2026 El Paso CoC Local Application

This application is used to evaluate Renewal, New, and Expansion project applications submitted through the FY 2026 El Paso Continuum of Care (CoC) Local Competition. The application is designed to support the local project review and ranking process while aligning with the FY 2026 HUD Continuum of Care Notice of Funding Opportunity (NOFO). This form does not save progress and must be completed in one sitting. Please have all requested information available before beginning your submission. **The form must be submitted no later than July 22nd at 5PM Mountain Time.**

* Required

Section A: Applicant Profile

Complete all applicable fields. This section is administrative only and is not scored. Unless otherwise noted, all applicants must complete this section.

1. Legal Organization Name *

2. Doing Business As (DBA), if applicable

3. Employer Identification Number (EIN) *

4. Unique Entity Identifier (UEI) *

5. SAM.gov Registration Expiration Date *

6. Organization Type *

7. IRS Tax Status *

8. State of Incorporation *

9. Year Established *

10. Organization Website *

11. Organization Physical Address *

12. Organization Mailing Address (if different)

13. Organization City, State, Zip Code *

14. Organization County *

15. Organization Congressional District *

16. Authorized Representative Name *

17. Authorized Representative Title *

18. Authorized Representative Telephone *

19. Authorized Representative Email *

20. Executive Director/Chief Executive Officer Name *

21. Executive Director/Chief Executive Officer Title *

22. Executive Director/Chief Executive Officer Telephone *

23. Executive Director/Chief Executive Officer Email *

24. Primary Project Contact Name *

25. Primary Project Contact Title *

26. Primary Project Contact Telephone *

27. Primary Project Contact Email *

28. Financial Contact Name *

29. Financial Contact Title *

30. Financial Contact Telephone *

31. Financial Contact Email *

32. e-snaps Contact Name *

33. e-snaps Contact Title *

34. e-snaps Contact Telephone *

35. e-snaps Contact Email *

36. Application Type *

- ◯ Renewal
- ◯ New Project
- ◯ Expansion

37. Project Component *

- ◯ PSH
- ◯ RRH
- ◯ TH
- ◯ Joint TH-RRH
- ◯ SSO

38. HUD Funding Requested *

39. Required Match *

40. Total Project Budget *

41. Grant Term *

42. Project Name *

43. Operating Agency (if different)

Section A Continued: Organization Profile

44. Mission Statement *

Maximum 1,500 Characters

Please enter at most 1500 characters

45. Number of Full-Time Employees *

46. Number of Part-Time Employees *

47. Number of Volunteers *

48. Annual Operating Budget *

49. Years Providing Homeless Services *

50. Accreditation/Licensure (if applicable)

51. Federal, State, and Local Funding Currently Administered, if applicable. *

- [ ] HUD CoC
- [ ] ESG
- [ ] HOME
- [ ] HOPWA
- [ ] HHSP
- [ ] Not Applicable
- [ ] Other

52. Grant Number(s)

If you selected multiple grants, please label each grant number accordingly

53. Award Amount(s)

If you selected multiple grants, please label each award amount accordingly

54. Grant Period(s)

If you selected multiple grants, please label each grant period accordingly

55. Purpose(s)

If you selected multiple grants, please label each purpose accordingly

56. **Applicant Certification** *

I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge. I understand that submission of false information may result in disqualification from the local competition or other actions permitted by law.

57. Authorized Representative Name *

58. Authorized Representative Title *

59. Authorized Representative Signature *

60. Date *

Section B: Project Profile

Complete all applicable fields. This section provides an overview of the proposed project and isused to understand the project be-fore the threshold review and scored sections. This section is not scored.

