated Beds for Chronically Homeless that will be Prioritized through Turnover** |  |

|  |  |
| --- | --- |
| **1. Households With Children (Families)** |  |
| 1. Number of Households
 |  |
| 1. Number of Adults 25+
 |  |
| 1. Number of Adults 18-24
 |  |
| 1. Number of Children
 |  |
| **2. Households Without Children (Individuals/Adults Only)** |  |
| 1. Number of Households
 |  |
| 1. Number of Adults 25+
 |  |
| 1. Number of Adults 18-24
 |  |
| **3. Households with ONLY Children (unaccompanied youth 17 yrs. or younger)** |  |
| 1. Number of unaccompanied youth 17 yrs. or younger
 |  |
| **Total Number of Households (1a + 2a + 3a)** |  |
| **Total Number of People (1b + 1c + 1d + 2b + 2c + 3a)**  |  |

|  |  |
| --- | --- |
| **Estimated Percentages of Veterans to be Served (Total should add to 100%)**  | **Percentage Served** |
| Households with at least one Veteran |  |
| Households with no Veterans |  |

|  |  |
| --- | --- |
| **Estimated Percentages of Chronically Homeless People to be Served (Total should add to 100%)**  | **Percentage Served** |
| Chronically Homeless Individuals (HUD-defined chronically homeless) |  |
| Chronically Homeless Families (HUD-defined chronically homeless) |  |
| Households with NO Chronically Homeless Individuals or Families |  |

1. If project proposes to target Veterans or Chronically Homeless, and will dedicate 30% or more of the units/beds for either, please describe how this population will be targeted, current partnerships related to appropriate referrals, and the need of a program for target population (please submit data as necessary). Applicants must adequately demonstrate the need of a targeted population program in the county where RRH is being proposed. Please note that if awarded funds, projects are required to serve the % of targeted special population as committed in the application.

|  |  |
| --- | --- |
| **Estimated Percentages Served for Each Sub-population****(These are not mutually exclusive- the total need not add up to 100%)**  | **Percentage Served** |
| Chronic Substance Abuse |  |
| Persons with HIV/AIDS |  |
| Severely Mentally Ill |  |
| Victims of Domestic Violence |  |
| Developmental Disabilities |  |
| Youth Family Households with Children (where no adult parent or guardian over the age of 24 is in the household) |  |
| Youth Households without Children (where no adult parent or guardian over the age of 24 is in the household) |  |
| Physical/Chronic Health Issues |  |
| Persons Not Represented by an Identified Subpopulation (Identify): |  |

1. **Proposed Performance Measures**
	1. Indicate the proposed number of persons who will remain in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.

Count every participant who is anticipated to continue residing in the TH or RRH component, or the number of participants who are anticipated to exit the project and move into another permanent housing situation.

* + 1. **Universe (#):** Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.
		2. **Target (#):** Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The Target is the total number of persons from the pool that are affected.

|  |  |  |  |
| --- | --- | --- | --- |
| Housing Measure | Universe # | Target # | Target %(Divide target by universe) |
| Persons remaining in permanent housing as of the end of the operating year  |  |  |  |

* 1. This measure is not applicable for children and youth below the age of 18. Total income can include all cash sources, public and private.

i. Persons age 18 and older who maintained or increased their total income (from all sources) at of the end of the operating year or program exit:

* + - 1. **Universe (#):** Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.
			2. **Target (#):** Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The Target is the total number of persons from the pool that are affected.

|  |  |  |  |
| --- | --- | --- | --- |
| **Income** Measure | Universe | Target | Target %(Divide target by universe) |
| 1. i. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit
 |  |  |  |

1. **Budget (*e-snaps* 6)**
	1. Proposed Project Budget
		1. Enter the amount requested for each allowed activity. Please note that match (Lines 7-8) must equal or exceed 25% of the total request amount, excluding leasing.

|  |  |
| --- | --- |
| **Activities** | **Total Assistance Requested for 1 Year** |
| 1. Leased Structures
 |  |
| 1. Short or Medium Term Rental Assistance
 |  |
| 1. Supportive Services
 |  |
| 1. Operating
 |  |
| 1. HMIS
 |  |
| 1. Sub-total Costs Requested
 |  |
| 1. Administrative costs

 (Up to 10% of total before admin costs) |  |
| TOTAL AMOUNT OF REQUEST |  |
| 7. Cash Match  |  |
| 8. In-kind Match  |  |
| Total Match |   |
| Total Budget (“Total Amount of Request” + “Total Match”) |  |

* + 1. Please specifically explain the rationale for the amount requested each of the activities listed above.

