**NY-603 CoC Renewal Applications**

**Cost Effectiveness / Leveraging Services and Supports**

**To be Completed by all renewal applications (PSH, RRH, and TH-RRH)**

**This measure is scored on a sliding scale, between 0-2 points, 0 points for lowest percent leveraged and 2 points for the highest percent leveraged.**

Please describe the support services available to program participants that are not billed to HUD on this CoC contract, using the following chart.

Defining Leveraging: Match differs from leverage; Match requires commitment of resources to the specific project. Leverage represents mutual benefit to more than one activity, project, or client but is not exclusively committed to the HUD-funded project.

**NOFO References:**

**Objective Criteria.** Demonstrate the use of objective criteria to review project applications requesting CoC Program funding. Points based on the CoC’s use of objective criteria (e.g., cost effectiveness, type of population served, type of housing proposed; commitment to Housing First).

In evaluating applications for funding, HUD will consider an applicant’s past performance in managing funds. Items HUD will consider include, but are not limited to:

Timely completion of activities and receipt and expenditure of promised matching or leveraged funds

**HUD Exchange FAQ:**

**What is leveraging?**

Leverage is the non-match cash or non-match in-kind resources committed to making a CoC Program project fully operational. This includes all resources in excess of the required 25 percent match for CoC Program funds as well as other resources that are used on costs that are ineligible in the CoC Program.

Leverage funds may be used for any program related costs, even if the costs are not budgeted or not eligible in the CoC Program. Leverage may be used to support any activity within the project provided by the recipient or subrecipient.

**What are eligible supportive services? (**[**§ 578.53**](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/)**)**

The CoC Interim Rule specifies which eligible supportive services can be paid for with CoC Supportive Service funds ([§ 578.53(a)(1)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/)). All supportive services provided must help program participants obtain and maintain housing. Services not specified in the CoC Interim Rule are not eligible ([§ 578.53(d)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/)).

Eligible supportive services are:

Annual Assessment of Services ([§ 578.53(e)(1)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Moving costs ([§ 578.53(e)(2)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Case management ([§ 578.53(e)(3))](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/)

Childcare ([§ 578.53(e)(4)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Education services ([§ 578.53(e)(5)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Employment assistance and job training ([§ 578.53(e)(6)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Food ([§ 578.53(e)(7)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Housing search and counseling services ([§ 578.53(e)(8)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Legal services ([§ 578.53(e)(9)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Life skills training ([§ 578.53(e)(10)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Mental health services ([§ 578.53(e)(11)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Outpatient health services ([§ 578.53(e)(12)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Outreach services ([§ 578.53(e)(13)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Substance abuse treatment services ([§ 578.53(e)(14)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Transportation ([§ 578.53(e)(15)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

Utility deposits ([§ 578.53(e)(16)](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/))

**List of Eligible CoC Activities Chart:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service/Support Type** | **Provided by whom?** | **Number of Program Participant Households Support Type is Available for** | **Estimated Value of Support not charged to CoC contract (one occurrence)** | **Frequency of Support (per year)** | **Total Value per Year** |
| Assessment of Service Needs  |   |   |   |   |   |
| Assistance with Moving Costs |   |   |   |   |   |
| Case Management |   |   |   |   |   |
| Child Care |   |   |   |   |   |
| Education Services |   |   |   |   |   |
| Employment Assistance and Job Training |   |   |   |   |   |
| Food |   |   |   |   |   |
| Housing Search and Counseling Services |   |   |   |   |   |
| Legal Services |   |   |   |   |   |
| Life Skills Training |   |   |   |   |   |
| Mental Health Services |   |   |   |   |   |
| Outpatient Health Services |   |   |   |   |   |
| Outreach Services |   |   |   |   |   |
| Substance Abuse Treatment Services |   |   |   |   |   |
| Transportation |   |   |   |   |   |
| Utility Deposits |   |   |   |   |   |
|  Other-  |   |   |   |   |   |
|  Other-  |   |   |   |   |   |
|  Other-  |   |   |   |   |   |
|  Other-  |   |   |   |   |   |
|  Other-  |   |   |   |   |   |

Please explain how these leveraged supports specifically better assisted program participants obtain and maintain permanent housing:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Ways to Document/Verify Leveraged Supports:

1. Submit the complete budget of program that clearly identifies CoC funds or other funding sources used.
2. Awards letter from funding sources other than CoC (e.g. other grant award/contract, private foundation award for services)
3. MOU with partner entity providing leveraged services
4. Mutual Benefit Agreement Letter

Examples included in Appendix.

**Appendix**

ORGANIZATION LETTER HEAD

Memorandum of Understanding between

(GRANTEE) and (DONOR}

## Third Party In-Kind Services

PROJECT ID (Name and Number - CA+ 4 number of the project)

Purpose: This Memorandum of Understanding or MOU is made and entered into by the (Grantee) and (Donor) to outline their ongoing partnership and formal commitment to provide services to eligible clients served by (Program or Project Name) funded through the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program supported by federal and local partners. In this project, the agency serves the (describe population).

