

**Monmouth HSC
2024 Project Application**

Applications are to be submitted via Survey Monkey Apply by June 7th

Agency & Project Information:

Applicant Name	
Sponsor Name (if applicable)	
Project Name	
Project Location (physical location of the project, if multiple write "scattered site")	
HUD Project Type (PSH, RRH, SSO, Joint TH/RRH)	
Total HUD Request	
DUNS Number	
Active SAMS Number	

Contact Information for Your Agency

Name of agency representative completing application	
Job Title	
Email Address	
Telephone Number	
Name of agency representative authorized to sign grant documents	
Job Title	
Email Address	
Telephone Number	
Name of agency representative for coordinated assessment	
Job Title	
Email Address	
Telephone Number	

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New Projects Only

A. Threshold Review Questions

1. If awarded funding, does your agency agree to become an active member of the Monmouth Homeless Systems Collaborative, if you are not already a member?

Yes

No

2. All Continuum of Care funded projects are required to solely accept referrals through the CoC's Coordinated Entry System. Does your agency agree to participate in the CoC's established Coordinated Entry process?

Yes

No

3. All Continuum of Care funded projects are required to enter client level information into the CoC's Homeless Management Information System (HMIS). For domestic violence projects, a comparable database must be used. Does your agency agree to enter data as required into the CoC's HMIS or comparable database?

Yes

No

B. Program Description/Impact

1. Provide a description of your project including the population the project will be serving and the short and long term goals for the project.

2. How is your project filling an unmet need within the communities across Monmouth county? Include the source of your information on the specific unmet need.

3. Check all boxes for services that will be provided to project clients by your agency directly:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Soup Kitchen/Food	<input type="checkbox"/>	HIV/AIDS Services	<input type="checkbox"/>	Mortgage Assistance
<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 Treatment
<input type="checkbox"/>	Mental Health Counseling/Treatment	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Housing Location/Placement	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Prescription Assistance	<input type="checkbox"/>	Benefits Assistance

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	COVID Specific Services	Other:
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4. Check all boxes for services that will be provided to project clients by agencies you have a partnership with:

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

5. Briefly describe how client’s will be connected to services identified above, the frequency of service provision and how your agency will ensure services provided are client focused.

6. Describe how your project will accommodate different accessibility needs such as needs of consumers with physical disabilities, vision impairment, hearing impairment, etc.

C. Implementation Plan

1. Describe the proposed project’s implementation plan. Explain how the proposed project will ensure a timely rent-up. If any project is not currently owned or under a lease agreement, provide a summary of contracts and agreements needed. Provide project implementation schedule indicating at a minimum how soon after receipt of grant agreement the projet will be able to: Begin to identify eligible participants, begin to house eligible applicants, and achieve full occupancy.

D. Organization Experience and Staffing

1. What is your agency’s experience and capacity to provide the designated housing and services to the proposed population?

2. Describe the experience and capacity of your agency in working with HUD, or other federal funding sources and copleting the necessary financial and administrative reporting requirements.

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3. What is the planned level of staffing for program activities and structure of staff for financial oversight of funds?

4. Describe the continuing education requirements and/or training of the staff at your agency that ensures their ability to adequately serve clients.

5. Describe your existing partnerships within the community and how your agency will leverage these partnerships for the proposed project.

All Projects

E. Unit and Population Breakdown

1. Use the following chart to identify your proposed unit and bed inventory:

Household Type	Number of Units	Number of Beds
Families with Children		
Individual Households		

2. Use the following chart to identify the number of beds your project will dedicate to the following populations:

Population	Number of Dedicated Beds
Chronically Homeless	
Veterans	
Unaccompanied Youth (under 25)	
Victims of Domestic Violence	

F. Housing First Identification:

1. Check off how often households may be denied admission to your project due to the following criteria:

Criteria	Always	Sometimes	Never
Having too little or no income			
Active use or history of substance abuse			
Having a criminal record with the exception for state-mandated restrictions			
History of domestic violence			

2. Check off how often households may be terminated from your project due to the following criteria:

Category	Always	Sometimes	Never
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			

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Use or abuse of alcohol and/or drugs			
Any other activity not covered in a standard lease agreement			

3. For any criteria that you checked off as “Always” or “Sometimes” explain why that criteria is in place and how you will ensure your project is still implementing a housing first model while implementing this criteria.

G. Racial Equity and Consumer Input Strategies

1. Describe the diversity of your agency’s staff and how they reflect minority populations and the population you are serving? Does your agency board or leadership include any persons with lived experience of homelessness?

2. Describe how your agency uses input from persons with lived experience of homelessness to adjust its service delivery method or program administration.

3. Identify whether your agency is using any of the strategies below to address racial disparities:

Strategy	Yes or No
The Agency management and decision-making bodies are representative of the population served by the program.	
The agency has identified steps it will take to help the board of directors & decision-making bodies better reflect the population served by the program.	
The agency is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the organization.	
The agency is training and educating staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	
The agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers.	
The agency is collecting data and/or reviewing HMIS to better understand the pattern of program use for people of different races and ethnicities in its program.	
The agency has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	

4. Describe how your program will be able to deliver the services in a manner that is culturally and linguistically competent and reflects the needs of the minority populations served.

H. Project Budget

Complete the Budget and Match/Leveraging worksheet that was provided with this application to provide the accurate budget information for the project you are applying for.

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Domestic Violence Bonus Funding ONLY:

I. Client Safety and Victim Centered Approach

1. Describe how your project will utilize trauma-informed, victim-centered approaches to care to ensure both the housing, resource and safety needs of clients are met.

2. Addressing Safety Needs:

- a) Describe your organization’s proposed or existing protocols, including emergency transfer and safety plans, that prioritize client safety and incorporate services that are trauma-informed and victim-centered in nature; and
- b) How your project will maximize client choice for housing and services while ensuring client safety and confidentiality

Renewal Projects Only

J. Desk Monitoring Findings (2023)

*if needed a copy of your most recent monitoring findings can be provided. Email Kasey Vienckowski, kvienckowski@monarchhousing.org

Please record the results of your most recent monitoring:

	Maximum Points	Points Earned
Compliance Score		

If you did not receive full points in any section, please describe any actions/plans you have taken to rectify those issues: