

**Middlesex County Continuum of Care
2016 Application**

Your application must be received to Harriet Slonim, Division of Housing, Community Development & Social Services, 75 Bayard Street, 2nd Floor, New Brunswick, NJ by 2PM on Wednesday, June 29th. One original with all attachments and 5 copies (without attachments) should be submitted in person or sent by guaranteed service delivery (FedEx, UPS, etc.) and an electronic copy emailed to harriet.slonim@co.middlesex.nj.us by the Wednesday, June 29th @ 2PM deadline.

I. General Project Information

Applicant:	Sponsor (If applicable):
Contact Name & Title:	Contact Name & Title:
Phone Number & Email:	Phone Number and Email:
Address:	Address:

II. Proposed Project

Project Name:	CoC Grant Request: \$
Project Address:	HUD Grant Number (If renewal):
Target population (if any):	Number of clients to be served annually:
Type of Funding* (double click the appropriate box and select "checked"): <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Supportive Services Only <input type="checkbox"/> HMIS *see Appendix A for definitions	Project Term: (<i>note: renewal projects 1yr only</i>) (double click the appropriate box and select "checked"): <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 15 years

III. Agency and Program Narratives:

1. Please provide a description of your project, including:

- **Your project's target population and what percentage of your project will serve the target population**
- **How the project meets the HUD/Continuum of Care funding priorities and the goals of the Middlesex County Plan to End Homelessness**

2. Please describe project admission and termination criteria. Specifically address how the items listed below will impact admission and termination within the project as applicable.

Admission Criteria:

- **Having too little or no income**
- **Active or history of substance abuse**
- **Having a criminal record with exception for state-mandated restrictions**
- **History of domestic violence**

Termination Criteria:

- **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 standard lease agreement**

3. Please describe in no more than one paragraph the applicant and sponsor agency's (if applicable) experience in operating the type of project being applied for, including experience serving the identified target population.

4. Please describe the applicant agency's and (if applicable) the sponsor agency's financial and staff capacity to operate the project for the proposed grant term. Please address:

- **Agency history of administering HUD-funded programs**
- **Adherence to program regulations**
- **HUD audit results (if applicable)**
- **What staff members will work on this project**
- **Any improvement or loss of agency capacity since last application (renewals only)**

- 5. Please describe in no more than one paragraph: The services that will be made available to program participants,**
- **The frequency of services provided**
 - **How you will track and report on service delivery**
 - **How services will assist clients to achieve housing stability**

- 6. In the last operating year, did your project meet the community performance standards? If not, please explain why not, and explain the measures your project is taking to meet the prescribed goals shown in Appendix B.**

7. FOR PERMANENT SUPPORTIVE HOUSING PROJECTS:

- How many referrals from Coordinated Assessment have you received?
- What percentage of these referrals have been accepted/received?
- What percentage have been chronically homeless?
- How long has it taken from the time of referral to lease-up each participant? If 3+ months, what steps will be taken to improve?
- Upon receipt of referral, what assistance does the project provide to help clients attain housing?

8. FOR TRANSITIONAL HOUSING PROJECTS: What strategies are you, or will you, implement to lower the length of stay for program participants, while still discharging into permanent housing?

9. FOR TRANSITIONAL HOUSING PROJECTS:

- **Does your agency have any plans to convert your units to permanent housing?**
- **If yes, what steps are you taking to overcome barriers to accomplish this (i.e. restricted funding or mortgages)?**

IV. Community Planning and Collaboration

- 1. Describe 1 to 2 examples of how your agency has collaborated with other community partners to provide housing services within the past 12 months.**

2. Please explain the following about your staff's HMIS participation:
- Has your agency staff missed any mandatory HMIS trainings?
 - If 'yes,' please explain why.

V. Project Leveraging

A. Type of Contribution (Match or Leverage)	B. Source of Contribution	C. Identify Source as: (I) In-kind* or (C) Cash	D. Date of Written Commitment*	E. Value of Written Commitment
<i>Example: Match</i>	CDBG	C	6/10/16	\$10,000
			TOTAL:	\$

IMPORTANT NOTES:

- ATTACH **all** letters of commitment for funds identified above. Commitment letters must agree with the information submitted above.
- 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.

