Monmouth County Homeless System Collaborative
HUD Continuum of Care Program
2020 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 (PSH, RRH, RRH/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:

- Project Description
- Program purpose & goals
- Population to be served
  - Target population
  - If your project prioritizes those within the target population based on severity of need, please identify what criteria will be used and how severity of need will be assessed
  - Outreach & engagement strategy
- Project Accessibility
  - Describe screen-in and/or screen-out criteria for program participation
  - Describe termination criteria for your program
- How does your program fill an unmet need in the area (please include the source of your information on the specific unmet need)
- Describe impact based on gaps filled

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 or other federal/state funding and ability to administer program in compliance with funding source regulations
- Experience with and/or capacity to utilize HMIS
- Experience in serving the target population and/or providing the proposed service

C. Services and Community Coordination

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

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

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

	Rental Assistance		Utility Assistance		Housing Counseling
	Financial Management		Counseling/Advocacy		Legal Assistance
	Outreach		Medical/Dental Services		Law Enforcement Services

	Case Management		Life Skills Training		Substance Abuse Counseling/Treatment
	Mental Health Counseling/Treatment		HIV/AIDS Support		Education
	Employment		Childcare		Transportation
	Domestic Violence Services		Housing Location/Placement		Benefits Assistance
	Soup Kitchen/Food		Prescription Assistance		Mortgage Assistance
	Other				

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 service model used – include information on any best practices or evidence based practices to be used in the project
- Description of partner agencies – include services to be provided by partners, type of agreements in place with partners (formal, informal, general community resource/no agreements), and frequency/accessibility of service to be provided by partners
- Process for developing/revising service plan
- Describe how services are coordinated
- Describe level of CoC and subcommittee participation of both applicant agency as well as partner agencies
- Describe how your program will integrate with the Centralized Intake System and Housing Placement Agency once fully operational

D. Performance Standards

Please describe how your project will assist the Monmouth County CoC in improving performance in the following areas. Describe how you will evaluate your program performance and what strategies you will implement in order to meet the goals in the following areas:
- Reduce the length of time people remain homeless
- Reduce the returns to homelessness for those that exit the system
- Increase the number of participants connected to employment income and/or mainstream benefits
- Increase the number of participants who see an increase in income from employment or cash benefits
- Increase the number of persons placed in permanent housing
- Increase the number of persons remaining stable in permanent housing
- Improve outreach efforts to serve those most in need

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

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

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

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

<table>
<tr><th>b. Component Types (Check only one box)</th><th>c. Grant Term
(Check only one box)</th></tr>
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☐   ☐   ☐   ☐
TRA   SRA   PRA   Leasing
☐
Short-term Rental Assistance (1 – 3 months)
☐
Medium-term Rental Assistance (3 – 24 months)

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☐   ☐   ☐   ☐   ☐
1 yr   **2 yrs**   **3 yrs**   **5 yrs**   **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		=	$
i. Totals:		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