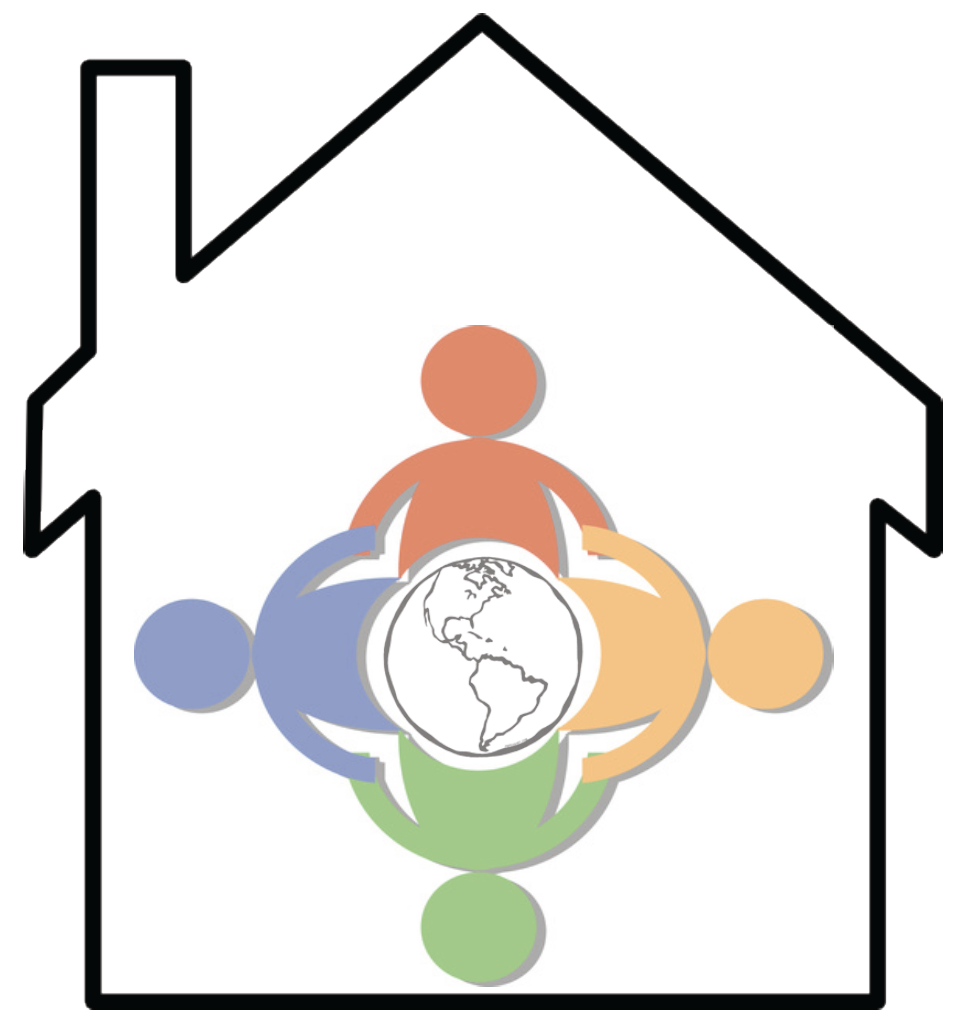
**Monmouth County Homeless System Collaborative**

**HUD Continuum of Care Program**

**2021 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** |  |  |  |  |
| 1. **Rehabilitation** |  |  |  |  |
| 1. **New Construction** |  |  |  |  |
| 1. **Subtotal**   **(Lines 1 through 3)** |  |  |  |  |
| 1. **Real Property Leasing** |  |  |  |  |
| 1. **Rental Assistance** |  |  |  |  |
| 1. **Supportive Services**   From Supportive Services Budget Chart |  |  |  |  |
| 1. **Operations**   From Operating Budget Chart |  |  |  |  |
| 1. **HMIS** |  |  |  |  |
| 1. **Subtotal**   **(lines 4 through 9)** |  |  |  |  |
| 1. **Administrative Costs**   **(Up to 7% of line 10)** |  |  |  |  |
| 1. **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 |  |  |
| 1. Assistance with Moving Costs |  |  |
| 1. Case Management |  |  |
| 1. Child Care |  |  |
| 1. Education Services |  |  |
| 1. Employment Assistance |  |  |
| 1. Food |  |  |
| 1. Housing/Counseling Services |  |  |
| 1. Legal Services |  |  |
| 1. Life Skills |  |  |
| 1. Mental Health Services |  |  |
| 1. Outpatient Health Services |  |  |
| 1. Outreach Services |  |  |
| 1. Substance Abuse Treatment Services |  |  |
| 1. Transportation |  |  |
| 1. Utility Deposits |  |  |
| 1. 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 |  |  |
| 1. Property Taxes and Insurance |  |  |
| 1. Replacement Reserve |  |  |
| 1. Building Security |  |  |
| 1. Electricity, Gas, and Water |  |  |
| 1. Furniture |  |  |
| 1. Equipment (lease, buy) |  |  |
| Total Annual Assistance Requested |  |  |
| Grant Term |  |  |
| Total Request for Grant Term |  |  |

**Rental Assistance/Leasing Budget**

|  |  |
| --- | --- |
| **b. Component Types (Check only one box)**    TRA SRA PRA Leasing    Short-term Rental Assistance (1 – 3 months)    Medium-term Rental Assistance (3 – 24 months) | **c. Grant Term**  **(Check only one box)** |
| **1 yr 2 yrs 3 yrs 5 yrs 15 yrs** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Size of Units** | **Number**  **Of Units** | **FMR or**  **Actual Rent** | **Number of Months** | **Total** |
| 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:

|  |  |
| --- | --- |
| 0 Bedroom | * 1,126 |
| 1 Bedroom | * 1,291 |
| 2 Bedrooms | * 1,652 |
| 3 Bedrooms | * 2,277 |
| 4 Bedrooms | * 2,524 |