

FY2018 NEW PROJECT APPLICATION

**Due: Friday July 8th, 2022 3:00 p.m.
Late applications will not be accepted**

1. PROGRAM INFORMATION:

Organization Name:	
Organization Type:	
Employer or Tax Identification Number	
Organizational DUNS:	
Physical Address:	
City:	
State:	
Zip Code:	
Is the applicant a Faith-Based Organization	
Has the applicant ever received a federal grant, either directly from a federal agency or through a State/local agency?	
CoC Budget Request:	
Rental Assistance Type (TRA-Tenant based, Sponsored-based SRA, Project-based PRA)	
Type of Project Applying for: Coordinated Entry for Youth or PSH for Chronically Homeless Individuals	
2. CONTACT PERSON	
Name:	
Title:	
Email Address:	
Phone Number:	
Extension:	
Fax Number:	

****Documentation of the applicant's non-profit status is required with the submission of this application.***

3. EXPERIENCE (limit 1000 words)

1. Describe the experience of the applicant in working with the proposed population and in providing housing and services.
2. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new client; 3) process and criteria for exiting clients. Must demonstrate there are not reconditions to entry, allowing entry regardless of current or past substance abuse, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.
3. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for exiting grants as evidenced by timely reimbursement, regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.
4. Does your agency have an active HMIS license? If not, will you obtain one by start date of the grant operating year?
 - 4a. Will your agency send staff to regular trainings from HMFA on HMIS data entry? Please note proof of annual trainings will be monitored for projects funded through the CoC. Will your agency participate in data quality meetings?

4. 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.	
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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.

5. PROJECT DESCRIPTION

1. Provide a description that addresses the entire scope of the proposed project (limit 1000 words). The scope should describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible and acceptable to the client. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.

2. Does your agency participate in a CoC Coordinated Entry Process? Yes ____ No ____.

3. Does your project have a specific population focus?

3a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		Domestic Violence	
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families with Children		HIV/AIDS	
		Other	

4. Housing First

a. Does the project quickly move participants into permanent housing

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier.

Having too little or no income	
Active or history of substance abuse	
Having a criminal record with exceptions for state-mandated restrictions	
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	
None of the above	

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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	
Any other activity not covered in a lease agreement typically found in the project's geographic area.	

d. Does the project follow a "Housing First" approach?

5. Does the PH project provide PSH or RRH?

5a. Does the project request costs under the rental assistance budget line item?

5b. Is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance?

6. Coordinated Entry Participation

A. Please describe how project vacancies are communicated to CE as outlined in your program policies and procedures.

6. SUPPORTIVE SERVICES FOR PARTICIPANTS

1. Please describe key service models used in provision of support to program participants
2. Please identify key community supports program participants are linked to outside of your program. In your description identify the type of service and agency name/type.
3. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Supportive Services	Provider	Frequency
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

7. TIMELINESS (limit 500 words)

Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award

8. FINANCIAL

A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.

B. Organization's most recent audit

1. Found no exceptions to standard practices

- 2. Identified agency as “low risk”
- 3. Indicates no findings

C. Documented match amount meets requirement

D. Budgeted costs are reasonable, allocable, and allowable

Please complete Attachment A

Attachment A:**HOUSING TYPE AND LOCATION DETAIL****1. Housing Type:**

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units:

b. Beds:

3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2015 operating year?

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2015 operating year?

4. Address:

Street 1:

Street 2:

City:

State:

ZIP Code:

5. Select the geographic area(s) associated with the address:**5A. Project Participants - Households**

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				
<hr/>				
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24				
Adults ages 18-24				
Accompanied Children under age 18				
Unaccompanied Children under age 18				
Total Persons				

PROJECT PARTICIPANTS - SUBPOPULATIONS**Persons in Households with at Least One Adult and One Child**

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons										

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons										

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons										

5A. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

Directly from the street or other locations not meant for human habitation.	
Directly from emergency shelters.	
Directly from safe havens.	
Directly from the street or other locations not meant for human habitation.	
From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.	
Persons fleeing domestic violence.	
Total of above percentages	

2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements. (limit 350 words)

STANDARD PERFORMANCE MEASURES

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%). Housing Measure Target (#) Universe (#) Target (%)

Housing Measure	Target (#)	Universe (#)	Target (%)
1a. PSH: Persons exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.			

Housing Measure	Target (#)	Universe (#)	Target (%)
1b. PSH: Persons who are placed in permanent housing within 30 days of entry into project.			

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.

Income Measure	Target (#)	Universe (#)	Target (%)
1a. Adults who maintained or increased their total income (from all sources) as of the end of the operating year or project year.			
OR			
2b. Adults who maintained or increased their earned income as of the end of the operating year or project exit.			

FUNDING REQUEST

Select the costs for which funding is being requested:

Leased Units
Leased Structures
Rental Assistance
Supportive Services
Operations
HMIS

7A. Leased Units Budget

Total Annual Assistance Requested:

Grant Term:

Total Request for Grant Term:

Total Units:

FMR Area Total Units Requested Total Annual Budget Requested

Total Budget Requested

Leased Units Budget Detail

Metropolitan or non-metropolitan fair market rent area:

NJ - Trenton-Ewing, NJ MSA (3402199999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

7B. Rental Assistance Budget

Type of Rental Assistance:

Metropolitan or non-metropolitan fair market rent area:

NJ - Trenton-Ewing, NJ MSA (3402199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?

Size of Units	# of Units (Applicant)	FMR Area (applicant)	HUD Paid Rent (Applicant)	Total Request (Applicant)
SRO				
0 Bedroom				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4 Bedroom				
5 Bedroom				
6 Bedroom				
7 Bedroom				
8 Bedroom				
9 Bedroom				
Total Units and Annual Assistance Requested				
Grant Term				
Total Request for Grant Term				

7C. Supportive Services Budget

Annual Assistance Requested Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management Full Time Case Manager		
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 1 Year		
Total Request for Grant Term		

7D. HMIS Budget

Annual Assistance Requested Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment Computer equipment upgrades		
2. Software User license, support and tools		
3. Services Training customization, interfacing and recovery		
4. Personnel Staff		
5. Space & Operations Training locations, conferences and operational cost		
Total Annual Assistance Requested		
Grant Term 1 Year		
Total Request for Grant Term		

7E. Sources of Match/Leverage

Match: Total Value of Cash Commitments:

Total Value of In-Kind Commitments:

Total Value of All Commitments:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments

7F. Summary Budget

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	

1b. Leased Structures	
2. Rental Assistance	
3. Supportive Services	
4. Operating	
5. HMIS	
6. Sub-total Costs Requested	
7. Admin (Up to 10%)	
8. Total Assistance plus Admin Requested	
9. Cash Match	
10. In-Kind Match	
11. Total Match	
12. Total Budget	