



**Monmouth County Homeless System Collaborative  
HUD Continuum of Care Program  
2020 Renewal Project Application**

**Project Name:** \_\_\_\_\_  
**Project Grantee:** \_\_\_\_\_  
**Project Sponsor:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**Type of Funding** (double click the appropriate box and select "checked"):

- Permanent Supportive Housing    Rapid Re-Housing    Transitional Housing    RRH/TH  
 Coordinated Assessment

**Total Project Cost:** \_\_\_\_\_ \$  
**Total HUD CoC Request:** \_\_\_\_\_ \$  
**Number of unduplicated people to be served by project:** \_\_\_\_\_  
**Population to be served:** \_\_\_\_\_  
**Project location address:** \_\_\_\_\_  
**Expiring Grant Number:** \_\_\_\_\_ **Program Operating Year:** \_\_\_\_\_  
**Date of most recent APR Submission:** \_\_\_\_\_

**Project Description:** Briefly describe the activity for which you are requesting funds. If there are any changes to your program please explain.

1. Please describe the program's target population. If your project prioritizes those within the target population based on severity of need please identify the criteria used and discuss how severity of need is assessed.

The following charts will provide information about beds for the chronically homeless population. Please see the HUD Exchange FAQs for more information on the difference between dedicated and prioritized beds or follow this link:

<https://www.hudexchange.info/faqs/1888/what-is-the-difference-between-a-dedicated-permanent/>

2. Please identify the total number of beds available in your project		
Household Type	Units	Beds
Individuals		
Families		

3. Please identify the total number of beds currently dedicated to the chronically homeless population		
Household Type	Units	Beds
Individuals		
Families		

4. Of the beds not currently dedicated to the chronically homeless, please identify the number of beds that will become <b>dedicated</b> to the chronically homeless at turnover		
Household Type	Units	Beds
Individuals		
Families		

5. Of the beds not currently dedicated to the chronically homeless, please identify the number of beds that will be <b>prioritized</b> to the chronically homeless at turnover		
Household Type	Units	Beds
Individuals		
Families		

6. Will the project follow a Housing First model? If yes, please describe in what ways the project is housing first.

7. Program Accessibility:

Please identify if any of the criteria below would make a potential participant ineligible for your program. (answer y/n for each option below)	
Having too little or no income	
Active substance abuse or history of substance abuse	
Criminal record with exceptions for state-mandated restrictions	
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	

Please identify if any of the criteria below would be cause for termination from your program. (answer y/n for each option below)	
Failure to participate in supportive services	
Failure to make progress on a service plan	

Loss of income or failure to improve income	
Being a victim of domestic violence	
Any other activity not covered in a lease agreement typically found in the project's geographic area	

8. Please identify any significant changes in the project.
9. Has your project been monitored by HUD in the last 3 years? If yes, please discuss any open/unresolved monitoring findings.

10. Please identify the amount of unspent program funds that have been returned to HUD in the last 3 years.

Program Operating Year	Total Amount of Funding Awarded	Unspent Funds Returned to HUD

11. Please describe the services currently available to program participants. Within your description indicate if services are provided by grantee or partner agency, types of services provided, frequency of services and accessibility of services.
12. Please describe your capacity to serve the chronically homeless population. If your project has beds that are not currently dedicated to the chronically homeless, please describe your ability to serve additional chronically homeless households. Identify how your current service structure enables you to effectively serve a high needs population.
13. For each of the following areas of system performance please identify if/how you evaluate data in the identified areas, and what strategies your program implements to improve outcomes in the identified area:
  - a. Reduction in the length of time people remain homeless
  - b. Reduction in returns to homelessness for those exiting the system
  - c. Connecting participants to employment and/or mainstream benefits
  - d. Assisting participants in increasing income from employment and/or benefits
  - e. Increase rate of placement in permanent housing
  - f. Increase stability in permanent housing
  - g. Improve outreach efforts
14. Please provide a copy of your most recent close-out certification
15. Please provide a copy of your most recently completed audit and 990

## Project Budget

The project Budget should reflect the full HUD request, any cash match requirements and the total project leveraging

<b>Component Type</b> (please double click appropriate box and select checked) <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input type="checkbox"/> RRH/TH <input type="checkbox"/> SSO <input type="checkbox"/> HMIS		<b>Grant Term</b> (please double click appropriate box and select checked) <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 15 yrs		
Proposed CoC Activities	CoC Dollars Requested	HUD Match	Other Cash/in-Kind Match or Leveraging	Total Project Budget
<b>1. Real Property Leasing</b>				
<b>2. Rental Assistance</b>				
<b>3. Supportive Services</b> From Supportive Services Budget Chart				
<b>4. Operations</b> From Operating Budget Chart				
<b>5. HMIS</b>				
<b>6. Subtotal</b> (lines 4 through 9)				
<b>7. Administrative Costs</b> (Up to 7% of line 10)				
<b>8. Total CoC Request</b> (Total lines 10 and 11)				

### Definitions:

HMIS	Homeless Management Information System
PSH	Permanent Supportive Housing
RRH	Rapid Re-housing
SSO	Supportive Services Only
TH	Transitional Housing

Please note there is a 25% match requirement based on the total HUD request minus any Leasing funds. The 25% match may be fulfilled in any of the above line items and does not have to correspond to the specific category in which HUD funds are requested.

## Supportive Services Budget

Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs (		
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

## Operating Budget

Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

## Rental Assistance/Leasing Budget

<b>b. Component Types (Check only one box)</b> <input type="checkbox"/> TRA <input type="checkbox"/> SRA <input type="checkbox"/> PRA <input type="checkbox"/> Leasing <input type="checkbox"/> Short-term Rental Assistance (1 – 3 months) <input type="checkbox"/> Medium-term Rental Assistance (3 – 24 months)	<b>c. Grant Term (Check only one box)</b>  <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 15 yrs
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Size of Units	Number Of Units	FMR or Actual Rent	Number of Months	Total
SRO	x	x	=	\$
0 Bedroom	x	x	=	\$
1 Bedroom	x	x	=	\$
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other: _____	x	x	=	\$
<b>i. Totals:</b>	x	x	=	\$

The current FMR is listed below:

SRO	\$ 699
0 Bedroom	\$ 1,088
1 Bedroom	\$ 1,270
2 Bedrooms	\$ 1,639
3 Bedrooms	\$ 2,251
4 Bedrooms	\$ 2,523