

Leveraging Housing and Healthcare Resources Requirements

Points for Housing and Healthcare Leverage are available for agencies that apply for at least one **new** Transitional Housing project that utilizes housing and healthcare resources not funded through the CoC or ESG Programs.

Examples of housing and healthcare resources include those provided by:

- Private organizations
- State or local government sources
- Public housing agencies
- Faith-based organizations

Housing Leverage

The Agency must demonstrate that:

- In the case of housing subsidies for TH projects, the leveraged resources provide at least 25 percent of the units included in the project.

The Agency must provide letters of commitment, contracts, or other formal documents that demonstrate the commitment.

Your Housing Leveraging Commitment attachment must include:

1. Project name
2. Source of commitment which could be:
 - a. Private organizations;
 - b. State or local government, including using HOME funding provided through the American Rescue Plan;
 - c. Public Housing Agencies, including using a set aside or limited preference;
 - d. Faith-based organizations; and
 - e. Federal programs other than the CoC or ESG Programs.
3. Number of housing units for a new TH proposed project which are not funded through the CoC Program or ESG Program.
 - a. For these new projects, the number of units must be at least 25 percent of the total units to be served for full points.
4. Date the units will be available for program participants consistent with the New Project's period of performance.

Healthcare Leverage

The Agency must demonstrate that:

- In the case of an organization that provides substance use disorder treatment or recovery services, the leveraged resource provides access to all participants who qualify for those services; or
- In the case of healthcare or behavioral health resources, the value of assistance being provided is at least an amount that is equivalent to 25 percent of the funding being requested by the project.

The agency must provide letters of commitment, contracts, or other formal documents that demonstrate that commitment.

1. For **healthcare organizations**, to demonstrate leverage you must provide a written commitment that documents:
 - a. the new TH project name;
 - b. the value of the commitment of healthcare resources being provided is 25 percent of the funding being requested for the new project(s) to receive full points—we may award partial points for responses that demonstrate less than the thresholds described;
 - c. the dates the healthcare resources will be provided consistent with the New Project's period of performance; and
 - d. a statement that project eligibility for program participants in the new project will be based on CoC Program fair housing requirements and will not be restricted by the health care service provider.
2. For **substance abuse treatment or recovery providers**, to demonstrate leverage you must provide a written commitment that documents:
 - a. the new TH project name;
 - b. the value of substance abuse or recovery resource being provided is 25 percent of the funding being requested for the new project to receive full points—we may award partial points for responses that demonstrate less than the thresholds described; or
 - c. the value of providing access to substance abuse or recovery resource for all program participants in the new project who qualify and choose those services;
 - d. the dates the substance abuse or recovery resource will be provided consistent with the New Project's period of performance; and
 - e. a statement that project eligibility for program participants in the new project will be based on CoC Program fair housing requirements and will not be restricted by the health care service provider.
3. The healthcare resource commitment must be for healthcare-related services that will be provided to program participants in the housing portion of the project.
4. For this question, healthcare includes treatment for physical health, mental health, and substance abuse.
5. Healthcare resources may include:
 - a. direct contributions from a public or private health insurance provider to at least one project;
 - b. provision of health care services by a private or public organization (including Federally Qualified Health Centers (FQHCs) and state or local health departments) tailored to the program participants of the project; and
 - c. direct partnerships with organizations that provide healthcare services to individuals and families (including FQHCs and state or local public health departments) experiencing homelessness who have HIV/AIDS.
6. In-kind resources must be valued at local rates consistent with the amount paid for services not supported by the proposed project.