RENEWAL PROJECT APPLICATION

Agency: _____

Project Name: _____

Project Type: _____

Project Activity: _____

Project Target Population: _____

Applicant Certifications

Yes / No	The project applicant will not engage in racial preferences or other forms of illegal discrimination.
Yes / No	The project applicant will 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."
Yes / No	The project will require service participation.

Statement of Intent

Yes / No	Our agency intends to reapply for renewal project funding for the FY2026 CoC Competition.

	# of Units Currently Occupied	# of Units Currently Vacant
Studios		
1 BD		
2 BD		
3 BD		

Of the above units:

- How many are project based? _____
- How many are sponsored based at a specific or dedicated location? _____
- How many are scattered site with the location selected by the tenant? _____

Is there any other information about the units or your project that you would like to share?

CORRECTION (7/30/2026)

How will the project reduce disparities among populations experiencing homelessness?
How will the project engage underserved populations?
How will language access be provided?
How will the project ensure accessibility for individuals with disabilities?
HMIS Performance Requirements: The County relies heavily on HMIS data for HUD reporting and performance monitoring. Below are minimum expectations for agencies applying for new funding, such as: • Maintaining a minimum HMIS data quality score (for example, 90% or higher). • Conducting monthly data quality reviews. • Entering data into HMIS within 3–5 business days. • Actively participating in Coordinated Entry, including: • Accepting referrals. • Updating vacancies in a timely manner. • Participating in case conferencing. • Following the CoC's prioritization policies. • Ensuring appropriate staff attend required HMIS trainings. Explain how your agency/project will comply.
Coordinated Entry Participation: Explain how your agency/project will comply with the County's Coordinated Entry.

CORRECTION (7/30/2026)

The CoC has prioritized both voluntary and involuntary participation in treatment services. Explain how your agency/project will comply.

****Please submit your proposed project(s) detailed budget with this form.****

- Renewal Project Funding: The only projects that may apply as a renewal are those currently receiving Continuum of Care funding for Union County and have an operating year that ends in 2027.

  New for FY2026: A renewal application must not exceed the average amount of funds actually spent in the three previous years. If a renewal application is submitted without making a reduction, the CoC will *automatically* adjust any project that is applying for Rental Assistance or Leasing funds, due to the large amount of unexpended balances in recent Fiscal Years.

  - For example: FY2025 award $500,000.00
    Average unexpended balance $125,000.00
    FY2026 Proposed Application should not exceed $375,000.00

  Please note that a renewal project application cannot request any line item changes through this competition.

Proposer/Agency Name	*Authorized Signatory*	*Date*
Authorized Signatory Name (printed)	*Authorized Signatory Title*	

CORRECTION (7/30/2026)