**Transitional Housing Component**

* 1. Leasing
		1. If you are requesting leasing funds, please explain why you are using this activity as opposed to rental assistance.
		2. Enter number of units by unit type and the applicable rent. Multiply the number of units by the rent amount, and multiply that number by 12 (1 year grant= 12 months) and enter totals. If utilities are not provided by the landlord, these are operating costs and should be budgeted there. The information below should include ALL counties for proposed project. Please duplicate the table below as needed to add counties with different FMR amounts (required to determine exact amount of Leasing):

|  |  |
| --- | --- |
| **Metropolitan or non-metropolitan fair market rent area:** |  |
| **Unit Size** | **No. of Units** | **Rent\*** | **Term (months)** | **Total** |
| Efficiency |  | $ | 12 |  |
| 1 Bedroom |  | $ | 12 |  |
| 2 Bedroom |  | $ | 12 |  |
| 3 Bedroom |  | $ | 12 |  |
| 4 Bedroom |  | $ | 12 |  |
| **Total** |  |  |  |  |

\* Cannot exceed FY2017 Fair Market Rent

* 1. Operating
		1. Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of operations.

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity and Description (400 character maximum)** | **Annual Assistance****Requested** |
| Maintenance/Repair |  |  |
| Property Taxes and Insurance |  |  |
| Replacement Reserve |  |  |
| Building Security |  |  |
| Electricity, Gas, and Water |  |  |
| Furniture  |  |  |
| Equipment (lease, buy) |  |  |
| Total Annual Assistance Requested |  |  |

**Rapid Rehousing Component**

* 1. Rental Assistance
		1. Indicate the quantity and total budget for each allowable type of rental assistance.

|  |  |  |
| --- | --- | --- |
| **Rental Assistance** | **Quantity Description** | **Annual Assistance****Requested** |
| **Short Term** |  |  |
| **Medium Term** |  |  |
| **Total** |  |  |

* + 1. Enter number of units by unit type and the applicable Fair Market Rent (FMR) level (2017 FMR for each county located at: <https://www.huduser.gov/portal/datasets/fmr.html>). Multiply the number of units by FMR, and multiply that number by 12 (1 year grant = 12 months) and enter totals. The information below should include ALL counties for proposed project. Please duplicate the table below as needed to add counties with different FMR amounts (required to determine exact amount of Rental Assistance):

|  |  |
| --- | --- |
| **Metropolitan or non-metropolitan fair market rent area:** |  |
| **Unit Size** | **No. of Units** | **FMR\*** | **Term (months)** | **Total** |
| Efficiency |  | $ | 12 |  |
| 1 Bedroom |  | $ | 12 |  |
| 2 Bedroom |  | $ | 12 |  |
| 3 Bedroom |  | $ | 12 |  |
| 4 Bedroom |  | $ | 12 |  |
| **Total** |  |  |  |  |

 \*Cannot exceed FY2017 Fair Market Rent

* 1. Supportive Services
		1. Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity AND Description****(200 character maximum)** | **Annual Assistance****Requested** |
| Assessment of Service Needs |  |  |
| Assistance with Moving Costs |  |  |
| Case Management |  |  |
| Child Care |  |  |
| Education Services |  |  |
| Employment Assistance  |  |  |
| Food |  |  |
| Housing/Counseling Services |  |  |
| Legal Services |  |  |
| Life Skills  |  |  |
| Mental Health Services |  |  |
| Outpatient Health Services |  |  |
| Outreach Services |  |  |
| Substance Abuse treatment Services |  |  |
| Transportation  |  |  |
| Utility Deposits |  |  |
| Operating Costs |  |  |
| Total Annual Assistance Requested |  |  |

* 1. What additional funding sources are committed to this project?
1. **Match and Leveraging**
	1. Match (Match documentation should be submitted with project application, as well uploaded to *e-snaps,* and will be required before the execution of a grant agreement.) Match can be cash or in-kind, but needs to total, between the two, 25% of the total amount requested.
		1. Cash Match: Please list the primary sources of match funds, amount to be committed for this project, and the beginning year of continuous history of funding from each source (the year that the funding relationship began). Please add addition rows, as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Identify Source as (G) Government or (P) Private** | **Date of Written Commitment** | **Funding Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total** | **$** |

