

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. | |
|---|--|

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 | |