61. Project Name *

62. Project Component *

63. Project Type *

- ◯ Renewal
- ◯ New
- ◯ Expansion

64. Operating Agency *

65. Geographic Service Area *

66. Target Population *

67. Population to be Served (Households) *

68. Population to be Served (Persons) *

69. Requested CoC Funding Amount *

70. Required Match Amount *

71. Project Start Date (New Projects Only) *

72. **Target Population:** Individuals *

- ◯ Yes
- ◯ No

73. **Target Population:** Families *

- ◯ Yes
- ◯ No

74. **Target Population:** Youth *

- ◯ Yes
- ◯ No

75. **Target Population:** Veterans *

- ◯ Yes
- ◯ No

76. **Target Population:** Chronically Homeless *

- ◯ Yes
- ◯ No

77. **Target Population:** Domestic Violence Survivors *

- ◯ Yes
- ◯ No

78. **Target Population:** Persons with Disabilities *

- ◯ Yes
- ◯ No

79. **Target Population:** Persons Fleeing Domestic Violence *

- ◯ Yes
- ◯ No

80. **Target Population:** Victims of Sexual Assault and Human Trafficking *

- ◯ Yes
- ◯ No

81. **Target Population:** Others (Please Specify)

82. **Housing Configuration** (not applicable for Supportive Services): Site Type

- ◯ Site-Based
- ◯ Scattered Site
- ◯ Mixed

83. **Housing Configuration** (not applicable for Supportive Services): Number of Units

84. **Housing Configuration** (not applicable for Supportive Services): Number of Beds

85. **Housing Configuration** (not applicable for Supportive Services): Will the project lease, own, or master lease units?

- ◯ Lease
- ◯ Own
- ◯ Master

86. **Housing Configuration** (not applicable for Supportive Services): Project Address(es), if known.

87. **Housing Configuration** (not applicable for Supportive Services): Expected Average Length of Assistance.

88. **Project Summary:** Provide a high-level summary of the proposed project. Include the project purpose, target population, major activities, housing model (if applicable), and expected outcomes. This summary will provide reviewers with an overview of the project before evaluating the scored sections. Maximum of 2,000 characters. *

Please enter at most 2000 characters

89. **Community Need:** Describe the community need your project is intended to address and explain why the proposed project component is appropriate to meet that need. Maximum of 2,000 characters *

Please enter at most 2000 characters

Section C: Threshold Review

Complete all applicable threshold requirements. Threshold requirements are not scored. Failure to satisfy one or more threshold requirements may result in the application being determined ineligible or may require corrective action before the application advances to the scoring phase, at the discretion of the Collaborative Applicant.

90. Applicant is an eligible entity under the HUD CoC Program. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

91. If No, or Not Applicable, please provide an explanation.

92. Organization has an active UEI registration. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

93. If No, or Not Applicable, please provide an explanation.

94. Organization has an active SAM.gov registration. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

95. If No, or Not Applicable, please provide an explanation.

96. Organization is not suspended or debarred from doing business with the federal government. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

97. If No, or Not Applicable, please provide an explanation.

98. Organization agrees to comply with 24 CFR Part 578. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

99. If No, or Not Applicable, please provide an explanation.

100. Organization agrees to comply with 2 CFR Part 200. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

101. If No, or Not Applicable, please provide an explanation.

102. Organization complies with Fair Housing and Civil Rights requirements. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

103. If No, or Not Applicable, please provide an explanation.

104. Organization maintains required financial management systems. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

105. If No, or Not Applicable, please provide an explanation.

106. Project will participate in Coordinated Entry, if applicable. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

107. If No, or Not Applicable, please provide an explanation.

108. Project will participate in HMIS or a comparable database, if applicable. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

109. If No, or Not Applicable, please provide an explanation.

110. Project agrees to comply with all applicable Continuum of Case policies adopted by the CoC Board. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

111. If No, or Not Applicable, please provide an explanation.

112. Project agrees to comply with local Written Standards. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

113. If No, or Not Applicable, please provide an explanation.

114. Required project match has been secured. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

115. If No, or Not Applicable, please provide an explanation.

116. Most recent required audit has been completed. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

117. If No, or Not Applicable, please provide an explanation.

118. Organization has no unresolved audit findings that would prevent an award. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

119. If No, or Not Applicable, please provide an explanation.

120. Organization has no unresolved HUD monitoring findings that would prevent an award. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

121. If No, or Not Applicable, please provide an explanation.

122. Organization has the financial capacity to administer the proposed project in accordance with federal requirements. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

