

**2025 HUD Continuum of Care NOFO Competition
Renewal Application Form**

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

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 a.m.**

Program Overview

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| 1. Applicant Name | |
| 2. Program Name | |
| 3. Renewal Application Component Type (Select One) | <input type="checkbox"/> Permanent Supportive Housing (PH-PSH) <input type="checkbox"/> Rapid Rehousing (PH-RRH) <input type="checkbox"/> Joint Transitional Housing-Rapid Rehousing (PH-TH-RRH) <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Supportive Services Only (SSO) (SSO-Standalone and SSO-Outreach) |
| 4. HUD Grant Number | |
| 5. Current Project Start Date | |
| 6. Current Project End Date | |
| 7. 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. | |
| 8. Population to be Served (100 word maximum) | |

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| 8a. Is this project funded as a DV bonus project? | <input type="checkbox"/> Yes |
| 9. Persons/Households to be Served Annually | |
| 10. Funding Requested (Please note if you are requesting less than the amount listed in the GIW) | |

Program Requirements

Please confirm your understanding of the following Renewal 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.

- This program will adhere to all compliance and performance requirements highlighted in the current contract agreement.
- 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 of 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.”

Additional Questions and Requirements

Please check any of the boxes below that apply to this program and, where requested, attach a verification document. These factors are not required but are part of program scoring. For additional information, refer to the Scoring Criteria.

- This program has reduced the budget amount requested to allow for voluntary reallocation of funding to new programs. If checked, please indicate the proposed reduction: _____
(confirm Q10 above reflects the new budget amount).
- This program requires participants to take part in supportive services. **If checked, please attach a supportive service agreement (contract, occupancy agreement, lease or equivalent) demonstrating that requirement.** Points for this factor will not be awarded without the attachment.
- This program offers substance use treatment onsite. **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.

- Program participants have access to health care services and other programs offered by mainstream providers. Checking this box is considered verification of access to these services.
- This program offers supportive services to participants. If the current program budget (as represented in the Grant Inventory Worksheet) does not include supportive services funding, please attach a full program budget or leverage letter showing committed services.
- For renewing PH programs: This program connects participants to non-CoC funded housing providers that provide opportunities to exit to more independent housing as appropriate. Checking this box is considered verification of access to these services.
- For renewing RRH, TH-RRH, TH, and Standalone SSO (not Outreach) programs: Program participants have access to employment services. Checking this box is considered verification of access to these services.
- For renewing Outreach Programs only: This program cooperates 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. Checking this box is considered verification of coordination with first responders and law enforcement.
- For CoC First Time Renewal Projects (2024 NOFO Awardees): Please attach an Annual Performance Report for a comparable program that allows for scoring on the program factors in Section C of the Renewal Project Scoring Criteria. The report should reflect CY24 (January – December 2024).
- For SNOFO Grantees and CoC First Time Renewal Projects: As part of demonstrating that your organization has the capacity to manage CoC funding, you must attach your most recent Annual Independent Audit. This is not required of CoC Renewals that were monitored in 2025.

| | |
|-------------------|--|
| 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.

- Supportive Services Agreement demonstrating mandated services
- Supportive Services Agreement demonstrating onsite substance abuse recovery services
- Program Budget or Leverage Letter (only required for programs that do not have a Supportive Services budget line item showing in the Grant Inventory Worksheet).
- Annual Performance Report for Comparable Program (for first year 2024 NOFO CoC renewal grantees only)
- Most recent annual independent audit (for SNOFO and first year CoC renewal grantees only)