



## Missouri Balance of State Continuum of Care NOFO CoC Local Application Instructions

For the Fiscal Year 2025 Notice of Funding Opportunity (NOFO) competition, the following considerations should be factored into project applications:

For the FY25 CoC competition, the Department of Housing and Urban Development (HUD) is allocating only 30% of funding to Permanent Housing, which includes Permanent Supportive Housing, Rapid Rehousing, and Joint Transitional Housing-Rapid Rehousing projects. Given this limitation, the MO BoS strongly encourages applicants to focus their proposals on HUD's priority areas for this funding round: Transitional Housing, Supportive Services Only (SSO), and SSO/Street Outreach. This guidance is intended to align funding requests with regional and federal priorities, ensuring that resources are directed to areas of greatest need and competitively position the CoC to maximize funding award.

### RANK & REVIEW SUBCOMMITTEE

The Rank and Review Subcommittee will exercise discretion in recommending projects for HUD's consideration during the competition. The Rank and Review Subcommittee will review timely and complete project application based on several factors including but not limited to: meeting CoC regional needs, -availability of funds, agency spending and performance outcomes. As a result, the amount of funding recommended for a project may be adjusted (upward or downward) to reflect these considerations, ensuring that resources are allocated effectively and in alignment with both HUD requirements and regional priorities.

### LETTER OF INTENT PROCESS

Agencies are encouraged to apply even if no letter of intent was submitted. **There are no points associated with the letter of intent nor was this a requirement to submit a project application.**

### PROJECT APPLICANT/AGENCY CONTACT

**Please note:** Someone from your agency **must be available** during the Rank and Review session to answer any questions regarding your application or budget. This is a **mandatory requirement**. If a representative is not available and the Rank and Review panel has questions, the absence of information may impact your overall project application for any issue that cannot be clarified during that time.



Due to the holidays, we may need to contact someone **outside of normal business hours**. Please provide the **name and mobile phone number** of the person who can be reached during this period to ensure your agency can address unresolved questions.

### APPLICATION SUBMISSION

For the FY25 CoC competition, each agency is required to complete both the e-snaps Project Application and the local CoC application. The e-snaps application must be fully completed, exported as a PDF, and emailed to the CoC along with the local CoC application by the stated deadline. Agencies should **not click "Submit" in e-snaps** until after the CoC Board of Directors has approved the Final Priority Listing; notification will be provided via email when it is time to submit the e-snaps application officially.

The local CoC application must also be completed, as scoring elements and required information are drawn from both the e-snaps and local applications. These applications are used together to verify information, eliminate duplication, and ensure accuracy. Failure to submit both the e-snaps PDF and the local CoC application will be considered an incomplete application and will not be accepted or reviewed.

All applications and attachments are due by **5:00 PM CST on Sunday, December 14, 2025**, and must be emailed to [moboscoc@gmail.com](mailto:moboscoc@gmail.com) to be considered officially submitted. Agencies experiencing submission issues should contact Reginald Jennings, Funding and Performance Committee Chair, at [reginald@capeareahabitat.org](mailto:reginald@capeareahabitat.org) or **573-382-1136**. Technical assistance will not be available after **4:00 PM CST on Friday, December 12, 2025**.

### NARRATIVE

All responses for the CoC local application questions must be submitted in narrative form on a Word document. There is no page limit to the narratives. The CoC does not want agencies to submit policies in place of narrative. Rank and Review will not be reading pages and pages of agency policy. The narrative section is designed to give you ample space to summarize your descriptions and answer the questions. The only request for attachments in the Narrative Section is for the DV Bonus applications which ask for a safety plan.



**Missouri Balance of State Continuum of Care  
FY25 NOFO CoC Local Application**

Name of Agency: \_\_\_\_\_

Project Name: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Total Request for Project: \$ \_\_\_\_\_

**Project Component Type & Application Type**

**Project Component Type:**

- Transitional Housing (TH)
- Supportive Services Only (SSO)
- Supportive Services Only – Street Outreach (SSO-SO)
- Safe Haven
- Transitional Housing / Rapid Rehousing Joint Component (TH-RRH) (Renewal Only)
- Rapid Rehousing (RRH)
- Permanent Supportive Housing (PSH)
- Domestic Violence (DV) Bonus

**Application Type:**

- New Project (including Transition Grants)
- Renewal Project
- Expansion Project



**Project Contact & Communications Information**

Person One: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Person Two: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
After-Hours Contact Person: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Partnerships and Coordination**

Does your agency have a relationship, MOU, MOA, or any other partnership agreement with any of the following? (MO BoS strongly encourages agencies to develop relationships with these entities if you currently do not have one.) If partnership exists, please attached a copy of the MOU, MOA or partnership agreement.

