Renewal Project Application
Dedicated HMIS (HMIS Lead Only)
Bucks County CoC PA-511

Application Information

Applicant Agency Name	
Project Name	
Primary Contact Name	
Primary Contact Title	
Email	
Phone	
Agency Address	
Agency Website	
Executive Director / CEO	
SAM.gov Status	
UEI Number	

Applicant Type:

☐ Nonprofit organization	☐ State government
☐ Local government	☐ Instrumentality of state/local government
☐ Other	

CoC Support

Describe how the HMIS funds will be expended in a way that furthers the CoC's HMIS implementation and ability to use HMIS as a proactive case management tool to promote treatment and recovery.

Does the HMIS collect all Universal Data Elements as set forth in the HMIS Data Standards

☐ **Yes** ☐ **No**

Does the HMIS have the ability to un-duplicate client records

☐ **Yes** ☐ **No**

Does the HMIS produce all HUD-required reports and provides data as needed for HUD reporting (e.g. APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners

☐ **Yes** ☐ **No**

Applicant Certification

By signing below, the applicant certifies that:

- the information submitted is accurate to the best of the applicant's knowledge;
- the applicant understands that submission does not guarantee funding;
- the applicant agrees to comply with HUD and local competition requirements if selected;
- the applicant understands that local deadlines are earlier than HUD's final deadline;
- the applicant understands that projects must be reviewed, scored, ranked, and approved locally before submission to HUD;
- the applicant agrees to provide additional documentation or clarification if requested by the collaborative applicant (Bucks County Department of Housing & Community Development)
- the applicant understands that this is not the project application

_____

Authorized Representative Name

_____

Title

_____

Signature

_____

Date