



Directions: All agencies applying for project funding through this Notice of Funding Opportunity (NOFO) must complete Section I of the application in addition to Section II for each project type. For agencies applying for multiple projects or project types, separate applications must be completed for each request. If additional space is needed, the applicant may attach additional pages to each section. Additional pages should be clearly marked with the question that is being answered. Please refer to the full Request for Funding Applications (RFA) for complete details and submission instructions.

Applicants are highly encouraged to review the full HUD NOFO prior to submission of a local project application: www.hhalliance.org/funding-opportunities

All local competition applications are due by 5 p.m. CST July 20, 2026.

SECTION I: Applicant Information

Organization Legal Name:	
Organization Address:	
Organization Primary Contact:	
Primary Contact Phone:	
Primary Contact Email:	
Agency Unique Entity Identity Number (UEI):	

Agency Eligibility Requirements

Organizations must be able to answer yes to each of the following statements to be eligible to apply for funding under this NOFO.

	Yes	No
This organization is a member in good standing of the Okaloosa Walton Homeless Continuum of Care (FL-505).		
This organization has an active Board of Directors, updated bylaws, regularly scheduled meetings, minutes, and financial oversight.		
This organization is registered with SAM.gov and has a current UEI.		
This organization is registered with the Division of Corporations (sunbiz.org) and the Florida Department of Agriculture & Consumer Services: Solicitation of Contributions (fdacs.gov)		
This agency can provide an annual single audit (if required) or a current CPA Peer Review Letter or audited financial statement.		
This agency agrees to participate in the FL-505 Coordinated Entry System and comply with all CoC Coordinated Entry Policies and Written Standards.		
This organization has provided continuous direct service for at least 12 months.		
This organization has cash reserves to cover expenses prior to reimbursement and agrees to all match requirements.		
This organization is a private not-for-profit with 501(c)(3) status operating in Okaloosa and Walton counties in the state of Florida.		



<p>Provide a brief description of your agency’s mission and history serving those experiencing or at imminent risk of homelessness.</p>

Required Affirmative Certification

	Check to affirm
The project applicant will not engage in illegal racial discrimination, including racial preferences. This is consistent with the requirements of 2 CFR 200.300(a).	
The project applicant will not operate illegal drug injection sites or “safe consumption sites” in violation of 21 U.S.C. § 856, knowingly permit the use or distribution of illicit drugs on property under control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. § 863 or conduct any of these activities under the pretext of “harm reduction”. (This certification is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.	



Application Checklist and Required Attachments

The following items must be compiled and emailed to admin@hhalliance.org as part of the full application AND hand delivered as part of the hard copy to HHA’s administrative office, 906 Marwalt Dr., Unit G, Fort Walton Beach, FL 32547. Applications received after 5 p.m. CST July 20, 2026 will not be considered for funding.

Section I: Organization Information (one per organization)	
Section II: Project Application (one for each project being requested)	
Project Application Budget Form (one for each project being requested)	
Signed authorization to apply for CoC funding on agency letterhead	
Most recent IRS 990 or audit report with auditor’s management letter	
IRS 501(c)(3) designation letter	
Current Board of Directors roster	
Code of Conduct Policy	
Conflict of Interest Policy	
Financial Procedures Policy	
Valid SAM.gov registration	



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SECTION II: Project Application

Project Name:	
Project Address (if different from organization address):	
Total funding requested:	

Project Type: (select only 1)

- **Renewal Project:** *This project type is only available to existing CoC-funded projects with a grant term expiring in CY27. Project components and population served must remain the same.*
 - Renewal Project Name (from GIW):
 - Renewal Project Number (from GIW):
- **Expansion Project:** *This project type is only available to existing CoC-funded projects with a grant term expiring in CY27 to add units, beds, services, and/or funding to the current project. Project components and population served must remain the same.*
 - Renewal Project Name (from GIW): _____
 - Renewal Project Number (from GIW): _____
- **Transition Grant:** *This project type is only available to existing CoC-funded projects to shift from a current project component to a new project component. The renewal grant must be eliminated and the project must fully transition to the new project component within the one-year grant term.*
 - Current Component (*Joint TH/RRH or PSH*): _____
 - New Component (*Transitional Housing, Supportive Services Only Standalone, Supportive Service Only Outreach, Permanent Supportive Housing, or Rapid Rehousing*): _____