123. If No, or Not Applicable, please provide an explanation.

124. The applicant certifies that it has reviewed and agrees to the Certifications and Assurances contained in Section H of this application. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

125. If No, or Not Applicable, please provide an explanation.

126. Provide an explanation or identify any pending corrective action.

Section D: System Performance

Complete all questions in this section. The purpose of this section is to evaluate the proposed project's ability to improve system performance and participant outcomes consistent with the FY 2026 HUD Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).Responses should reflect the proposed project component (e.g., Permanent Supportive Housing, Rapid Rehousing, Transitional Housing, or Supportive Services Only). Applicants should describe only those activities, services, and outcomes that are applicable to the proposed project. Reviewers will evaluate responses based on the requirements and objectives of the proposed project component. Renewal applicants should describe actual project performance during the current or most recently completed grant period. New applicants should describe the proposed approach, anticipated outcomes, and how success will be measured. Expansion applicants should describe the performance of the existing project and explain how the proposed expansion is expected to improve project outcomes. (40 Points)

127. **D.1: Reduction in Length of Time Homeless** (10 Points): Describe how your project contributes to reducing the amount of time participants experience homelessness and supports timely movement into permanent housing, when applicable.
Renewal applicants should describe actual project performance and any improvements made during the current or most recently completed grant period.
New applicants should describe the proposed approach, anticipated outcomes, and how success will be measured.
Expansion applicants should describe the performance of the existing project and explain how the proposed expansion is expected to improve project outcomes.
Maximum Response: 4,000 characters *

Please enter at most 4000 characters

128. **D.2: Reduction in Returns to Homelessness** (10 Points): Describe how your project will promote long-term housing stability and reduce returns to homelessness after program exit. Include the supportive services, case management approach, landlord engagement(if applicable), follow-up strategies, and the methods that will be used to monitor and improve participant outcomes.
Renewal applicants should describe actual project performance and any improvements made during the current or most recently completed grant period.
New applicants should describe the proposed approach, anticipated outcomes, and how success will be measured.
Expansion applicants should describe the performance of the existing project and explain how the proposed expansion is expected to improve project outcomes.
Maximum Response: 4,000 characters *

Please enter at most 4000 characters

129. **D.3: Permanent Housing Exits** (10 Points): Describe how your project will maximize exits to permanent housing and achieve positive housing outcomes for participants. Include the measurable goals the project will establish, how staff will monitor participant progress, strategies to address barriers to permanent housing, and the methods that will be used to evaluate and improve project performance throughout the grant period.
Renewal applicants should describe actual project performance and any improvements made during the current or most recently completed grant period.
New applicants should describe the proposed approach, anticipated outcomes, and how success will be measured.
Expansion applicants should describe the performance of the existing project and explain how the proposed expansion is expected to improve project outcomes.
Maximum Response: 4,000 characters *

Please enter at most 4000 characters

130. **D.4: Income and Employment Growth** (10 Points): Describe how your project will assist participants in increasing earned income, accessing mainstream benefits, and improving employment outcomes while enrolled. Include employment and workforce development activities, partnerships with community providers, strategies for connecting participants to mainstream benefits, and the methods that will be used to monitor participant progress and improve outcomes. If services are provided through community partners, identify any formal agreements (e.g.,MOU, MOA, contract, or letter of commitment), if applicable. (For New Transitional Housing projects only: Also describe how the project will assess participant service needs and engage participants in at least 20 hours per week of individualized services, activities, and/or employment, consistent with the FY2026 HUD CoC NOFO (pp. 63–64).
Renewal applicants should describe actual project performance and any improvements made during the current or most recently completed grant period.
New applicants should describe the proposed approach, anticipated outcomes, and how success will be measured.
Expansion applicants should describe the performance of the existing project and explain how the proposed expansion is expected to improve project outcomes.
Maximum Response: 4,000 characters *

