



**YOUTH HOMELESSNESS DEMONSTRATION PROGRAM
THRESHOLD REQUIREMENTS AND
SUPPLEMENTAL QUESTIONS**
NORTH DAKOTA CONTINUUM OF CARE

SFN 62184 (05/22)

Any agency wishing to apply for the U.S. Department of Housing and Urban Development (HUD) Youth Homelessness Demonstration Program funding in the FY 2020 HUD YHDP competition must complete the following information and submit to the ND CoC by the deadline (June 8, 2022). **Your project will not be eligible to apply in the competition if you do not submit this form with your e-snaps application.**

Name of Agency	Name of Project
Primary Contact	Contact Email Address
Unique Entity Identifier (UEI)	Contact Telephone Number
1. Amount of Funding Requested	
2. Type of Project	
<input type="checkbox"/> Joint Transitional Housing-Permanent Housing-Rapid Rehousing <input type="checkbox"/> Permanent Housing-Rapid Rehousing <input type="checkbox"/> Permanent Housing-Permanent Supportive Housing <input type="checkbox"/> Support Services Only – Coordinated Entry <input type="checkbox"/> Supportive Services Only – Non-Coordinated Entry <input type="checkbox"/> HMIS (ICA is the only eligible applicant for this project type)	
3. Location of Your Project (check all that apply)	
<input type="checkbox"/> Entire State of ND <input type="checkbox"/> Region 5 <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 6 <input type="checkbox"/> Region 2 <input type="checkbox"/> Region 7 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 8 <input type="checkbox"/> Region 4	
4. Homeless population that will be served with funding	
<input type="checkbox"/> Category 1: Literally Homeless <input type="checkbox"/> Category 3: Fleeing/Attempting to Flee <input type="checkbox"/> Category 2: Imminent Risk of Homeless <input type="checkbox"/> N/A: HMIS	
5. Please state the number of beds for your target population to be served. If SSO-CES, SSO, or HMIS or you are not serving one of the populations listed, please enter 0.	
Number of Youth ONLY Beds	Number of Youth ONLY Units

6. Applicant Assurances
<input type="checkbox"/> Project agrees to utilize HMIS (or ND CoC approved equivalent if a victim service provider) and follow related HMIS policies.
<input type="checkbox"/> Project has an active SAM Registration.
<input type="checkbox"/> Project agrees to make quarterly drawdowns in eLOCCS.
<input type="checkbox"/> Project has signed or will sign a ND CoC Membership Agreement.
<input type="checkbox"/> Project agrees to fill all beds using CARES prioritization process, tools, and policies (PH or Joint projects ONLY).
<input type="checkbox"/> Project agrees to follow ND CoC Policies and Written Standards.
<input type="checkbox"/> Project agrees to verify recipient eligibility and maintain documentation of eligibility.
<input type="checkbox"/> Project agrees to respond to any data quality issues in a timely manner.
<input type="checkbox"/> Project agrees to incorporate Housing First for Youth principles, including low barrier access, into agency policies and practices.
<input type="checkbox"/> Project agrees to participate in all ND CoC youth specific trainings, including, but not limited to, Positive Youth Development, Trauma-informed Care, Equity and Youth Collaboration, Housing First for Youth, Anti-Adulthood, Rapid Rehousing for Youth, etc
<input type="checkbox"/> Applicant agrees to participate in local and regional homeless planning including attending ND CoC and local homeless committee/coalition meetings.
<input type="checkbox"/> Applicant agrees to participate in an annual performance evaluation and follow-up with any technical assistance requirements if your project has been identified as under-performing.
<input type="checkbox"/> Applicant agrees to scheduled and unscheduled monitoring visits. Applicant also understands that clients must be provided access to the YAB's Grievance Policy, as well as instructions for making a report to the YAB.
<input type="checkbox"/> Applicant agrees to be compliant with Fair Housing, Equal Opportunity, and Equal Access including assuring adaptations to marketing, access, interpretation, and reasonable accommodations.
<input type="checkbox"/> Project will incorporate ND CoC housing stability best practices (tools and training provided by the ND CoC) to assist youth in achieving and maintaining independent living, adapted to their individual needs and goals (e.g., provides the participant with transportation assistance, case management, safety planning, and other services appropriate to support stability).
<input type="checkbox"/> Applicant is a nonprofit organization, state or local government, instrument of a state or local government, or public housing agency. Attach proof of nonprofit status to this document.
<input type="checkbox"/> Project does NOT have any outstanding or delinquent federal debt, debarments, suspensions, or mandatory disclosure requirements.
<input type="checkbox"/> Applicant agrees to invite program participants (youth with lived experience) to participate in your regional/local coalitions or consumer advisory boards and any other opportunity for persons with lived experience to provide input on ND CoC or project improvement.
<input type="checkbox"/> Applicant agrees to participate in YHDP workgroups and regular case consulting meetings to support expedited prioritization and referrals of youth.
7. Does Your Project Have Any Outstanding Findings with HUD?
<input type="checkbox"/> Yes. Please attach findings on HUD letterhead to this document. <input type="checkbox"/> No <input type="checkbox"/> N/A New Project
8. Please enter the date of your last agency audit and attach the audit to this document.
9. How were Youth and Young Adults (YYA) involved in the design of this proposed program? If YYA were not involved in the design process, how will they be incorporated moving forward?