

FY 2025 HUD NOFO Local Competition Supplemental Documentation Instructions & Cover Letter

Organizations applying for the 2025 HUD Notice of Funding Opportunity (NOFO) Local Competition grant opportunities must submit a complete project application and supporting documentation. Please complete the project application in e-Snaps (when available). **Do not submit**. Download a PDF copy of the draft completed project application and submit with the individually labeled supplemental documents via zip file *to*:

infoCoC@guilfordcountync.gov no later than 12:00pm on Monday, December 8, 2025.

All completed applications received by this deadline will be reviewed. Late and incomplete applications will not be accepted.

The following supporting documentation must accompany your completed project application and submitted to the Collaborative Applicant:

- 1. Agency Cover Page (See -2025 Local NOFO Competition Cover Letter per project type)
- 2. Supplemental Questions (See- 2025 HUD NOFO Local Competition New and Renewal Supplemental Questions)
- 3. Agency Documentation (Please individually label each)
 - a. Organizational/Administrative Information
 - i. Copy of Non-Profit 501 (c) (3) status documentation (if applicable)
 - ii. Copy of current compliance SAM registration (Evidence must not show debarment, suspension, ineligibility/exclusion)
 - iii. Current list of Organizational Staff, including positions
 - iv. Current Board of Directors Roster
 - b. Policies & Procedures
 - i. All Current/Proposed Operating Program Policies/Procedures
 - ii. Code of Conduct (as adopted and/or on file with HUD)
 - iii. Accounting Procedures for the Organization
 - iv. Conflict of Interest Policy (as applicable)
 - c. Training Participation
 - i. Listing of staff participation in annual trainings on Trauma Informed Care, Fair Housing, Mainstream Benefits, Domestic Violence, Dating Violence, Sexual Assault, Stalking and other topics of relevance to CoC work and policies, including course name, dates of training, name of presenting organization, and names and titles of participants.
 - d. Financial Reports

- i. Current fiscal year agency operating budget
- ii. Copy of detailed project budget
- iii. Most recent IRS 990, as submitted to the IRS.
- iv. Most recent audit report and auditor's management letter (If the agency has not had an audit, please submit a copy of annual financial statements, including a profit and loss statement, from the last fiscal year.)
- v. Copy of most recent eLOCCS drawdown (Renewals only)

4. HUD Grant Performance Reports & Data Sharing (RENEWALS ONLY)

- a. Annual Performance Report (APR), most recent
- b. HUD Data Quality Report or Comparable database report

Deadline for Submission: Submit in a zip file with each document individually labeled no later than 12:00 PM on Monday, December 8, 2025, via email to infoCoC@guilfordcountync.gov

How to Obtain Further Information

Please direct all inquiries concerning this Local HUD NOFO Competition to:

Cheri Neal

Guilford County Department of Health & Human Services CoC Program Manager/Collaborative Applicant of NC-504

Email: infoCoC@guilfordcountync.gov

Phone: (336) 641-7196

The Local Guilford County CoC grant process, timeline, and application details are available as part of the NOFO Competition packet and on the Guilford County CoC website at https://www.guil-fordcountync.gov/government/countywide-programs-and-initiatives/continuum-care/grants The Collaborative Applicant is acting on the behalf of the Guilford County CoC and the Systems Performance Evaluation Committee who reserve the right to publish additional information in response to HUD updates and publications.



2025 HUD NOFO Local Competition Cover Letter

Date:	
Agency Name:	
Nature of Project:	
Renewal Project New Project	
Project Type:	
Permanent Supportive Housing (PH-PSH)	
Rapid Rehousing (PH-RRH)	
Transitional Housing (TH)	
Renewal Only Joint Transition Housing-Permanent Housing –Rap	id Rehousing (Joint TH-PH-
RRH) Project"	
Supportive Services Only (Including: Coordinated Entry, Street Outr Homeless Management Information System (HMIS)	each and Standalone)
Project Name:	
Proposed Funding Amount:	_
Name and Contact Information of Agency Contact Person:	
Name and Contact Information of the Person Responsible for Preparing	the Application in e-Snaps:
(Agency Name) and	(Date), We
agree to abide by the NC 504 Continuum of Care Governance Charter and	
by attending at least 75% of the CoC membership meetings and actively p	articipating in CoC commit-
tees, participating in Coordinated Entry (CE) and the established CE Policie	es and Procedures, and partici-

pating in the Homeless Management Information System(HMIS) if awarded funding.