



**Monmouth County Homeless System Collaborative
 HUD Continuum of Care Program
 2015 New Project Application**

Agency & Project Information

Applicant Name	
Sponsor Name	
Project Name	
Project Location (physical location of the project, if scattered site write "scattered site")	
HUD Component Type (PH, PSH, TH, SSO)	
Total HUD request	

Contact Information

Agency representative completing application	
Job Title	
Email Address	
Mailing Address	
Telephone Number	
Agency representative authorized to sign grant documents	
Job Title	
Email Address	
Telephone Number	

Certification: *The undersigned certifies that to the best of his or her knowledge and belief, data in this application and its attachments are true and correct, the document has been duly authorized by the governing body of the organization, and the organization will comply with all regulations and guidelines applicable to Monmouth County's Continuum of Care program. The applicant agrees that this application is a public document and is subject to the Freedom of Information Act.*

Printed Name: _____ **Title:** _____

Authorized Signature: _____ **Date:** _____

A. Program Description/Impact

Please provide a narrative of no more than 2 pages describing your proposed project. The narrative should include the following information:

- Program purpose
- Population serving and need (including how you will outreach for participants)
- Program goals (short term and long term)
- How does your program fill an unmet need in the area (please include the source of your information on the specific unmet need)

B. Agency Experience

Please provide a narrative of no more than 2 pages describing the experience of the applicant agency as well as any partner agencies in administering a similar program type or other HUD funded program. The narrative should include:

- Experience of agencies working with HUD and completing necessary reporting requirements
- Ability of agencies to enter information into HMIS
- Capacity of agencies to administer funds and provide designated services to clients

C. Services and Community Coordination

Services Directly Provided - check the box for all services provided to clients by your agency:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Counseling/Advocacy	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Medical/Dental Services	<input type="checkbox"/>	Law Enforcement Services
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Life Skills Training	<input type="checkbox"/>	Substance Abuse Counseling/Treatment
<input type="checkbox"/>	Mental Health Counseling/Treatment	<input type="checkbox"/>	HIV/AIDS Support	<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Housing Location/Placement	<input type="checkbox"/>	Benefits Assistance
<input type="checkbox"/>	Soup Kitchen/Food	<input type="checkbox"/>	Prescription Assistance	<input type="checkbox"/>	Mortgage Assistance
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

Services Not Directly Provided – Please check the box for all services provided to program participants by partner agencies:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Counseling/Advocacy	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Medical/Dental Services	<input type="checkbox"/>	Law Enforcement Services
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Life Skills Training	<input type="checkbox"/>	Substance Abuse Counseling/Treatment
<input type="checkbox"/>	Mental Health Counseling/Treatment	<input type="checkbox"/>	HIV/AIDS Support	<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Housing Location/Placement	<input type="checkbox"/>	Benefits Assistance
<input type="checkbox"/>	Soup Kitchen/Food	<input type="checkbox"/>	Prescription Assistance	<input type="checkbox"/>	Mortgage Assistance
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

Please provide a narrative of no more than 2 pages describing how services are provided to program participants and in coordination with partner agencies. Narrative should include:

- Description of level of interagency involvement with other community agencies. List should indicate level of partnership (formal agreement, informal agreement, referral agency)
- Description of how participants are connected with partner agencies
- Frequency of services
- Process for developing/revising service plan
- Describe how services are coordinated
- Describe level of CoC and homeless planning attendance and participation of both applicant agency as well as partner agencies
- Explain the process the agency follows when a person is referred that is ineligible for the program

D. Staff Training and Continuing Education

Please provide a narrative of no more than 1 page describing staff capacity and ability to provide the services for the proposed project. Narratives should include:

- Level of staff training
- Information on the continuing education of the staff to ensure ability to adequately serve clients

E. Project Leveraging

Please provide a short narrative describing how your project is leveraging other resources to support the program. Please be specific in identifying the funding sources leveraged and how those resources are used in the program.

Complete the chart below identifying the type of resources available to the project and their value.

A. Type of Contribution	B. Source of Contribution	C. Value of Commitment
<i>Example: Child Care</i>	<i>Agency Name</i>	<i>\$10,000</i>
	Total:	

F. Project Budget

The project Budget should reflect the full HUD request, any cash match requirements and the total project leveraging (column C. other funding sources should match the leveraging chart in Section E.)

d. Proposed HUD Activities	A. HUD Request	B. Cash Match	C. Other funding sources	D. Total Budget (A + B + C)
1. Acquisition				
2. Rehabilitation				
3. New Construction				
4. Subtotal (Lines 1 through 3)				
5. Real Property Leasing				
6. Rental Assistance				
7. Supportive Services				
8. Operations				
9. Subtotal (Subtotal lines 4 through 8)				
10. Administrative Costs (Up to 7% of line 9)				
11. Total Program Budget (Total lines 9 and 10)				

Rental Assistance/Leasing Budget Details

Type of Housing Assistance:

Leasing Tenant Based Rental Assistance Sponsor Based Rental Assistance

Project Based Rental Assistance

Rental Assistance/Leasing Budget				
Size of Unit	Number of Units	FMR	Number of Months	Total
SRO	X	X	=	\$
0 Bedroom	X	X	=	\$
1 Bedroom	X	X	=	\$
2 Bedroom	X	X	=	\$
3 Bedroom	X	X	=	\$
4 Bedroom	X	X	=	\$
5 Bedroom	X	X	=	\$
6 Bedroom	X	X	=	\$
Other:	X	X	=	\$
Totals				\$