- **Consolidation Project:** *This project type is only available to existing CoC-funded agencies wishing to combine two or more eligible renewal grants.*
 - Name and Grant Numbers of project being consolidated:

- **Reallocation Project:** *This project type is only available to existing CoC-funded projects to fully reallocate funding from a current project component to a new project component.*
 - Current Component (Joint TH/RRH or PSH): _____
 - New Component (Transitional Housing, Supportive Services Only - Standalone, Supportive Service Only - Outreach, Permanent Supportive Housing, or Rapid Rehousing): _____
- **CoC Bonus Project:** *Open to all eligible agencies, whether currently funded or not. This section is for applicants seeking to create new projects.*
 - Transitional Housing
 - Supportive Services Only (SSO) – Standalone
 - Supportive Services Only (SSO) – Outreach
 - Permanent Supportive Housing (PH-PSH)
 - Rapid Rehousing (RRH)
- **Domestic Violence Bonus Project:** *Open to all eligible agencies, whether currently funded or not. This section is for applicants seeking to create new projects. New projects under the DV Bonus must be dedicated to serving individuals and families experiencing trauma or lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking.*
 - DV Transitional Housing
 - DV Rapid Rehousing

Project Details

Applicants must provide detailed responses to the following questions. If additional space is needed, applicants may attach additional sheets. Please clearly label the question being answered.



Project Summary: Provide an overview of the project being requested. Include the project component (TH, SSO-Standalone, SSO-Outreach, PSH, or RRH), the population of focus to be served, the estimated number of participants, and the services to be delivered.
(Maximum points = 5)

Statement of Need: Describe the local factors contributing to the need for the project being requested. What special populations will be supported. Responses must explain the scope and nature of the local need for the project including key contributing factors, system challenges, and gaps in currently available services.
(Maximum points = 5)



Alignment with HUD’s Goals and Objectives: Clearly describe how the proposed project will align with the goals and objectives detailed by HUD. Describe how the project will improve outcomes for those experiencing homelessness or at imminent risk of homelessness, prioritize treatment and recovery as a means to self-sufficiency, promote economic self-sufficiency, advance public safety for all, and minimize trauma for vulnerable populations.
(Maximum points = 20)

A large, empty rectangular box with a black border, intended for the applicant to provide their response to the alignment question.



Returns to homelessness: Describe how your project will reduce or has reduced returns to homelessness for participants exiting the program. Clearly describe wrap-around services and partner collaboration. Explain how these outcomes will be measured and tracked.
(Maximum points = 5)

[Empty response box for Returns to homelessness]

Management capacity: Describe your organization's capacity to operate this project, including experience managing similar programs, delivering the proposed services, and administering federal, state, local, or private funds. Your response should demonstrate your organization has the staff, systems, and management structure to successfully carry out the project.
(Maximum points = 5)

[Empty response box for Management capacity]



Cost effectiveness: Describe how the proposed budget is reasonable in relation to the population served, the services provided, and the outcomes expected. A detailed response will include the total budget requested including program, operating, administrative, and VAWA costs and will include a breakdown of cost per person or household served. At least one benchmark must be used to justify reasonableness such as Fair Market Rent, prior grant costs, or comparable local cost data. Explain how partnerships will be leveraged to efficiently provide the proposed services.
(Maximum points = 10)

A large, empty rectangular box with a black border, intended for the applicant to provide their response to the cost effectiveness question.



Supportive Services Only - Standalone

Describe how the project will assist individuals and households exit homelessness, address barriers to stable housing, and increase self-sufficiency. Explain the project strategy for engaging and assisting participants with histories of unsheltered homelessness.

