Morris County

2019 CoC Application

Notice of Intent – RENEWAL PROJECTS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant:** |  | | | | | | | | |
| **Project Name:** |  | | | | | | | | |
| **Contact:** |  | | **Title:** | |  | | | | |
| **Address:** |  | | | | | | | | |
| **City:** |  | **State:** | |  | | | | **Zip:** |  |
| **Telephone:** |  | | | | | **Fax:** |  | | |
| **E-mail:** |  | | | | | | | | |

**Type of Funding** (double click the appropriate box and select “checked”)**:**

Permanent Supportive Housing Rapid Re-Housing Transitional Housing Safe Haven

Supportive Services Only

|  |  |  |
| --- | --- | --- |
| **Total Project Cost:** | | $ |
| **Total Amount Requested in this Application:** | | $ |
| **Percent of project cost being requested:** | | % |
|  | |  |
| **Project Target Population:** | |  |
| **Number of unduplicated adult-only households to be served:** | |  |
| **Number of unduplicated persons in adult-only households to be served:** | |  |
| **Number of unduplicated households with both adults & children to be served:** | |  |
| **Number of unduplicated persons in households with both adults & children to be served:** | |  |
| **Project location address:** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority Populations** | **Number of Beds** | | **Number of Units** | |
| **Prioritized** | **Dedicated** | **Prioritized** | **Dedicated** |
| Chronically Homeless |  |  |  |  |
| Veterans |  |  |  |  |
| Youth aged 18-24 |  |  |  |  |
| Families |  |  |  |  |
| Survivors of Domestic Violence |  |  |  |  |
| Total Number Available to Any Subpopulation or Client |  | |  | |

***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 Morris 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:** | |  |

Please answer the following questions about the program you are applying for in 10 pages or less (using 12 point font). The budget pages as well as the front summary page are not included in the 10 page total. Program applications that exceed the 10 page limit will not be considered for funding.

1. Briefly describe the activity for which you are requesting funds. Which goal/funding priority is the proposed project addressing? What gaps in available homeless/housing services in Morris County CoC does this project fill?

1. What is your agency’s mission and how does this project fit within this mission?

1. What are your project’s goals? Please describe project outcomes based on the goals identified, and results of any internal project participant satisfaction measures.

1. What specific activities/services will the project offer to participants to meet identified participant needs and project goals? Specifically,

* How will the identified activities/services assist participants to obtain and maintain permanent housing?
* What project staff/partner agency will perform identified activities/services?
* How will participants be assessed for, and connected with, employment services, mainstream benefits, healthcare services, and health insurance?

1. Please discuss the service model that will be used for project implementation. Identify any best practices and/or evidence based practices that to be employed by this project.

1. Does your project operate using a Housing First Philosophy? Please describe:

* how your program policies/operations reflect and follow the Housing First Philosophy,
* challenges or impediments to implementing Housing First strategies in this project,
* how any barriers to meeting participant needs are addressed, when identified.

1. Please describe project admission and termination criteria. Check off the appropriate boxes based on how the items listed below will impact admission and termination within the project. For any of the items listed where the answer is something other than ‘Never,’ please explain the need for your program criteria below the table.

Admission Criteria:

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |  |  |

Termination Criteria:

|  |  |  |  |
| --- | --- | --- | --- |
| **Persons may be terminated from project due to:** | **Always** | **Sometimes** | **Never** |
| **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** |  |  |  |
| **Any other activity not covered in a standard lease agreement** |  |  |  |

1. Please briefly describe relevant experience of the Grantee and any primary project partners in providing the proposed services and serving the identified homeless population.

1. How do you obtain referrals for this program? How does your program referral and intake process align with the Continuum of Care’s Coordinated Entry process? What additional steps will be taken should you encounter difficulty in identifying eligible program participants that meet your target population?

1. Please identify/describe any changes made to your project model, staffing, and/or budget within the last 3 years. Do you anticipate and major changes over the next year?

1. Please describe your long-term plans to sustain the program should there be decreases in HUD funding.

1. Please provide a list of anticipated funding and services you will be able to leverage for this project (leveraging includes internal agency services/programs as well as services from community agencies both cash and in-kind)

**Attach letters of commitment for any Firm Commitment of support to the proposed project. Firm Commitments of cash or in-kind support with a total value of 25% of proposed project budget request (minus leasing costs) is required. Also attach letters of support for any additional Commitments for the project.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Contribution** | **Source** | **Level of Commitment** (signed agreement, agreement pending, anticipated agreement, proposed agreement) | **Total Value** |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  | **TOTAL:** | **$** |

1. Please describe your agency’s level of participation in local planning processes (i.e. CoC formerly known as CEAS, sub-committees, Community Development Consolidated Plan, etc).

