

**2025 HUD Continuum of Care NOFO Competition  
2025 Transition Grant Application Form**

Please complete this form for each Transition Grant 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.

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 – Transition Grant”
- Be sent to [HelpHopeHome@ClarkCountyNV.gov](mailto: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**

<b>1. Applicant Name</b>	
<b>2. Program Name</b>	
<b>3. Original Program Type</b> (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)
<b>4. Name of Renewal Grant that is Transitioning</b>	
<b>5. Grant Number of Transitioning Grant</b>	
<b>6. Contract Start Date for Transitioning Grant</b>	
<b>7. Contract End Date for Transitioning Grant</b>	
<b>8. Brief Project Description</b> (500 word maximum) This is not scored; it serves to orient the SRT to your program. Please describe your proposed new TH program and explain the transition process.	

<b>9. Population to be Served</b> (100 word maximum)	
<b>10. Persons/Households to be Served Annually</b>	
<b>11. Funding Requested</b> (Please note if you are requesting less than the amount listed in the GIW for the renewal grant that is transitioning)	

### New Project Eligibility Threshold Requirements

*If selected for inclusion in the Priority Listing, this project will be considered a New Program and will have to complete a New Project Application in eSNAPS for submission to HUD. 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.*

- 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.** This is not required if the original grant that is transitioning was monitored in the 2025 CoC Monitoring.
- Project Applicants must certify that they have no outstanding, unresolved judgements against them for violations of civil rights laws. Checking this box is considered certification of this statement.
- 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 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.”

### Performance Data

Transition Grant Applications will be scored for performance on the basis of the performance of the renewal grant that is transitioning, using data gathered from CY2024 Annual Performance Report.

### Budget Template

All Transition Grant Applications must also submit a budget on the New TH Project Budget Template provided. Please also attach a Budget Narrative (no longer than 1 single-spaced page, 11-point font or greater, with 1-inch margins).

### 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 makes 40 hours of services available per week and **requires** participants to take part in supportive services. **If checked, please attach a supportive service agreement demonstrating available services and 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.
- This program will offer 40 hours per week of services to every participant. **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.
- This program leverages health care services offered by mainstream medical providers. Checking this box is considered verification of access to these services.
- This program leverages employment resources offered by mainstream employment providers. Checking this box is considered verification of access to these services.

<b>Signature</b>	
<b>Name/Title</b>	
<b>Date</b>	

### 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.*

- Audited Financial Statements if program was not monitored in 2025
- Budget Template
- Budget Narrative (1 page maximum)
- Supportive Services Agreement demonstrating services available 40 hours per week per participant and mandated services participation
- Supportive Services Agreement demonstrating onsite substance abuse recovery services