VI. Project Budget:

Budget Summary				
Proposed Activities	a. HUD Request	b. Match Commitment	c. Project Leveraging	d. Total Project Budget (a+b+c)
1. Acquisition				
2. Rehabilitation				
3. New Construction				
4. Leasing From Housing Assistance Budget Chart				
5. Rental Assistance From Housing Assistance Budget Chart				
6. Supportive Services From Supportive Services Budget Chart				
7. Operating Costs From Operating Costs Budget Chart				
8. HMIS				
9. Subtotal (lines 1 through 8)				
10. Administrative Costs (Up to 7% of line 9)				
11. Total Budget (Total lines 7 + 8)	\$	\$	\$	\$

Housing Assistance Budget (Leasing and Rental Assistance Programs)
(if none, leave blank)

Component Types (Check only one box)

TRA
 SRA
 PRA
 LEASING
 SHORT-TERM RENTAL ASSISTANCE (1-3 MONTHS)
 MEDIUM-TERM RENTAL ASSISTANCE (4 – 24 MONTHS)

Size of Units	Number of Units	Monthly Rent	Number of Months	TOTAL
SRO	x	\$ x	12=	\$
0 Bedroom	x	\$ x	12=	\$
1 Bedroom	x	\$ x	12=	\$
2 Bedrooms	x	\$ x	12=	\$
3 Bedrooms	x	\$ x	12=	\$
4 Bedrooms	x	\$ x	12=	\$
5 Bedrooms	x	\$ x	12=	\$
6 Bedrooms	x	\$ x	12=	\$
Other: _____	x	\$ x	12=	\$
Totals:				\$

Final FY 2016 FMRs By Unit Bedrooms					
SRO	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
\$744	\$992	\$1,254	\$1,578	\$2,025	\$2,512

Supportive Services Budget (if none, leave blank)		
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 (salary, benefits, materials, and supply costs incurred in directly providing support services to participants)		
Total Annual Assistance Requested		
Grant Term	Year(s)	Year(s)
Total Request for Grant Term		

Operating Costs Budget (if none, leave blank)		
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	Year(s)	Year(s)
Total Request for Grant Term		

VII. Project Performance

Required Documentation & Reports

1. Proof of up – to – date SAM registration (sam.gov)
2. Copies of agreements or letters certifying leveraging indicated in application

RENEWALS ONLY FROM THIS POINT ON

HMIS Reports

If necessary, please contact the HMIS Administrator for assistance with reporting.

Please provide the following reports for the Date Range –1/1/15 – 12/31/15 for your project using HMIS reports:

1. Data Completeness Report (page 2 with “grades” and last page only)
2. APR for your project for the date range
 - a. The review will look at the items relating to Performance Indicators and utilization from the APRs

Drawdown Documentation

1. Printout or screen shot of all voucher payment requests for current operating year from eLOCCS. If operating year expired earlier in 2016, and the FY 2015 has not yet been drawn down from, provide printout of voucher payments from most recently completed operating year.
2. Printout or screen shot from your eLOCCS line of credit system showing amount of funds disbursed and amount of funds remaining for current operating year. If operating year expired earlier in 2016, and the FY 2015 has not yet been drawn down from, provide printout of voucher payments from most recently completed operating year.
3. Most recent grant close-out certification from HUD (if applicable)

Fill out the following table based on the amount of funding provided by HUD through the LOCCS system for the last three completed operating years:

Operating Year:	Amount funded by HUD for year	Total amount drawn down from HUD through LOCCS for the year	Date of Annual Performance Report Submission

Describe the reason for any funding not drawn down throughout the operating years presented above.

Appendix A:

- TRA – Tenant Based Rental Assistance – lease is in tenant's name
- SRA – Sponsor Based Rental Assistance – lease is in agency's name or in tenant's name if used in property owned by the sponsor agency
- PRA – Project Based Rental Assistance – voucher tied to specific unit and lease is in tenant's name
- Short Term Rental Assistance – For Rapid Re-Housing Project only - rental assistance provided to participants for up to 3 months
- Medium Term Rental Assistance – For Rapid Re-Housing Projects only – rental assistance provided to participants for 4 – 24 months

Appendix B.

- **PSH projects**
 - 85% of participants stably housed for 12+ months
 - less than 10% of those exiting to permanent housing return to homelessness
 - 85% maintain or increase income
 - 20% of adults not receiving SSI/D are employed
 - 85% maintain or obtain mainstream benefits
 - 90% occupancy rate during operating year
 - 'A' rating in Data Quality Report

- **TH projects**
 - 45% of participants stay in program less than 18 months
 - 75% of those exiting program will obtain permanent housing
 - 54% maintain or increase income
 - 20% of adults not receiving SSI/D are employed
 - 25% maintain or obtain mainstream benefits
 - 90% occupancy rate during operating year
 - 'A' rating in Data Quality Report

- **RRH projects**
 - 85% of participants stably housed for 6+ months
 - less than 10% of those exiting to permanent housing return to homelessness
 - 85% maintain or increase income
 - 40% of adults not receiving SSI/D are employed
 - 'A' rating in Data Quality Report