This MOU represents the commitment of (donor/ donor organization name] to provide support to the (Agency *I* Project Name). The *donor agrees to provide (identify what is being contributed)*

The *donor agrees to provide (identify what will be provided by (person/ agency) for support of homeless, based on eligibility.*

Services will be provided by (identify personnel/role and qualifications) valued at per hour, number of hours, total value. This value is based on (fill in appropriate detail, such as local market rate, established value of professional services offered by the provider to other clients).

The duration of this Agreement is the effective term of the grant which include (the dates must align with or at least overlap with the grant operating period.

Statement of Authority: The undersigned is authorized to obligate the agency/project resources as identifies and agrees to the terms of this MOU.

Date Executive **Name:** Title:

**Donor** Organization

ORGANIZATION LETTER HEAD

Memorandum of Understanding between (GRANTEE) and (IN-KIND DONOR}

## Mutual Benefit Agreement

PROJECT ID (Name and Number - CA+ 4 number of the project)

Purpose: This Memorandum on Understanding is entered into by (Grantee Organization) and (In-kind donor name) to outline the ongoing partnership, including mutual commitments to the (project name) and the clients served in the project.

The Program, supported by the U.S. Department of Housing and Urban Development (HUD) and local partners serve [Describe clients or services).

This MOU represents the commitment of (donor/ donor organization name] to provide support to the (Agency *I* Project Name). The *donor agrees to provide (identify what is being contributed)*

The donor agrees to provide (identify what will be provided by (person/ agency) for support of homeless, based on eligibility.

The project Grantee agrees to provide (describe who will be served (55 individuals / families with (describe services or other resources).

The contributions result in mutual benefit to the parties in this agreement. The active term of the agreement is: (date to date)*.*

Statement of Authority: The undersigned is authorized to enter into the mutual benefit agreement ad to obligate the agency/project resources as identifies and agrees to the terms of this MOU.

Date Executive **Name:** Title:

**Donor** Organization

AGENCY LETTERHEAD

## Grantee Letter of Match Commitment

This letter confirms the (Organization's Name} commitment of match resources for the (Project Name and Grant #) which is supported by the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funds.

1 . The undersigned organization {Grantee name) will provide the resources listed below to (P r o j ec t N a me a n d N u m ber) as i d e n t i f i e d b e l o w for Fiscal Year (dates) as match to the HUD COC funds awarded.

The resources are allowable under the grant rules as match and Include: (Describe items in Chart)

,

|  |  |  |  |
| --- | --- | --- | --- |
| Item committed | Quantity and Unit Value |  | Total Value |
|  |  |  |
|  |  |  |
|  |  |  |

*Duration*

The resources listed will be available beginning {specific date) and remain available through (date).

Restriction

The identified resources are not concurrently committed to other grants but may represent an allocated portion of more extensive resources. Allocation to this match commitment to the (project name} represents (identify % or other allocation) of the total value of the available resource.

It is recognized that the full value of commitments of land, buildings and equipment are one-time only and are not being claimed by more than one project or by the same project in another year.

*Certification*

I certify that I am authorized to commit the (0rganization Name) resources as identified for use in the CoC-funded (Project **Name).**

Date: \_

Signature of person

Typed name and Title

## LETTERHEAD

***(PHA identification)***

Collaborative (APPLICANT)

## PHA Commitment for Partnership

2024 Continuum of Care Application

Date MM/DD/YYYY:

The Housing Authority of (jurisdiction) commits to partner with the Continuum of Care (CoC) by pairing vouchers available through the agency’s housing resources with CoC-funded supportive services to serve persons who are homeless, or at imminent risk of homelessness.

The Housing Authority of (jurisdiction) commits to work with the (Collaborative Applicant) and other stakeholders to develop a prioritization plan for a potential allocation of Stability Vouchers or a preference for general admission to Housing Choice Voucher Program through the coordinated entry process for individuals and families experiencing homelessness, at risk of homelessness, or fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking.

**OR if there is already an agreement:** The partnership between the (PHA) and the (CoC) has developed a prioritization plan for use of (Housing Choice, EHV, etc) to assist persons experiencing homelessness.

This commitment is applicable to the projects being submitted to the U.S. Department of Housing and Urban Development (HUD) for funding consideration under the 2022 CoC Notice of Funding Opportunity. The housing resources will be available during the operating period of the projects selected for funding, beginning (Date in 2023).

Currently the (name) Housing Authority serves persons experiencing homelessness as defined by HUD through (describe preference or program supports). These provisions will apply to the projects selected for funding under the 2022 CoC Notice of Funding Opportunity and the Supplemental Notice of Funding Opportunity for Unsheltered and Rural Homelessness beginning in 2023.