Please enter at most 4000 characters

Section E: HUD Priorities

Complete all questions in this section. The purpose of this section is to evaluate how the proposed project advances the priorities identified in the FY 2026 HUD Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).Responses should reflect the proposed project component (e.g., Permanent Supportive Housing, Rapid Rehousing, Transitional Housing, or Supportive Services Only). Applicants should describe only those activities, services, and outcomes that are applicable to the proposed project. Reviewers will evaluate responses based on the requirements and objectives of the proposed project component.Renewal applicants should describe actual project performance during the current or most recently completed grant period. New applicants should describe the proposed approach, anticipated outcomes, and how success will be measured. Expansion applicants should describe the performance of the existing project and explain how the proposed expansion will strengthen project outcomes. (30 Points)

131. **E.1: Recovery, Self-Sufficiency, and Participant Success** (10 Points): Describe how your project promotes participant recovery, increased independence as appropriate, long-term housing stability, and successful program completion. Include: Employment and workforce development; Education or vocational opportunities; Recovery and treatment support; Life skills development; Strategies that promote long-term independence
Renewal applicants should describe actual project performance and any improvements made during the current or most recently completed grant period.
New applicants should describe the proposed approach, anticipated outcomes, and how success will be measured.
Expansion applicants should describe the performance of the existing project and explain how the proposed expansion is expected to improve project outcomes.
Maximum Response: 4,000 characters *

Please enter at most 4000 characters

132. **E.2: Supportive Services** (9 Points): Describe how your project will provide supportive services that address participants' assessed needs and improve participant outcomes. Include: Types of services offered; How service needs are assessed; How participation expectations are determined; Coordination with community providers, including any formal agreements (e.g., MOU,MOA, contract, or letter of commitment), if applicable; Methods used to monitor and improve participant outcomes
Renewal applicants should describe actual project performance and any improvements made during the current or most recently completed grant period.
New applicants should describe the proposed approach, anticipated outcomes, and how success will be measured.
Expansion applicants should describe the performance of the existing project and explain how the proposed expansion is expected to improve project outcomes.
Maximum Response: 3,000 characters *

Please enter at most 3000 characters

133. **E.3: Community Collaboration** (6 Points): Describe how the project coordinates with community partners. Include: Behavioral health providers; Healthcare providers; Workforce and employment agencies; Educational institutions; Law enforcement, where appropriate; Other community partners
Renewal applicants should describe actual project performance and any improvements made during the current or most recently completed grant period.
New applicants should describe the proposed approach, anticipated outcomes, and how success will be measured.
Expansion applicants should describe the performance of the existing project and explain how the proposed expansion is expected to improve project outcomes.
Maximum Response: 4,000 characters *

Please enter at most 4000 characters

134. **E.4: Project Alignment with FY 2026 HUD Priorities** (5 Points): Describe how your project advances the goals and priorities identified in the FY 2026 HUD Continuum of Care Notice of Funding Opportunity .Include: How the project responds to current federal priorities; How the project strengthens the local homeless response system; How the project advances participant recovery, self-sufficiency, and long-term housing stability; Innovative practices or improvements incorporated into the project
Renewal applicants should describe actual project performance and any improvements made during the current or most recently completed grant period.
New applicants should describe the proposed approach, anticipated outcomes, and how success will be measured.
Expansion applicants should describe the performance of the existing project and explain how the proposed expansion is expected to improve project outcomes.
Maximum Response: 4,000 characters *

Please enter at most 4000 characters

Section F: Project Performance

Complete all questions in this section. The purpose of this section is to evaluate the proposed project's budget, performance goals, organizational capacity, and ability to successfully administer HUD Continuum of Care (CoC) funding. Responses provided in this section will be scored using the points assigned below. Responses should reflect the proposed project component (e.g., Permanent Supportive Housing, Rapid Rehousing, Transitional Housing, or Supportive Services Only). Proposed budgets, performance goals, staffing, and organizational capacity should be appropriate for the proposed project. Reviewers will evaluate responses based on the requirements and objectives of the proposed project component. Renewal applicants should describe actual project performance and organizational capacity during the current or most recently completed grant period. New applicants should describe the proposed project budget, organizational capacity, performance goals, and implementation plan. Expansion applicants should describe the performance and capacity of the existing project and explain how the proposed expansion will be supported. (30 Points)

