



**COUNTY OF BUCKS
DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT (HCD)
2025 CoC Competition – New Project Applications**

Applicant Name: _____

Applicant EIN #: _____

Applicant UEI#: _____

Applicant Address: _____

Project Contact Person: _____

Title: _____

Phone: _____

Email: _____

Project Name: _____

Project Location: _____

Funding Amount Requested: _____

Applicant's Authorized Official: _____

Authorized Official Title: _____

Authorized Official Phone: _____

Authorized Official Email: _____

1. Project Component Type

Indicate Component Type

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Transitional Housing (TH) | Rapid Re-Housing (RRH) |
| <input type="checkbox"/> SSO Standalone SSO | Permanent Supportive Housing (PSH) |
| <input type="checkbox"/> Street Outreach | |

2. Funding Source

Indicate whether project application is requesting reallocation through transition, CoC bonus, or DV bonus funding for project

- ☐ Reallocation through eligible renewal project (not-transition)
☐ Reallocation through eligible renewal project through transition to new project type
☐ CoC Bonus
 DV Bonus

Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? ☐ Yes ☐ No

3. Experience of Applicant

a. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

b. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local, and private sector funds.

c. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

d. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?

☐ Yes

☐ No

4. Project Description

a. Provide a description that addresses the entire scope of the proposed project.

b. Check the appropriate box(s) if this project will have a specific subpopulation focus

- ☐ N/A Project Serves All Subpopulations
- ☐ Veterans
- ☐ Youth (under 25)
- ☐ Families
- ☐ Survivors of DV
- ☐ HIV/AIDS
- ☐ Chronic Homeless
- ☐ Physical and/or Developmental Disability
- ☐ Seniors 62+

c. Will your project participate in the CoC's Coordinated Entry process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?

- ☐ Yes
- ☐ No

For SSO Street Outreach Projects Only

d. Describe project plans to consult with law enforcement in the project design, planning and decision making and history of consulting/working/partnering with law enforcement.

5. Supportive Services for Participants

- a. Describe how program participants will be assisted to obtain and remain in permanent housing.
- b. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.
- c. Will the project require a supportive services participation agreement? Attachment of the agreement required if yes. ☐ Yes ☐ No

For TH Projects Only

- d. Outline how the project will provide 40 hours per week of customized services with a tiered approach for those employed, physically disabled, or 62+. Attachment of template service plan required for full points.

For SSO Standalone Projects Only (Not Outreach)

e. Describe the project's plan to conduct annual assessment of service needs

6. Housing Detail (For TH, RRH, and PSH Projects Only)

Indicate the maximum number of units and beds available for program participants for the project

Units: _____

Beds: _____

Are you requesting any of the following costs: New Construction Acquisition Rehabilitation

7. Funding Request

Rental Assistance/Leasing Budget (For TH, RRH, and PSH Projects Only)

Type of Rental Assistance: ☐ Tenant Based ☐ Sponsor Based ☐ Project Based

FMR Area = DE Philadelphia-Camden-Wilmington. FMR rates listed below must be used when calculating rent assistance request.

Final FY 2026 & Final FY 2025 FMRs By Unit Bedrooms					
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2026 FMR	\$1,397	\$1,520	\$1,810	\$2,170	\$2,423

Total Units Requested: _____

Total Rent Assistance Request: \$ _____

Total Leasing Assistance Request: \$ _____

Provide detail on proposed unit sizes for project:

Operating Budget (For TH, RRH and PSH Projects Only that are leasing or own units only, not for rent assistance units)

Eligible Costs	Quantity and Description	Annual Assistance Requested
Maintenance/Repair		
Property Taxes/Insurance		
Replacement Reserve		
Building Security		
Electricity, Gas, and Water		
Furniture		
Equipment		
Total Annual Assistance Requested		

Supportive Services Budget (For all Project types)

A quantity & description must be entered for each requested cost. Ex. 1 FTE Case Manager @\$55,000/year to provide case management services for program participants

Eligible Costs	Quantity & Description	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		
VAWA Budget (For TH, RRH, and PSH Projects Only)		
Eligible Costs		Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation		
Estimated budget amount for VAWA Confidentiality Requirements		
CoC VAWA BLI Total		

Sources of Match (Minimum 25% match required for all project types)			
Type (Cash or In-Kind)	Source	Name of Source	Amount of Commitment
Total Match Amount			

Summary Budget	
Eligible Costs	Annual Assistance Requested
Acquisition	
Rehabilitation	
New Construction	
Leasing Units	
Leasing Structure	
Rental Assistance	
Supportive Services	
Operating	
VAWA	
<u>Admin (up to 10% of eligible cost lines total)</u>	
Total Project Budget (including admin)	
Total Match (must be at least 25% of total project budget excluding leasing costs)	

8. Certification

I do hereby certify that the information contained in this 2025 CoC Application is complete and accurate to the best of my knowledge. I do also certify that if the information contained herein should change at any time, I will notify the Bucks County Department of Housing & Community Development of such change.

I do hereby certify that my application meets all project threshold eligibility requirements as outlined in Section V.4.a: Project Eligibility Threshold of the FY2025 HUD CoC NOFO.

Authorized Official Signature

Date

Print Name/Title

Applicant Organizational Name