- Healthcare Entities
- Mental Health Entities
- Substance Use Disorder Entities
- Childcare Centers
- Pre-K Education / Head Start
- Education and Related Services Providers
- Public Housing Authority (PHA) (Move-On Homeless Preference, development collaboration, etc.)
- Law Enforcement
- Street Outreach Teams
- Faith-Based Organizations

**For Information Only (Select all that apply):**

- Is your organization a:
- Faith-based organization
  - Substance use treatment or recovery provider
  - State or Local Government Agency
  - Mental health services provider



## Required Attachments

Please submit this application with the following attachments:

- Organization's Conflict of Interest Policy
- IRS 501(C)3 designation letter
- Organizations Code of Conduct Policy
- APR (Annual Performance Report) for July 1, 2024 – June 30, 2025 (*Renewal Projects Only*)\*\*\*
- Proof of active SAM.gov registration (screenshot showing application status or active registration with expiration date)
- Missouri Certificate of Good Standing dated within the last 30 days
- Quarterly Drawdown Reports from eLOCCS for the Most Recently Completed Grant Cycle (*Renewal Projects Only*)
- Monitoring \*
- Audit Documentation\*\*

*\*Must be attached if any CoC or HUD monitoring reviews were completed in the last 2 years. If monitoring showed no findings, please attached-Monitoring letter/report stating no findings.*

*\*\*Must attach the most recent single audit, completed financial audit, or 990 if audit is not applicable. A single audit or completed financial audit is required to be attached if the agency has completed an audit in the last 2 years.*

*\*\*\* Agencies using an HMIS-comparable database must submit a non-CSV APR for the reporting period listed above. (Renewal Projects Only)*

## General CoC Questions

The following questions must be answered by each applicant or organization.

### A. Coordinated Entry

Please describe your agency's participation in Coordinated Entry (CE).

At a minimum, include:

- Your agency's access level within the CE system
- Experience using CES (Coordinated Entry System)
- Participation in case conferencing
- Any regional leadership roles connected to CE
- Any other relevant contributions, responsibilities, or innovations
- If none of the above, plan to actively participate in MO BoS CE System



**B. Point in Time Count (PITC)**

Please describe your agency's participation in the 2025 Point in Time Count.

At a minimum, include:

- Participation in the sheltered count and/or unsheltered count
- Activities your agency assisted with (e.g., Project Connect, meal services, warming centers, transportation, volunteering)
- Any regional or county leadership roles
- Any unique or creative strategies your agency implemented during PITC
- If none of the above, plan to actively participate in MO BoS 2026 PITC

**C. General CoC Activities**

Please describe your agency's participation in CoC-wide activities for MO BoS.

This may include:

- Regional leadership positions
- Participation in committees, subcommittees, or workgroups
- Engagement with CoC-wide initiatives outside of your local county
- Any additional contributions that demonstrate collaboration and system-wide involvement
- If none of the above, plan to actively participate in MO BoS CoC-wide activities

**For New Transitional Housing (TH) projects, please address the following:**

1. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing.
2. The applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families.
3. The applicant has previously operated or currently operated transitional housing or another homelessness project or has a plan in place to ensure that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.
4. Describe how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
5. Demonstrate that the proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent).
6. Demonstrate the average cost per household served for the project is reasonable, consistent with 2 CFR 200.404.



**For New Supportive Services Only (SSO) projects, please address the following:**

1. The Supportive Services project is necessary to assist people in exiting homelessness and increasing self-sufficiency and how the Applicant will conduct an annual assessment of the service needs of the program participants.
2. The proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
3. The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
4. The services provided are cost-effective consistent with 2 CFR 200.404

**For New Supportive Services Only (SSO) Street Outreach projects, please address the following:**

1. The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
2. The proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
3. Demonstrate that the applicant has a history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate, assist, and not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws.
4. The applicant has experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13) and has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.
5. The services provided are cost-effective consistent with 2 CFR 200.404.

**For New and Renewal SSO-Coordinated Entry (SSO-CE) projects, please address the following:**

1. The Coordinated Entry system is easily available and reachable for all persons within the CoC's geographic area who are seeking homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.
2. There is a strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest needs.



3. There is a standardized assessment process.
4. The project will ensure program participants are directed to appropriate housing and services that fit their needs.

