

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

Sample

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.
2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.
3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.
4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?

CoCBuilds Project Description

1. CoC Number and Name:

2. CoC Collaborative Applicant Name:

3. Project Name: Wyoming FY25 CoCBuilds Application

4. Applicant Type:

5. Project Status: Standard

6. Component Type: PH-PSH

7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.37(a))?

9. Will this project include replacement reserves in the Operating budget?

10. Is this project applying for Rural costs on screen 6A?

11. Will any of the sites recorded in this project be located within an opportunity zone?

Rating Factor V.A.1.a - Development Experience and Leveraging

V.A.1.a.i. Demonstrate the applicant, developer, and relevant subrecipients have experience with at least four other projects that have a similar scope and scale as the proposed project.
(Max 3500 characters)

V.A.1.a.ii. Demonstrate that the applicant, developer, and relevant subrecipients have experience leveraging resources substantially similar to the funds being proposed in the current project. HUD will evaluate up to 3 examples of prior leveraging experience resources being leveraged for the proposed project. Examples of resources that will be considered include Low Income Housing Tax Credits, HOME, CDBG, Section 108, Section 202, and Section 811.
(Max 3500 characters)

V.A.1.a.iii. Provide information regarding the availability of low-income housing tax credit commitments, project-based rental assistance, and other resources dedicated to the proposed project. Describe the dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit. In cases where the project includes more than one type of housing (e.g. townhouses and apartments), or has multiple sites, provide cost per unit information on each site or housing type to the extent possible.
(Max 3500 characters)

Note: If the narrative response to Rating Factor 1 describes current properties under construction or rehabilitation where CoCBuils funds could be used to obtain units, in addition to the criteria above, the response must also provide the following:

- the amount and type of funds being used to construct the property
- evidence of site control
- evidence of completed and approved environmental review
- identify the owner of the property and their experience with constructing or rehabilitation
- the number of units that will be finished using CoCBuils funds

V.A.1.a.iv. Demonstrate that the project will primarily utilize non-federal (state, local, private) sources of funding to support the continued operation of the project.
(Max 3500 characters)

Rating Factor V.A.1.b - Managing Homeless Projects

V.A.1.b.i. Describe experience managing at least 4 properties, that at a minimum includes how you determined the amount of rent to charge based on unit size, addressing program participant complaints, working with other service organizations that may have placed program participants in the units, and maintaining the properties.

(Max 3500 characters)

V.A.1.b.ii. Describe the type and frequency of supportive services that will or have been made available (e.g., case management, life skills, health care). See 24 CFR part 578.53 for the full list of CoC Program eligible supportive services. State whether your organization or another organization has provided, or will provide supportive services. If other organizations provide some or all of the supportive services, provide the organization(s) name, address, email address, and phone number. If your organization will provide direct supportive services with CoCBuilds funds, you must include the supportive services on the supportive services budget in e-snaps.

(Max 3500 characters)

V.A.1.b.iii. Describe the methods of transportation that have been and will be available for program participants to travel to doctor appointments, recreation, public services (e.g., post office, library), shopping, other services, etc. If public transportation is available, indicate the hours of operation and the distance from the units.

(Max 3500 characters)

Rating Factor V.A.1.c - Implementation Schedule

Enter a date for each applicable field.

Please select the capital costs that will be occurring at this site. Select the checkbox of the capital cost that is being requested. Once a checkbox is requested, a milestone grid will appear to fill out. Based on the checkbox that is selected, only that capital cost will need date entries for all fields entered for the milestones. Additionally, all entries **MUST** have site control.

Each site must have its own entry. For example, if two sites are identified to be requesting CoC Builds funds, you must have at least two entries on this screen.

Lastly, New construction cannot be combined with Acquisition and Rehabilitation in the same site. This does not mean you cannot have New Construction in a project that also includes Acquisition and Rehabilitation. The New construction would have to occur at a different site than where the Acquisition or Rehabilitation is occurring.

For more information, please reference the Detailed Instructions.

Name of Structure
This list contains no items

Rating Factor V.A.1.d - Property Maintenance

V.A.1.d. i. Describe how the property will be maintained annually and repairs needed are conducted (e.g., checking for roof leaks, routine maintenance for heating and cooling).
(Max 3500 characters)

V.A.1.d.ii. Identify the sources of funds and amount that will be used and whether there will be a reserve fund established specifically for maintenance and repair of proposed units.
(Max 3500 characters)

V.A.1.d.iii. Describe how the project will cover replacement costs (e.g., replacing broken or damaged appliances, major equipment). Indicate if there will be funds provided from other sources and what those sources will be.
(Max 3500 characters)

Rating Factor V.A.1.e - Unmet Housing Need

V.A.1.e. i. Describe the population that will be served by the project and the level of unmet need for new units of permanent supportive housing in your area for that population.

(Max 3500 characters)

V.A.1.e..ii. Using the PIT Count and HIC information, estimate the gap between the number of units of permanent supportive housing available and the number of homeless individuals and families experiencing homelessness where at least one household member has a disability.

(Max 1000 characters)

Sample

Rating Factor V.A.1.f - Management of Rental Housing

V.A.1.f. i. Describe the rental housing projects recipient or subrecipients have managed. If you have or will partner with other organization(s) within the CoC to manage a property(s), provide the organization's information, type of program participants assisted, and experience.
(Max 3500 characters)

V.A.1.f.ii. Describe the number of grants for affordable housing awarded over the last three years, total amount of awards, and the type of subsidy funding or financing provided for housing.
(Max 3500 characters)

V.A.1.f.iii. Specify the number of assisted and non-assisted units in each property listed above.
(Max 3500 characters)

Rating Factor V.A.1.g - Coordinated Entry

V.A.1.g. Demonstrate how the project will use the CoC's coordinated entry process, or in the case of victim service providers, another coordinated entry process that meets HUD's minimum requirements, to refer individuals and families experiencing homelessness in the new PH-PSH units.
(Max 3500 characters)

Sample

Coordination with Housing Providers, Healthcare Orgs, and Social Service Providers

V.A.1.h.i. Demonstrate either that:

- the project is leveraging non-CoC funded housing resources through coordination with housing providers, and other organizations for new construction, acquisition, and rehabilitation to provide at least 50 percent of the amount being requested in the application, or
- the project is leveraging non-CoC funded housing resources to provide subsidies for at least 25 percent of the units that are proposed in the application.

You must attach letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided to support the project.

(Max 3500 characters)

Use the following table to document sources of funding such as HUD funds (CDBG Low Income Tax Credit, HOME, etc), Other Federal funds, State/Local/Tribal funds, Other funds (Private and Public), and Program Income. This information is used to evaluate the sources of non-CoC funding leveraged by the applicant to support the development and operation of the project.

Eligible Costs	Quantity & Description (max 2000 characters)	Assistance Available
Other HUD Funds		
Other Federal Share		
State Share		
Local/Tribal Share		
Other		
Program Income		
Total Available		

Complete all rows in the funding sources table.

V.A.1.h.ii. Demonstrate through written commitment from healthcare organizations, social service provider, or other organization:

- Demonstrate access, via healthcare organizations, social service provider, or other organizations, to health and supportive services (e.g., supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services);
 - The value of assistance being provided is at least an amount that is equivalent to at least \$7,500 per unit included in the proposed project; and
 - You must attach letters of commitment, contracts, or other formal written documents that demonstrate the services being provided and value of the assistance being provided per unit included in the proposed project.
- (Max 3500 characters)

Rating Factor V.A.1.i - Community Integration for Persons with Disabilities

V.A.1.i.i. Demonstrate how permanent supportive housing will enable program participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community.

The response should include how the PSH units will ensure non-segregation of individuals and families experiencing homelessness where at least one household member has a disability.

Additionally, the response should state whether the PSH units will be part of mixed-use development, meaning individuals and families that will reside in the units are not all disabled.
(Max 3500 characters)

Sample

Rating Factor V.A.1.j - Section 3 Requirement

V.A.1.j.i. Describe the actions that will be taken by project applicants to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons.
(Max 3500 characters)

Sample

4A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2025?

2. Select a grant term:

* 3. Select the costs for which funding is requested:

New Construction	<input type="checkbox"/>
Acquisition	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>
Project Based Rental Assistance	<input type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input type="checkbox"/>
Rural	<input type="checkbox"/>
URA	<input type="checkbox"/>

4K. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

Total Amount of Cash Commitments:	
Total Amount of In-Kind Commitments:	
Total Amount of All Commitments:	

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?

Type	Source	Name of Source	Amount of Commitments
This list contains no items			

4L. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 12. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1. New Construction	\$0		\$0
2. Acquisition	\$0		\$0
3. Rehabilitation	\$0		\$0
4. PRA Rental Assistance	\$0		\$0
5. Supportive Services	\$0		\$0
6. Operating	\$0		\$0
7. HMIS	\$0		\$0
8. VAWA			\$0
9. Rural			\$0
10. Relocation Costs (URA)			\$0
11. Sub-total Costs Requested			\$0
12. Admin (Up to 10%)			
13. Total Assistance plus Admin Requested			\$0
14. Cash Match			
15. In-Kind Match			
16. Total Match			\$0
17. Total Project			\$0

Relocation Costs: Eligible costs are relocation assistance provided in accordance with the requirements of the Uniform Relocation Act and implementing regulations at 49 CFR part 24 to persons displaced by a CoC project in accordance with 578.83.

