Middlesex County Continuum of Care
2019 Application

Your application must be received to Michelle Grabelle, Division of Housing, Community Development & Social Services, 75 Bayard Street, 2ⁿᵈ Floor, New Brunswick, NJ by 4PM on Friday, May 10th. One original with all attachments and 6 copies (without attachments) should be submitted in person or sent by guaranteed service delivery (FedEx, UPS, etc.) and an electronic copy emailed to michelle.grabelle@co.middlesex.nj.us the Friday, May 10th @ 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"): ☐ Permanent Supportive Housing ☐ Rapid Re-Housing ☐ Supportive Services Only ☐ HMIS *see Appendix A for definitions	Project Term: *(note: renewal projects 1yr only)* (double click the appropriate box and select "checked"): ☐ 1 year ☐ 2 years ☐ 3 years ☐ 5 years ☐ 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 to end Veteran homelessness, Chronic homelessness, Family homelessness, and/or Youth homelessness**
   - **For NEW applicants, could your project scope (number of clients/level of service) be scaled up or down based on how much funding is available for your project?**

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.**

Persons may be denied admission to project due to:	Always	Sometimes	Never
Having too little or no income			
Active use or history of substance abuse			
Having a criminal record with exception for state-mandated restrictions			
History of domestic violence			
Sexual Orientation, gender identity, marital status			
Persons may be terminated from project due to:			
Failure to make progress on a service plan or participate in services			
Loss of income or failure to improve income			
Being a victim of domestic violence			
Substance use			
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/monitoring results (if monitored in 2017 or 2018 provide copy of HUD findings letter and describe how findings were addressed)**
   - **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**
   - **See appendix for instructions for attaching documentation of services**

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/intake 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?**
   - **How many clients currently served by your project are stably housed and refusing to engage with supportive services (information to be used in consideration of possible Moving On Initiative planning)?**

8. **FOR RAPID RE-HOUSING PROJECTS:**
   - **How long has it taken from the time of referral/intake 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?**

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. **Pease 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
Example: Match	CDBG	C	4/20/19	$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 9 + 10)	$	$	$	$

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 2019 FMRs By Unit Bedrooms					
SRO	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
$780	$1,148	$1,360	$1,746	$2,213	$2,600

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		
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 match/leveraging indicated in application. If a NEW applicant, please attach a letter documenting current commitments; to avoid the need to create duplicate letters for a potential HUD CoC Competition Application, these may be future-dated to August 2019. If a RENEWAL applicant, please either (1) attach a letter documenting current commitments; to avoid the need to create duplicate letters for a potential HUD CoC Competition Application, these may be future-dated to August 2019, or (2) attach a past commitment showing continuing commitment, not earlier than 2017.

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 –1/1/18 – 12/31/18 for your project using HMIS reports:

1. 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 2019, and the FY 2018 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 2019, and the FY 2018 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.

HUD Findings (if applicable):
1. Copy of HUD findings letter for any audit/monitoring results from 2017 or 2018.

Services Documentation:
1. Attach documentation showing the quantity, frequency, and scope of services provided to clients in this project. This should include aggregate, de-identified reporting data from electronic health records, HMIS, or other service-tracking system used by your agency/program.

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**
  - **less than 5% of Universal Data Elements are missing**

- **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**
  - **56% of households get non-cash benefits**
  - **less than 5% of Universal Data Elements are missing**