A large, empty rectangular box with a black border, intended for the applicant to provide a detailed response to the prompt above.



Supportive Services Only - Outreach

Describe how the organization will engage participants with histories of unsheltered homelessness including how the organization will partner with first responders and law enforcement in this effort.

[Empty response area for the applicant to describe outreach efforts.]



Permanent Supportive Housing

Describe the type of supportive services and assistance offered to program participants and how the project will incorporate participation requirements. Describe the proposed plan for on-site treatment options and addressing other barriers to successfully retaining permanent housing.

[Empty response area for Permanent Supportive Housing]



Rapid Rehousing

Explain the supportive services and assistance offered to program participants and how those services will ensure participants achieve self-sufficiency.

A large, empty rectangular box with a black border, intended for the applicant to provide their response to the prompt above.



DV Bonus

Describe how your organization will provide safe and confidential housing and services for survivors of domestic violence, dating violence, sexual assault, or stalking. Include details on trauma-informed practices and support for safety planning, and coordination with victim service providers and law enforcement.

[Empty response area for DV Bonus question]



U.S. Department of Housing and Urban Development
 FY26 Continuum of Care Competition
 Okaloosa Walton Homeless CoC Request for Local Applications
 Budget Form: Supportive Services – All Projects

Directions: This form should be completed by applicants for all project types.

The quantity and description field should detail how CoC Program funds will be used in the project to assist program participants. Enter the quantity number and descriptive information for each activity for which you are requesting funds. (e.g., if requesting staffing enter position title - 1 FTE @ \$45,000 including fringe benefits of \$x or 50 hours @ \$25 per hour. Include any direct provision costs for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month).

Eligible Costs	Quantity and Description	Amount Requested
Assistance with Moving Costs (PH or TH Only)		\$
Substance Use Treatment		\$
Mental Health Treatment		\$
Medication Management		\$
Peer Support		\$
Case Management		\$
Street Outreach (SSO only)		\$
Employment Assistance		\$
Job Training		\$
Life Skills Training		\$
Education Services		\$
Housing Service Assistance		\$
Utility Deposits		\$
Transportation		\$
Child Care		\$
Credit Repair		\$
Total Request for Grant Term:		\$



U.S. Department of Housing and Urban Development
 FY26 Continuum of Care Competition
 Okaloosa Walton Homeless CoC Request for Local Applications
 Budget Form: Administrative/Indirect Costs – All Projects

Directions: This form is optional for applicants for all project types. Administrative costs are costs of overall program management, coordination, reporting and evaluation of the project, not costs of delivering housing or services to participants, which must be budgeted on the applicable project budget forms. Administrative costs are limited to 10% of the total funding amount requested. Applicants may request eligible project administrative costs in accordance with 24 CFR 578.59.

Applicants may also request indirect costs in accordance with 2 CFR Part 200 and must provide documentation of a federally negotiated indirect cost rate agreement (NICRA) or indicate use of the 15 percent de minimis rate, as applicable. Costs charged as indirect costs may not also be charged as direct project administrative costs.

Eligible Admin Costs	Quantity and Description	Amount Requested
Training		\$
Travel		\$
Supplies		\$
Other (program management, coordination, reporting, project evaluation)		\$
Indirect Costs		\$
Total Request for Grant Term:		\$



U.S. Department of Housing and Urban Development
FY26 Continuum of Care Competition
Okaloosa Walton Homeless CoC Request for Local Applications
Budget Form: Match Budget – All Projects

Directions: Applicants for all project types must complete the match budget. All funds must be matched at a rate of 25% through cash or in-kind contributions from sources other than the CoC Program grant in accordance with 24 CFR 578.73. Describe how your project will meet this requirement.

If your project will use income as part of the match, state the estimated amount and how it will be generated. In-kind services provided by a third party require a Memorandum of Understanding executed before the grant agreement.