* + 1. In-Kind Match: Please list the primary sources of in-kind match resources, cash value of the in-kind resource received in the past 12 months, and the beginning year of continuous support from each source (the year that the relationship began). Please add addition rows, as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Identify Source as (G) Government or (P) Private** | **Date of Written Commitment** | **Funding Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total** | **$** |

* 1. Leverage: Leverage is above and beyond Match. Please identify all possible leveraged resources: construction/rehabilitation, other services received by project participants, cash grants, donated and in-kind services. **Please DO NOT include all match sources in the leveraging chart. HUD will award maximum points to a CoC where project applicant(s) have a combined match and leveraging ratio of 150% or higher of the total HUD request and where the project applicant(s) have attached commitment letters and those letters are dated May 1, 2017 or later**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identify Type of****Contribution:****Cash or In-kind** | **Name the Source of Contribution** | **Identify Source as:** | **Date of Written Commitment** | **Value of Written Commitment** |
| **(G) Government\*****or (P) Private** |
| ***Example:* Cash**  | **CDBG** | **G** | **7/1/13** | **$10,000** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **\*Government sources are appropriated dollars.**  | **TOTAL:** | $ |

**Note on Leveraging:**

Provide information ***only*** for contributions for which you will have a ***written commitment in hand at the time of NOFA submission dated May 1, 2017 or later (more recent) and please submit those written commitments with the project application***. A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are **one-time only** and cannot be claimed by more than one project (e.g., the value of donated land, buildings or equipment claimed in 2015 and prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions). The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated **and** in your possession prior to the deadline for submitting your application, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available. If you ***do not*** have a written agreement in hand at the time of application submission, ***do not*** enter the contribution.

**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 in e-snaps 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 Notice sent to each applicant.
* Applicant agrees to participate fully with this community’s Homeless Management Information System (HMIS).
* Applicants understands that there is a limited amount of reallocated funding available, and that this request is for a grant term of one (1) year. If funded, it is understood that the new project would be eligible for renewal under the CoC Program Competition.
* Applicant is prepared to receive all clients for the project from a centralized intake and referral system, once operational. In the interim, agency agrees to prioritize assistance to target people with the longest histories of homelessness.
* Applicant is aware of the Georgia Balance of State Continuum of Care Written Standards and will ensure the policies and procedures of each CoC-funded project will be updated in order to meet these standards.
* Applicant will update their policies and procedures and ensure compliance with the Georgia Balance of State CoC Violence Against Women Act (VAWA) Policies and Procedures.

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

**MATCH and LEVERAGING**

Project applicants are required to report match and leveraging for each project. For the 2017 CoC Competition, HUD guidelines request projects to report match and leveraging where there are commitment letters on file that are dated within 60 days of the application deadline. Projects without sufficient match and/or leveraging may be determined ineligible. **New RRH project applications must submit written commitments of match and leverage within each application package submitted for review**. (Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. §§ 1001, 1010, 1012, 31 U.S.C. §§ 3729, 3802). Information on Match requirements can be found in the CoC Interim Rule at 24 CFR 578.72.

**Match (Cash or In-Kind Resources)**

All eligible CoC program costs, except Leasing, must be matched with at least **25 percent cash or in-kind contribution**. **No match is required for Leasing**. The match requirement applies to Project Administration funds, along with the traditional program expenses—Operations, Rental Assistance, Supportive Services, and HMIS. Please note, cash and in-kind match must qualify as eligible program expenses under the CoC interim rule.

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 with this Review Application. 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, child care, 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.

Using Cash Match: A recipient or sub-recipient may use funds from most sources, including other federal sources, as well as state, local, or private sources. However, the following sources **cannot** be used for cash match:

* Other CoC Program funds
* Sources that are statutorily prohibited from being used as match

Using In-Kind Match: A recipient or sub-recipient may also use in-kind resources to meet the match requirement, including the **annual cost** of the value of property, equipment, goods, or services contributed to the project.

To count as match, both cash funds and in-kind resources must be used for costs that would be eligible if CoC Program funds were used.

**Leveraging (Cash or In-Kind Resources)**

The CoC goal for all leveraged resources (above and beyond match) is an additional 125% of the grant amount. For this section, please only report leveraged resources outside of the match resources listed above to ensure no duplication.