



**Monmouth County Homeless System Collaborative  
HUD Continuum of Care Program  
2016 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 (PH, PSH, 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:

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

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

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<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



## F. Project Budget

The project Budget should reflect the full HUD request, any cash match requirements and the total project leveraging (the HUD Cash Match total plus the Other Cash/In-Kind Match or Leveraging total should match the leveraging chart in Section D.)

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

### 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

### 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
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	=	\$
<b>i. Totals:</b>	x	x	=	\$

The current FMR is listed below:

SRO	\$ 678
0 Bedroom	\$ 904
1 Bedroom	\$ 1,124
2 Bedrooms	\$ 1,417
3 Bedrooms	\$ 1,928
4 Bedrooms	\$ 2,245