Match Source	Cash or In-kind	Description	Amount/Value
			\$
			\$
Total Match (must be 25% of total funds requested):			\$



Directions: This form is optional for applicants for all project types.

The Violence Against Women Act (VAWA) protects survivors of domestic violence, dating violence, sexual assault, and stalking who live in federally funded housing. Every project funded through the CoC Program must follow two VAWA requirements, no matter who the project serves:

1. Emergency transfers – If a program participant becomes a survivor and no longer feels safe in their unit, the project must help them move quickly to a safe unit.
2. Confidentiality – The project must keep information about all survivors, including where they live, private and protected.

CoC Program funds can now be used to pay for the work these requirements involve. These costs should be included in the VAWA costs budget category. These costs are eligible for all project types, not only those applying for DV Bonus funds.

New projects may include VAWA costs in their application. Renewal projects may add VAWA costs by expending their project or shifting up to 10% of funds from another eligible activity into the VAWA cost line item.

Eligible VAWA Costs	Quantity and Description	Amount Requested
Moving Costs		\$
Travel Costs		\$
Security Deposits		\$
Utilities		\$
Housing Fees		\$
Case Management		\$
Housing Navigation		\$
Safety Technology		\$
Confidentiality Requirements		\$
Total Request for Grant Term:		\$



Directions: This form should be completed by applicants requesting Permanent Housing Projects (Permanent Supportive Housing or Rapid Rehousing). RRH projects may request tenant-based rental assistance (TRA) only. PSH projects may request project-based rental assistance (PRA), sponsor-based rental assistance (SRA), or tenant-based rental assistance (TRA).

Do not complete this form if your PSH project will use leasing and operating costs instead of rental assistance for PSH units.

Type of rental assistance (select one):

- PRA – project-based rental assistance
- SRA – sponsor-based rental assistance
- TRA – tenant-based rental assistance

Note: If your project will utilize more than one type of rental assistance, create a separate detail budget section for each rental assistance type.

Review Fair Market Rent rules:

- New project applications must request the full published FR amount per unit, in accordance with 24 CFR 578.51(f).
- Renewal project applicants may request a per-unit amount less than the published FMR if the actual rent per unit under lease is lower, but must ensure the amount requested is sufficient to cover all eligible costs.

Fair Market Rent can be calculated here:

www.huduser.gov/portal/datasets/fmr/fmrs/FY2026_code/select_Geography.odn

Unit Size	# of units	xFMR	x12 months	Total request
Single Room Occupancy		\$		\$
0 bedrooms		\$		\$
1 bedroom		\$		\$
2 bedrooms		\$		\$
3 bedrooms		\$		\$
4 bedrooms		\$		\$
Total request for grant term:				\$



Directions: This form should be completed by applicants requesting Transitional Housing and Permanent Supportive Housing projects that will lease an entire structure or individual units directly from a property owner. The master lease is held by the project applicant organization and occupancy agreements are signed with each participant. Transitional Housing participants do not hold their own lease directly with the property owner.

Do not complete this form for RRH or SSO projects.

For each leased structure multiply the monthly leasing cost by 12 to estimate the total request for each specific leased structure annually. Complete one row for each structure.

Property Name + Full Address	Monthly Leasing Cost	x12 months	Total request
			\$
			\$
			\$
			\$
			\$
			\$
Total Request for Grant Term:			\$



Directions: This form should be completed by applicants requesting Transitional Housing and Permanent Supportive Housing operating costs for housing units or facilities the project owns or leases.

Do not complete this form for RRH or SSO projects.

The operating costs listed below are based on the eligible operating costs described in 24 CFR 578.55 and are associated with the daily operation of housing units and facilities. PSH projects may only include operating costs in this section if they are not requesting rental assistance for the same units.

Eligible Operating Cost	Quantity and Description	Amount Requested
Maintenance and Repair		\$
Property Taxes and Insurance		\$
Building Security		\$
Electricity, Gas, and Water		\$
Furniture		\$
Equipment		\$
Total Request for Grant Term:		\$