**For New and Renewal Permanent Supportive Housing (PH-PSH) projects, please address the following:**

1. The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants.
2. The type of supportive services and assistance that will be offered to program participants will ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs (e.g. transportation, safety planning, enhanced case management). If the applicant is proposing to expand an existing PH project, it must demonstrate how they are expanding supportive services to program participants, including where appropriate, on-site supportive services.
3. The project will be designed to serve elderly individuals and/or individuals with a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder. The units will prioritize these populations.
4. Demonstrate that the proposed project will require program participants to take part in supportive services (e.g. case management, life skills, substance use treatment) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent).
5. The average cost per household served is reasonable, consistent with 2 CFR 200.404, meaning that the costs for housing and services provided by the project are consistent with the population the project plans to serve.
6. The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

**For New and Renewal Rapid Rehousing (PH-RRH) projects, please address the following:**

1. The provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 3 months or up to 24 months.
2. The type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness.
3. The applicant has previously operated homelessness projects where outcomes for employment income were improved compared to the average project in the CoC.
4. Demonstrate that the proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent).



5. The average cost per household served is reasonable, consistent with 2 CFR 200.404, meaning that the costs for housing and services provided by the project are consistent with the population the project plans to serve.
6. The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

#### **Additional information or mitigating factors**

**\*\*\*This section is optional and is not a required question.**

Please describe any additional information that may not be asked in e-snaps or the local application that you feel is important to your grant application or are mitigating factors that should be considered by the Rank and Review Subcommittee.

**See the next page if you are submitting a project application for the DV Bonus Funds. All Victim Service Providers using a comparable database must submit an APR from July 1, 2024-June 30, 2025 with your application submission**



## DV Bonus Questions:

These questions must be answered by each agency applying for DV Bonus Funds.

### A. Confidentiality of Survivors

Please describe your agency's confidentiality policies that protect survivors' personally identifying information (PII) in compliance with VAWA, FVPSA, VOCA, and HUD requirements. Include the following: How informed consent is obtained, how staff are trained on this issue, how data is secured and shared, and how these policies are implemented with other agency partnerships.

### B. Client Database Entry and Safety

For non-primary victim service providers, please describe your agency's policies and procedures to inform survivors about the benefits and risks of entering information into a HMIS database. Include the following: Who may access their PII, how survivors may withdraw consent at any time, and options to keep their information confidential, including a locked HMIS file.

For primary victim service providers, please describe your agency's policies and procedures to inform survivors about the benefits and risks of entering information into a comparable database. Include the following: Who may access their PII, how survivors may withdraw consent at any time, and options to keep their information confidential, including anonymous reporting.

### C. Safety Planning and Outcomes

Please identify how your agency assists survivors to identify potential safety risks. Include the following: attach the Agency/project safety plan for survivors of domestic violence, dating violence, sexual assault, and stalking and include how safety planning is evaluated and the outcomes for the prior 12 months.

If you are new to victim services and do not have 12 months of evaluation data, please describe how you will collect this data and how it will be used to implement improvements.

Plans should include:

\*\*Information sharing policies that include de-identification for any client data that may be collected for Coordinated Entry efforts

\*\*Comparable database use for all programs where the target population is survivors of domestic violence, dating violence, sexual assault, and stalking.

\*\*Comparable database should include the ability to generate aggregate CAPER reports for the reporting of System Performance Measures within the data sharing policies for survivors of domestic violence, dating violence, sexual assault, and stalking.

\*\*Support available to adjust safety plans



**D. Community Resources and Outcomes**

Please identify how your agency helps connect survivors to available community resources. Include the following: How are relevant referrals provided, how are survivors assisted in accessing mainstream benefits, and how accessing community resources are evaluated and the outcomes for the prior 12 months.

If you are new to victim services and do not have 12 months of evaluation data, please describe how you will collect this data and how it will be used to implement improvements.

**E. CE System Safety**

Please describe your agency’s current or planned involvement in the Coordinated Entry System, specifically to the non-HMIS list and safety protocols of the CoC. Applicant must also describe how your agency upholds survivor confidentiality when working with other system partners and within case conferencing.

**Signature Block for Programs Seeking FY 2025 NOFO Funds**

The undersigned applicant(s) hereby certify that all statements contained in this application are true and correct to the best of applicant(s) knowledge and belief, and that the Review Committee will rely on this certification in reviewing the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Agency: \_\_\_\_\_

\*\*\*Electronic or typed signatures will be accepted.