(In partnership on behalf of our community) Signature

Printed Name & Position Date

## LETTERHEAD

***PHA identification***

To: (Collaborative APPLICANT)

## RE: PHA Letter of Commitment General Homeless Preference or Set Aside Units

For: 2024 Continuum of Care Application Date MM/DD/YYYY:

1. The Housing Authority of #######) has two special local preferences that are specific to persons experiencing homelessness. They are:

* Eligible homeless applicants who have been referred by the (COLLABORATIVE APPLICANT or AUTHORIZED agency members who either meet the definition of homeless or who are exiting federally assisted, locally-assisted, or state-assisted (HOUSING AUTHORITY) administered housing programs with no other permanent housing placement options.
* Eligible (name the group such as non-elderly disabled applicants) who, (a) have been referred by the (example: Health and Human Services Division of the County Agency), and (b) who are homeless or who are exiting an institution or segregated setting

In FY 2021 % of our New Admissions (10/1/2020-9/30/21) were homeless at admission.

Special local preferences are rated higher than other ranking preferences and are capped at #### vouchers. Of the special local preference vouchers, #### are committed for use as (match or other commitment language as appropriate such as step-down vouchers) tied to the 2022 CoC Application projects anticipated to between MM/DD/YYYY and MM/DD/YYYY. The average value of a voucher (per month or over 12 months) is: $$$$$.

In addition to the special local preferences, the Housing Authority uses equally weighted local preferences that include families with dependent children, working families, elderly families, disabled families, veterans, and persons experiencing homelessness as defined by HUD.

(In partnership on behalf of our community) Signature

Printed Name & Position

Date

LETTERHEAD

Organization

Date

Addressed to Applicant or CoC as appropriate

## Written Commitment for Housing Support (non-PHA)

(Organization name) is committed to assisting (the CoC) or (Agency Name) in meeting the needs of homeless persons by providing the following housing resources for persons experiencing homelessness or fleeing domestic violence:

*Housing Resources Description*

Type of housing (scattered site, clustered units, shared housing, housing subsidy) # of Units or subsidies

*Eligibility Statement*

The commitment of housing is to the (agency name) (project name) beginning at (an appropriate) date in 2023.

In addition to the above understanding, the housing provider confirms that the eligibility criteria for our services will comply with the HUD program and fair housing rules, and we will not further restrict access to services through additional eligibility requirements.

*Value of Resources*

These resources will be available to project participants beginning (date that is in 2023).

The value of the resources is $ as estimated on the following housing value:

(number of units $$X average value; or #number of subsidies valued at $x each)

*Basis of Estimated Value*

The value of our services is based on actual housing costs or typical rental charges.

Our in-kind service contributions have been valued at a rate consistent with the amount paid for housing not supported by CoC funds.

*Concluding Statement*

This agreement is effective only upon selection of the named project for funding.

The signature below is an a representative of (Healthcare provider name) authorized to make the type of commitments identified in this letter.

Signature:

Printed name and Position Date

LETTERHEAD

Organization

Date

Addressed to Applicant or CoC as appropriate

## Written Commitment for Health Care Services

(Organization name) is committed to assisting (the CoC) or (Agency Name) in meeting the needs of homeless persons by providing the following resources for persons experiencing homelessness or fleeing domestic violence:

Resources/ Services to be provided:

for example:

Nursing support, to include in-home medical services (within

scope of licensure and practice), wound care, medication management, health education, and facilitation of warm hand-offs to other providers, as needed, including facilitation of telehealth introductions and appointments.

Provide medical supplies needed to render high quality health services to participants

Access to clinic services, as needed, on a scheduled (or as needed) basis for persons in the (CoC Project•

Provide access to treatment or recovery services at its existing clinic site for all program participants who quality and choose those services.

Provide health care intervention and education services to participants to address substance abuse or mental health needs,

In the case of substance abuse treatment or recovery services, the (health care organization name) commits to providing services for all program participants who qualify and choose services.

*Eligibility Statement*

The commitment of services is to the (agency name) project) beginning at an appropriate date in 2023.

In addition to the above understanding, the (health service provider) confirms that the eligibility criteria for our services will comply with the HUD program and fair housing rules, and we will not further restrict access to services through additional eligibility requirements.

*Value of Resources*

These resources will be available to project participants beginning (date that is in 2023).

The value of the resources is $ as estimated on the following values for services:

Nursing $$$ (per visit) or for ### participants medical supplies, estimated at $$$ per participant Clinic Services

Mental health Services at $$ per client for ## or % of participants

*Basis of Estimated Value*

The value of our services is based on actual average costs or typical charges.

Our in-kind health service contributions have been valued at a rate consistent with the amount paid for services not supported by CoC funds.

*Concluding Statement*

This agreement is effective only upon selection of the named project for funding.

The signature below is an a representative of (Healthcare provider name) authorized to make the type of commitments identified in this letter.

Signature:

Printed name and Position Date