Morris County

2020 CoC Application

Notice of Intent – NEW PROJECTS

|  |  |  |
| --- | --- | --- |
| **Applicant:** |  **Sponsor (if applicable):** |  |
| **Project Name:** |  | **Grant Number:** |  |
| **Contact:**  |  | **Title:** |  |
| **Address:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Telephone:** |  | **Fax:** |  |
| **E-mail:** |  |

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

**[ ]** Permanent Housing -Permanent Supportive Housing **[ ]** Permanent Housing -Rapid Re-Housing

**[ ]** Transitional Housing **[ ]** Joint Transitional & Rapid Re-Housing **[ ]** Safe Haven **[ ]** HMIS Only

**[ ]** Supportive Services Only - Coordinated Entry **[ ]** Supportive Services Only - Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority Populations** | **Number of Beds** | **Number of Units** |  | **If Project has no beds, Give Number of Participants** |
| **Dedicated** | **Dedicated** | **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:** |  |

1. Please describe project admission and termination criteria. Explain below if necessary.

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** |  |  |  |
| **Substance use** |  |  |  |
| **Any other activity not covered in a standard lease agreement** |  |  |  |

**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)** | \* |  |  |  |

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:** | **$** |

**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 Skilles
 |  |  |
| 1. Mental Health Services
 |  |  |
| 1. Outpatient Health Services
 |  |  |
| 1. Outreach Services
 |  |  |
| 1. Substance Abuse Treatment Services
 |  |  |
| 1. Transportation
 |  |  |
| 1. Utility Deposits
 |  |  |
| 1. 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
 |  |  |
| 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**

|  |  |
| --- | --- |
| **a. Component Types (Check only one box)** **[ ]  [ ]  [ ]  [ ]**  TRA SRA PRA Leasing  **[ ]** Short-term Rental Assistance (1 – 3 months) **[ ]** Medium-term Rental Assistance (3 – 24 months) | **b. Grant Term (Check only one box)** |
| **[ ]  [ ]  [ ]  [ ]  [ ]**  **1 yr 2 yrs 3 yrs 5 yrs 15 yrs** |

**Unit Mix**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Size of Units** | **Number****Of Units** | **Fair Market Rent** **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 | = | $ |
| **i. Totals:** | x | x | = | $ |

\*Actual Rent could be a monthly rental amount requested that is below FMR

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

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 may 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?
2. What is your agency’s mission and how does the proposed program fit within this mission? If applicable, please identify any partner agencies committed to working on this project. Describe the capacity in which partner agencies will contribute to this project.
3. What are the proposed project’s goals? Please describe:
	1. project outcomes based on the goals identified, and
	2. how the project will measure/document participant satisfaction/feedback to inform implementation.
4. What specific activities/services will the project offer to participants to meet identified participant needs? 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—any formal partnerships?
* How will participants be assessed for, and connected with, employment services, mainstream benefits, healthcare services, and health insurance?
1. Does your project operate using a Housing First Philosophy? Please describe:
* how your project 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 briefly describe the experience your agency and (if applicable) any partner agency has with providing the described services and serving the identified homeless population.
2. Please discuss your agency and (if applicable) partner agency experience/history with implementing HUD funded projects. Address: project administration, fiscal management, adherence to program regulations, and audit results. If you have lost, or been denied, any HUD-funded grants please disclose the program name, HUD project type, and reasons for grant loss/denial. If agency has no experience with HUD funding, describe experience with other funders, including agency administration and management performance.
	* Please include proof of your agency’s up-to-date SAM registration (sam.gov)
3. Please describe your agency’s fiscal capacity to undertake the proposed project. Specifically,
* What staff will be responsible for ensuring that all expenses are eligible under the grant agreement?
* What fiscal oversight structure and policies will be in place to ensure that grant fund drawdowns are completed accurately and timely?
* What percentage of new/existing staff time will be devoted to project and reporting activities?
	+ Please include a copy, and summary of, the agency’s most recently completed audit; & Form 990
1. Please describe your agency’s level of participation in local planning processes (i.e. CoC/CAS, sub-committees, Community Development Consolidated Plan, etc).
2. What is your agency’s experience and plan for using the New Jersey Homeless Management Information System (HMIS)? Specifically,
* Do agency staff regularly enter data into the HMIS database?
* How would you describe the quality of data for your project in the system?
* How will the proposed project comply with HMIS reporting and staff training requirements?
1. Please describe the proposed project’s proposed outreach and enrollment plan. How will referrals be obtained for this program? How will your program referral and intake process align with the Continuum of Care’s Coordinated Entry process? What additional steps will be taken should your agency encounter difficulty in identifying eligible project participants that meet the target population?
2. Please provide the anticipated project implementation timeline, including:
* Timeline for activities to be completed prior to receiving HUD grant funds,
* Number of days following receipt of HUD grant funds until project activities/services begin
* Number of days following receipt of HUD grant funds until fully operational.