

**2025 HUD Continuum of Care NOFO Competition
2025 New Project Application Form**

Please complete this form for each New Project Application that your agency intends to submit in the 2025 NOFO local competition. Please complete this form entirely and include all required and applicable attachments. ***If you are seeking to transition an eligible renewing permanent housing program to transitional housing, STOP, you must complete a 2025 Transition Grant Application Form.***

Each individual project application should:

- Be combined into one PDF Document
- Be named as follows [Agency Name – Project Name – Type of Project (New, Transition, or Renewal)].
Example: “ABC Housing – Welcome Home LV – New Project”
- Be sent to HelpHopeHome@ClarkCountyNV.gov with the same subject line as the file name.

Please send one email per application. If your agency is submitting multiple applications, you should submit multiple emails, each containing one Project Application Form. **Applications are due Monday, December 15, 2025 by 10:00 AM.**

1. Applicant Name	
2. Program Name	
3. New Application Component Type (Select One)	<input type="checkbox"/> New Transitional Housing <input type="checkbox"/> Supportive Services Only (SSO) (Including SSO-Coordinated Entry, SSO-Standalone, and SSO-Outreach)
4. Is this project applying as a DV bonus project?	<input type="checkbox"/> Yes
5. Expansion Grants Only: Name of renewal grant that is expanding	
6. Expansion Grants Only: Grant Number of expanding grant	
7. Expansion Grants Only: Contract Start Date for expanding grant	
8. Expansion Grants Only: Contract End Date for expanding grant	
9. Brief Project Description (300 word maximum) This is not scored; it serves to orient the SRT to your program. The Project Description from your HUD Project Application in <i>e-snaps</i> (Question 3B) can be used.	

10. Population to be Served (100 word maximum)	
11. Persons/Households to be Served Annually	
12. Funding Requested	

New Project Eligibility Threshold Requirements

Please confirm your understanding of the following New Project threshold requirements by checking the box next to each statement. Please refer to the [HUD NOFO Announcement](#) if any of the terminology is unclear. All boxes must be checked to be considered for funding. Please attach supporting documentation where requested.

- This program must be operated by an eligible project applicant as defined in the HUD NOFO Announcement. **Nonprofit applicants must attach documentation of their nonprofit status (501c3).**
- Project Applicant must demonstrate financial and management capacity to carry out the proposed project and administer a federal grant. **Nonprofit applicants must attach their most recent annual independent audit statement dated 12/31/23 or later.**
- Project Applicants must certify that they have no outstanding, unresolved judgements against them for violations of civil rights laws.
- This program will only serve CoC-eligible households as defined in the HUD NOFO Announcement.
- This program will accept referrals only from the Coordinated Entry System. (Not applicable for DV programs.)
- This program will participate in the Homeless Management Information System (HMIS) or will enter data into a comparable database if serving survivors of domestic violence.
- Any CoC funds awarded to this program must be matched in the amount of 25% of the program budget (excluding Leasing costs).
- This program does not engage in racial preferences or other forms of illegal discrimination.
- This program does not operate drug injection sites or safe consumption sites, knowingly distribute drug paraphernalia on or off property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”

Narrative Questions

Please provide a narrative response each question listed below (Questions 12-16). The narratives should be prepared as one PDF document and attached to the Application Form. The combined Narratives document (with responses to questions 12-15) should not exceed 3 ½ single-spaced pages with 11-point font size or greater and margins no smaller than 1". Question 16 (budget narrative) is not restricted to a page limit.

Financial/Grants Management:

12. Please describe your agency's experience managing Continuum of Care funding or other federal grants. This should include a description of adherence to compliance requirements, timely submission of reports and drawdowns, full expenditures of funds, and attainment of contract deliverables. Have your agency's federal grants been renewed? If applicable, describe the findings in your agency's most recent CoC monitoring results and any actions that have since been taken. (1-page max)
13. Please describe your agency's experience operating a comparable program to the one proposed. This narrative should describe prior program success and outcomes and how the proposed program will meet the Quality Threshold requirements outlined in the NOFO Announcement (pp. 55-60) and improve the performance of the CoC. (1-page max)
14. Please describe your agency's ability to participate in the County's Homeless Management Information System (HMIS) or, for DV providers, a comparable database. Please describe efforts to maintain and improve upon data quality, protect participant confidentiality, and issue accurate and timely reports. Please describe how your agency uses program data to advance performance improvements. (1/2-page max)

Coordination with Other Systems of Care

15. Please describe the supportive services that will be available to participants and how those services will advance the goals of increasing earned income and transitioning participants to permanent housing. Please describe in detail how your program will meet the applicable Quality Threshold requirements in pages 55-65 of the NOFO Announcement. Outreach programs should describe how they will partner with first responders to assist unsheltered people with accessing emergency shelter and treatment and do not impede law enforcement efforts to enforce public camping and drug use prohibitions. (1-page max)

Budget

16. Please provide a Budget Narrative describing the costs included in your Budget Template, including how the program is cost effective when achieving program outcomes. (no page limit)

Performance Data

In order to score points for performance, all New Project Applications must submit evidence of the successful operation of a comparable program. This is ideally an Annual Performance Report issued from HMIS but other reports are acceptable as long as they provide clear evidence of program success on the measures identified in the Scoring Criteria. If this information is only available as part of a long report (for instance, as an Agency's full Annual Report), please provide excerpts of only the pertinent sections.

Budget Template

All New Project Applications must also submit a budget on the Budget Template provided. Please ensure that the Budget Template aligns with the Budget Narrative (Q16).

Additional Questions

Please check any of the boxes below that apply to this program and, where requested, attach verification documents. These factors are part of program scoring, For additional information, refer to the Scoring Criteria.

- This program requires participants to take part in supportive services. **If checked, please attach a supportive service agreement demonstrating that requirement.** Points for this factor will not be awarded without the attachment.
- This program offers substance use treatment onsite. Street Outreach programs should describe providing services to unsheltered people by bringing services to where they are. **If checked, please attach an agreement or letter of commitment verifying the availability of these services.** Points for this factor will not be awarded without the attachment.
- New TH Programs Only: This program will offer 40 hours per week of services to every participant. If checked, this should be described in your response to Question 15 (Coordination with Other Systems of Care) above.
- This program leverages health care services offered by mainstream medical providers. **If checked, please attach a leverage letter describing these resources.** Points for this factor will not be awarded without the attachment.
- This program leverages employment resources offered by mainstream employment providers. **If checked, please attach a leverage letter describing these resources.** Points for this factor will not be awarded without the attachment.

Signature	
Name/Title	
Date	

Attachment Checklist

Please indicate which of the following are attached. If one document pertains to more than one of the checkboxes below, it need only be attached once, but please ensure that the pertinent text is highlighted or otherwise readily apparent to reviewers.

- Nonprofit Documentation
- Audited Financial Statements
- Narratives (Qs12-16 together must not exceed a total of 5 pages)
- Data Report for Comparable Program
- Budget Template
- Supportive Services Agreement demonstrating mandated services
- Supportive Services Agreement demonstrating onsite substance abuse recovery services
- Leverage Letter – Healthcare Resources
- Leverage Letter – Employment Resources