Click the 'Save' button to automatically calculate totals.

4M Breakout of BLI Costs

BLI Costs	
1. New Construction	0%
2. Acquisition	0%
3. Rehabilitation	0%
4. PRA Rental Assistance	0%
5. Supportive Services	0%
6. Operating	0%
7. HMIS	0%
8. VAWA	0%
9. Rural	0%
10. URA	0%
11. Admin (Up to 10%)	0%
12.Total Assistance plus Admin Requested	\$0

Cost Description	Amount
Total Coc HUD Request	\$0
Total Leveraged	
Total CoC HUD + Total Leveraged	\$0
COC HUD Percentage	0%
COC Leverage Percentage	0%
Capital Costs	\$0
Non-Capital Costs	\$0

4N. Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding: CoC Builds

Applicant Name: Institute for Community Alliances

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	<input type="checkbox"/>
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	<input type="checkbox"/>
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	<input type="checkbox"/>

One of the checkboxes must be checked.

The Indirect Cost Information is incomplete. Please return to the project applicant profile and complete the Indirect Cost Information before continuing with this project application.

Applicant:
Project:

1

Submission Type:

Effective Date: 05/20/2025

Certification of Authorized Representative for the
Applicant/Recipient:

**** Under penalty of perjury, I certify on behalf of
the Applicant/Recipient that:**

(1) all information provided on this form is true,
complete, and accurate, and

(2) Applicant/Recipient will provide HUD with an
update to this form immediately upon learning
change in the information provided on this form,
and

(3) I am authorized to speak for the
Applicant/Recipient regarding all information
provided on this

****Warning: Anyone who knowingly submits a
false claim or makes a false statement is subject
to criminal and/or civil penalties, including
confinement for up to 5 years, fines, and civil and
administrative penalties (18 U.S.C §§ 287, 1001,
1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24
CFR § 28.10(b)(iii)).**

Authorized Representative:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Telephone Number:
(Format: 123-456-7890)

Applicant:
Project:

1

Fax Number:
(Format: 123-456-7890)

Email:

Signature of Authorized Representative:

Date Signed:

Sample

Applicant:

1

Project:

5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) HUD 2991 - Certification of Consistency with the Consolidated Plan	Yes		
2) Recipient Code of Conduct	Yes		
3) Recipient Nonprofit Documentation	Yes		
4) V.A.1.h.ii - Letter(s) of Commitment, Contract, Other Formal Written Document	Yes		
5) Subrecipient Nonprofit Documentation	No		
6) HUD 2996 - Certification for Opportunity Zone Preference Points	No		
7) Financial Feasibility/Underwriting	No		
8) Subsidy Layering Review	No		
9a) Other	No		
9b) Other	No		
9c) Other	No		

Attachment Details

Document Description:

Attachment Details

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5B. Site Control Attachment

Document Type	Required?	Document Description	Date Attached
Site Control Evidence	Yes		

Sample

Attachment Details

Document Description:

Sample

5F. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official:

Date:

Title:

Applicant Organization:

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

6B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Sample

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
2A. Subrecipients	No Input Required
2B. Experience	Please Complete
Project Description	Please Complete
Rating Factor V.A.1.a	Please Complete
Rating Factor V.A.1.b	Please Complete

Rating Factor V.A.1.c	Please Complete
Rating Factor V.A.1.d	Please Complete
Rating Factor V.A.1.e	Please Complete
Rating Factor V.A.1.f	Please Complete
Rating Factor V.A.1.g	Please Complete
Rating Factor V.A.1.h	Please Complete
Rating Factor V.A.1.i	Please Complete
Rating Factor V.A.1.j	Please Complete
4A. Funding Request	Please Complete
4K. Match	Please Complete
4L. Summary Budget	No Input Required
4M Breakout of BLI Costs	No Input Required
4N. Indirect Cost Information	Please Complete
5A. Attachment(s)	Please Complete
5B. Site Control Attachment	Please Complete
5F. Certification	Please Complete

Notes:

Rating Factor V.A.1.c list must include at least 1 item(s).

V.A.1.h. - complete all rows in the Funding Sources table

For project submission, it must be feasible for the project to be under grant agreement by September 15, 2025.

Indirect Cost Information: One of the checkboxes must be checked.