135. **F.1: Cost Effectiveness:** Rental Assistance HUD Request ($)

136. **F.1: Cost Effectiveness:** Leasing HUD Request ($)

137. **F.1: Cost Effectiveness:** Supportive Services HUD Request ($)

138. **F.1: Cost Effectiveness:** Operating HUD Request ($)

139. **F.1: Cost Effectiveness:** HMIS HUD Request ($)

140. **F.1: Cost Effectiveness:** Administration HUD Request ($)

141. **F.1: Cost Effectiveness:** Others (if eligible) HUD Request ($)

142. **F.1: Cost Effectiveness:** Others (if eligible). Please also specify and provide and explanation of the items (if applicable). Maximum Response: 3,000 characters

Please enter at most 3000 characters

143. **F.1: Cost Effectiveness:** Describe how your organization's proposed budget was developed and why the costs are reasonable. Maximum Response: 3,000 characters *

Please enter at most 3000 characters

144. **F.1: Cost Effectiveness:** Specify all Match Source(s), Type (Cash or In-Kind), Amount ($), and whether or not it is committed (Yes it is committed or No it is not committed). *

145. **F.1: Cost Effectiveness:** List each source of match that will support the proposed project. Indicate whether the match is provided as cash or in-kind, the amount committed, and whether the commitment has been secured. Supporting documentation for each match source (e.g., signed match commitment letters, Memoranda of Understanding (MOUs), or other acceptable documentation) must be submitted as part of the application. Maximum response 3,000 characters *

Please enter at most 3000 characters

146. **F.2 Utilization Rate:** (10 Points for all goals) Proposed annual Households Served goal. *

147. **F.2 Utilization Rate:** (10 Points for all goals) Proposed annual Individuals Served goal. *

148. **F.2 Utilization Rate:** (10 Points for all goals) Proposed annual Participants exiting to permanent housing, if applicable. *

149. **F.2 Utilization Rate:** (10 Points for all goals) Proposed annual Average length of stay, if applicable. *

150. **F.2 Utilization Rate:** (10 Points for all goals) Proposed annual Participants increasing earned income. *

151. **F.2 Utilization Rate:** (10 Points for all goals) Proposed annual Participants increasing non-employment income or benefits. *

152. **F.2 Utilization Rate:** (10 Points for all goals) Proposed annual Participants connected to treatment/recovery support if applicable. *

153. **F.2 Utilization Rate:** (10 Points for all goals) Proposed annual Participants connected to employment/workforce services, if applicable. *

154. **F.2 Utilization Rate:** (10 Points for all goals) Proposed annual Average utilization target, if housing project. *

155. **F.2 Utilization Rate:** (10 Points for all goals) Other proposed annual project-specific goals. *

156. **F.2 Utilization Rate:** (10 Points for all goals) If other project-specific goals were included above, please provide an explanation of the items below. (Maximum response 3,000 characters.) *

Please enter at most 3000 characters

157. **F.3 Organizational Capacity, Grant Management, and Data Reporting:** (10 Points) Provide responses to the questions below to demonstrate your organization's capacity to provide the proposed services and collect/report accurate data related to the program's overall performance. Describe your organization's readiness to successfully implement the proposed project. Include your anticipated project start-up timeline, staffing capacity, grant management experience, invoicing, documentation, financial oversight, reporting, monitoring, and internal controls. (Maximum response 4,000 characters.) *

Please enter at most 4000 characters

158. **F.3 Organizational Capacity, Grant Management, and Data Reporting:** Data System Participation *

- ◯ Organization currently participates in HMIS
- ◯ Organization will participate in HMIS if funded
- ◯ Organization is a victim service provider and will use a comparable database
- ◯ Unsure

159. **F.3 Organizational Capacity, Grant Management, and Data Reporting:** Describe your organization's experience collecting, managing, and reporting client-level data, including HMIS or a comparable database, and the processes used to ensure accurate, complete, and timely data reporting. Maximum response 4,000 characters *

Please enter at most 4000 characters

Section G: Required Attachments

Applicants must submit the attachments identified below. Only submit attachments applicable to the proposed project. The Collaborative Applicant reserves the right to request additional documentation as needed to determine eligibility or verify information provided in the application.

