



**Monmouth County Homeless System Collaborative  
HUD Continuum of Care Program  
2015 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    Supportive Services Only

**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.

The following information will be pulled from the Homeless Management Information System for the 2014 calendar year:

1. HMIS Data quality
2. Program utilization rates
3. Exits to permanent housing
4. Stability in permanent housing
5. Participant residence prior to program entry
6. Participant destination at program exit
7. Discharge reason
8. Participant connect to employment income at program exit
9. Participant connection to mainstream benefits

#### Program Compliance

1. Please provide a listing of the eligibility documentation present in client files
2. Please provide a copy of the screen shot from e-snaps showing the most recent APR submitted
3. For housing programs (temporary & permanent) please provide the following information:
  - a. How often are units inspected
  - b. Who completes the inspections
  - c. What type of documentation is on file regarding inspections
  - d. Are copies of inspection documentation available for review by the CoC Review Committee
4. Please describe how you have met your service match requirement in the most recent operating year completed
5. Please identify any significant changes in the project
6. Please describe how homeless and/or formerly homeless individuals are involved in program or agency decision making bodies

#### Program Utilization information

- How many vacancies did your program have within the last year? (housing programs only)
- How many vacancies did your program have within the last 3 years? (housing programs only)
- What is the average length of time for vacancies occurring within the last year? (length of vacancy in months)
- What was the average monthly rate of unspent funds during vacancy periods
- Please provide a copy of the last operating year close out documentation sent by HUD.
- For programs with service funding, please provide the average service cost per client.
- For programs with operating funding, please provide the average operating cost per unit.

#### Budget Information

- Please describe your internal accounting system to track program expenditures and drawdowns from LOCCS
- Please provide a copy of your program expenditure and LOCCS drawdown report from the most recently completed operating year and the current operating year to date.
- Please provide a copy of your most recent program closeout certification provided by HUD.
- Please provide a copy of the total project budget indicating the sources covering identified costs in budget format provided
- Please provide a copy of your agency's most recent audit and your 990

Leveraging Information

- What percent of your total project budget is drawn from leveraged funds?
- Please identify all cash leveraging. Indicate the source, amount and type of project activity those funds cover.
- Please identify all in-kind leveraging associated with the project. In-kind leveraging can refer to services provided by the agency or outside agencies with which agreements have been signed. Indicate the source, amount and type of project activity the in-kind services cover.

Leveraging type (in-kind/cash)	Source	Amount	Activity leveraging supports

Program Budget						
	HUD	Source 1:	Source 2:	Source 3:	Total Budget	% Leveraging
Rental Assistance						
Leasing						
Supportive Services						
Assessment of Service Needs						
Assistance with Moving Costs						
Case Management						
Child Care						
Education Services						
Employment Services						
Food						
Housing/Counseling Services						
Legal Services						
Life Skills						
Mental Health Services						
Outpatient Health Services						
Outreach Services						
Substance Abuse Treatment Services						
Transportation						
Utility Deposits						
Operating Costs						
Operating Budget						
Maintenance/Repair						
Property Taxes and Insurance						
Replacement Reserve						
Building Security						
Electricity, Gas, and Water						
Furniture						
Equipment (lease, buy)						
Administration						
Sub-Total						