



COUNTY OF BUCKS
DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT (HCD)
2025 CoC Competition – Renewal Project Application

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

- Rapid Rehousing (RRH)
- SSO- Coordinated Entry
- Permanent Supportive Housing
- Dedicated HMIS (HMIS Lead Only)

2. Recipient Performance

a. Did you submit your previous year's Annual Performance Report (APR) on time?

- Yes
- No
- Not applicable – first year renewal

b. Do you have any unresolved HUD Monitoring or OIG Audit findings concerning any previous grant term related to this renewal project request?

- Yes
- No
- Not applicable – first year renewal

c. Do you draw funds quarterly for your current renewal project?

- Yes
- No
- Not applicable – first year renewal

d. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?

- Yes
- No
- Not applicable – first year renewal

3. Project Description (For all Project Types)

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

d. Describe how project will participate in CoC case conferencing for all household placements. (*RRH and PSH Projects Only*)

For SSO-CE Projects Only

Will the coordinated entry process cover the CoC's entire geographic area?

- Yes
- No

Will the coordinated entry process be marketed and easily accessible by individuals and families seeking assistance?

- Yes
- No

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Does the coordinated entry process use a comprehensive, standardized assessment process?

- Yes
- No

Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.

If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: adults without children, adults accompanied by children, unaccompanied youth, households fleeing domestic violence, and persons at risk of homelessness.

- Yes
- No

For Dedicated HMIS Projects Only

Is the HMIS currently programmed to collect all UDEs as set forth in the FY 2025 HMIS Data Standards Manual?

- Yes
- No

Does the HMIS produce all HUD-required reports and provide data needed for HUD reporting?

- Yes
- No

Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?

- Yes
- No

Does the HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?

- Yes
- No

Describe the organization's process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

Does the HMIS Lead conduct Privacy and Security training and follow up on privacy and security standards on a regular basis?

- Yes
- No

What is the CoC's policy and procedures for managing a breach of PII in HMIS?

5. Supportive Services for Participants (For RRH and PSH Projects Only)

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

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

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

Units: _____

Beds: _____

7. Funding Request

Rental Assistance/Leasing Budget (For 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 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 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	
Admin (up to 10% of eligible cost lines total)	
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