160. **By signing below, I certify and agree that I will abide by the following terms: Document Submission:** I certify that I will provide all necessary and required supporting documentation within 24 hours of submitting this application via the document upload link provided here and in the Local NOFO. **Deadline Acknowledgment:** I explicitly acknowledge and understand that the final, absolute deadline to submit all required documents is **July 22 by 5:00 PM**. Failure to submit the required documents by this deadline will result in my application being removed from the scoring and ranking process. *

Section H: Certifications and Assurances

The Authorized Representative must review each certification below and sign the Certification and Assurances page. By signing this document, the applicant certifies that all statements are true and acknowledges that the Collaborative Applicant may verify the information submitted

161. **Certification of Accuracy:** The applicant certifies that all information submitted as part of the FY 2026 Local Continuum of Care Competition Application is true, complete, and accurate to the best of its knowledge. *

☐ I certify compliance.

162. **Certification of Authority:** The individual signing this application is authorized to legally bind the applicant organization. *

☐ I certify compliance.

163. **Certification with Federal, State, and Local Requirements:** The applicant agrees to comply with all applicable federal, state, local, and Continuum of Care requirements if awarded funding. *

☐ I certify compliance.

164. **Conflict of Interest:** The applicant certifies compliance with applicable conflict of interest requirements and agrees to disclose any actual or potential conflicts. *

☐ I certify compliance.

165. **Debarment and Suspension:** The applicant certifies that neither the organization nor its principals are suspended or debarred from participating in federally funded programs. *

☐ I certify compliance.

166. **Lobbying:** The applicant certifies compliance with applicable federal lobbying requirements and disclosure provisions. *

☐ I certify compliance.

167. **Drug-Free Workplace:** The applicant certifies compliance with the Drug-Free Workplace Act, where applicable. *

☐ I certify compliance.

168. **Nondiscrimination and Equal Opportunity:** The applicant certifies compliance with applicable civil rights, fair housing, accessibility, and nondiscrimination requirements. *

- [ ] I certify compliance.

169. **HMIS and Coordinated Entry:** The applicant agrees to participate in HMIS or a comparable database, when applicable, and to comply with Coordinated Entry requirements established by the Continuum of Care. *

- [ ] I certify compliance.

170. **Match Requirement:** The applicant certifies that the required match will be available and maintained throughout the grant period. *

- [ ] I certify compliance.

171. **Financial Management:** The applicant certifies that it maintains financial management systems that comply with applicable federal requirements. *

- [ ] I certify compliance.

172. **Record Retention:** The applicant agrees to maintain all required records and make them available for monitoring, audit, or review. *

- [ ] I certify compliance.

173. **Local Competition Certification:** The applicant understands that the Collaborative Applicant and the Funding Committee may verify any information submitted. Knowingly providing false or misleading information may result in the application being determined ineligible or removed from consideration. *

- [ ] I certify compliance.

174. Organization *

175. Authorized Representative *

176. Authorized Representative Title *

177. Authorized Representative Signature *

178. Date *

179. Authorized Representative Telephone *

180. Authorized Representative Email *

Renewal Project Information

Applicants are responsible for selecting the correct application type. Renewal projects must be listed on the FY 2026 HUD Grant Inventory Worksheet (GIW). If there is uncertainty regarding project type, applicants should contact the Collaborative Applicant in writing before submitting the application.

181. Existing HUD Grant Number *

182. Current Grant Amount *

183. Grant Start Date *

184. Grant End Date *

185. Current Numbers of Units *

186. Current Number of Beds *

187. Has the project operated continously? *

- ◯ Yes
- ◯ No

188. If no, please explain.

New Project Information

189. Proposed Number of Units *

190. Proposed Number of Beds *

191. Proposed Start Date *

192. Has the organization previously administered a HUD CoC grant? *

- ◯ Yes
- ◯ No

193. If yes, please identify grant(s).