1. How often are staff trained on Homeless Management Information System (HMIS) and how would you describe the quality of data for your project in the system?

1. Do you regularly enter data into the HMIS database?
2. Were there any unused funds at the end of your most recently completed operating year? If yes, please identify how much and provide a brief description about why funds were unspent.

**Summary Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Component Type (**please double click appropriate box and select checked)    **TH PSH RRH SSO HMIS Safe Haven TH-RRH** | | **Grant Term (**please double click appropriate box and select checked)    **1 yr 2 yrs 3 yrs 5 yrs 15 yrs** | | |
| Proposed CoC Activities | **CoC Dollars Requested** | **HUD Cash Match** | **Other Cash/in-Kind Match or Leveraging** | **Total Project**  **Budget** |
| 1. **Real Property Leasing** |  |  |  |  |
| 1. **Rental Assistance** |  |  |  |  |
| 1. **Supportive Services**   From Supportive Services Budget Chart |  |  |  |  |
| 1. **Operations**   From Operating Budget Chart |  |  |  |  |
| 1. **HMIS** |  |  |  |  |
| 1. **Subtotal**   **(lines 1 through 5)** |  |  |  |  |
| 1. **Administrative Costs**   **(Up to 7% of line 6)** |  |  |  |  |
| 1. **Total CoC Request**   **(Total lines 6 and 7)** |  |  |  |  |

Definitions:

HMIS Homeless Management Information System

TH Transitional Housing

PSH Permanent Supportive Housing

RRH Rapid Re-housing

SSO Supportive Services Only

Safe Haven Low barrier shelter for people with mental illness, substance abuse challenges, serving no more than 25 people in one location.

TH-RRH Transitional Housing-Rapid Re-Housing Project

Please note there is a 25% cash match requirement for all line items except leasing.

**Supportive Services Budget**

|  |  |  |
| --- | --- | --- |
| Eligible Costs | Quantity & Description | Annual HUD Assistance Requested |
| 1. Assessment of Service Needs |  |  |
| 1. Assistance with Moving Costs |  |  |
| 1. Case Management |  |  |
| 1. Child Care |  |  |
| 1. Education Services |  |  |
| 1. Employment Assistance |  |  |
| 1. Food |  |  |
| 1. Housing/Counseling Services |  |  |
| 1. Legal Services |  |  |
| 1. Life Skills |  |  |
| 1. Mental Health Services |  |  |
| 1. Outpatient Health Services |  |  |
| 1. Outreach Services |  |  |
| 1. Substance Abuse Treatment Services |  |  |
| 1. Transportation |  |  |
| 1. Utility Deposits |  |  |
| 1. Operating Costs a |  |  |
| Total Annual Assistance Requested |  |  |
| Grant Term |  |  |
| Total Request for Grant Term |  |  |

**Operating Budget**

|  |  |  |
| --- | --- | --- |
| Eligible Costs | Quantity & Description | Annual HUD  Assistance Requested |
| 1. Maintenance/Repair |  |  |
| 1. Property Taxes and Insurance |  |  |
| 1. Replacement Reserve |  |  |
| 1. Building Security |  |  |
| 1. Electricity, Gas, and Water |  |  |
| 1. Furniture |  |  |
| 1. Equipment (lease, buy) |  |  |
| Total Annual Assistance Requested |  |  |
| Grant Term |  |  |
| Total Request for Grant Term |  |  |

**Rental Assistance/Leasing Budget**

|  |
| --- |
| **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** | **FMR or**  **Actual Rent** | **Number of Months** | **h. 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 | = | $ |
| **i. Totals:** | x | x | = | $ |

The current FMR is listed below:

|  |  |
| --- | --- |
| SRO | * 741 |
| 0 Bedroom | * 988 |
| 1 Bedroom | * 1,082 |
| 2 Bedrooms | * 1,314 |
| 3 Bedrooms | * 1,685 |
| 4 Bedrooms | * 1,950 |

* TRA – Tenant Based Rental Assistance – lease is in tenant’s name
* SRA – Sponsor Based Rental Assistance – lease is in agencies 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