Morris County Continuum of Care

2021 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 **[ ]** HMIS Only

**[ ]** Joint Transitional & Rapid Re-Housing **[ ]** Supportive Services Only - Coordinated Entry

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 Notice of Intent Form 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 Notice of Intent Form 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 15 pages or less (using 12-point font). The budget pages, additional documents as well as the front summary page are **not** included in the 15-page total. Notice of Intent Forms that exceed the 15-page limit may not be considered for funding.

1. **Agency Background (30 points)**
	1. Number of years of experience in providing services comparable to the requested project
	2. Narrative demonstrating your experience with clients and projects similar in size, scope and complexity
	3. Please discuss your 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.

		1. Please include proof of your agency’s up-to-date SAM registration (sam.gov)
	4. Describe anticipated staffing at full capacity providing an organizational chart and basic job descriptions which include responsibilities and qualifications
	5. Describe any relevant professional memberships, certifications, and/or trainings completed by your agency/staff
	6. What is your agency’s experience and plan for using the New Jersey Homeless Management Information System (HMIS)? Specifically,
		1. Do agency staff regularly enter data into the HMIS database?
		2. How would you describe the quality of data for your project in the system?
		3. How will the proposed project comply with HMIS reporting and staff training requirements?
		4. What safeguards are put in place to protect client data/privacy?
	7. What specific steps, abilities and trainings does your agency incorporate to reflect priority populations (people of color, LGBTQ+ community, youth, DV survivors, veterans, etc.) and deliver services in a manner that is culturally and linguistically competent?
	8. Please complete the chart below identifying the race or ethnicity of people served by your agency and the race or ethnicity of agency staff.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **# of people served by agency** | **% of people served by agency** | **# of direct service staff** | **% of direct service staff** | **# of people in executive leadership and administration** | **% of executive leadership and administration** |
| **American Indian/Alaska Native** |  |  |  |  |  |  |
| **Asian** |  |  |  |  |  |  |
| **Black/African American** |  |  |  |  |  |  |
| **Native Hawaiian/Pacific Islander** |  |  |  |  |  |  |
| **White**  |  |  |  |  |  |  |
| **Hispanic/Latino** |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

* 1. What mechanisms are in place to incorporate client life experience into program structure?
	2. What mechanisms are in place to ensure client life experience is taken into consideration in policy decisions?
1. **Project Description (50 points)**
	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? Describe the anticipated population to be served.

		1. Please identify any subgrantee agencies committed to working on this project. Describe the capacity in which subgrantee agencies will contribute to this project.
	2. What is your agency’s mission and how does the proposed program fit within this mission?
	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,
		1. How will the identified activities/services assist participants to obtain and maintain permanent housing?
		2. What project staff/subgrantees will perform identified activities/services—any formal partnerships?
		3. How will participants be assessed for, and connected with, employment services, mainstream benefits, healthcare services, and health insurance?
		4. Describe any additional services (if any) you will provide to augment the scope and success of the program.
	5. Please describe your agency’s fiscal capacity to undertake the proposed project. Specifically,
		1. What staff will be responsible for ensuring that all expenses are eligible under the grant agreement?
		2. What fiscal oversight structure and policies will be in place to ensure that grant fund drawdowns are completed accurately and timely?
		3. 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
2. **Project Implementation (40 points)**
	1. Describe the implementation timeline from contract signing date to full program implementation.
	Please include the following:
		1. Staffing (identifying and/or hiring staff for program. If staffing is phased in, please describe your phase-in plan)
		2. Training (identify anticipated training needs and timeframe for completion according to anticipated staffing plan)
		3. Service provision (according to the scope of services described in your proposal, identify the proposed timeframe when each service will become available)
	2. Please describe your agency’s level of participation in local planning processes (i.e. CoC/CAS, sub-committees, Community Development Consolidated Plan, etc).
	3. Please describe the proposed project’s proposed outreach and enrollment plan.

		1. How will referrals be obtained for this program?
		2. How will your program referral and intake process align with the Continuum of Care’s Coordinated Entry process?
		3. What additional steps will be taken should your agency encounter difficulty in identifying eligible project participants that meet the target population?
	4. Describe current partnerships/collaborations with relevant community partners. Identify specific partners and describe the type(s) of partnership in place, how they are relevant to the program, and the specific ways in which you work with them.

		1. Provide MOUs from all partners identified describing the type of partnership and how they currently work with your agency and/or how they will work with this program.
3. **Housing First Philosophy (75 points)**
	1. Describe how you will operationalize a Housing First philosophy in program implementation
	2. Please describe:
		1. How your project policies/operations reflect and follow the Housing First Philosophy,
		2. Challenges or impediments to implementing Housing First strategies in this project,
		3. How any barriers to meeting participant needs are addressed, when identified.
	3. Please describe project admission and termination criteria. Please include a copy of your agency’s policies and procedures.
		1. Admission Criteria
			1. Will participants be allowed to enter the program without income?
			2. Will participants be allowed to enter the program even if they aren’t “clean and sober” or “treatment compliant”?
			3. Are participants allowed to enter the program even if they have criminal justice system involvement?
			4. Are applicants allowed to enter the program regardless of credit score?
			5. Will participants be allowed to enter the program even if they have a history of domestic violence?
		2. Termination Criteria
			1. Will service and treatment plans be voluntary, such that program participants cannot be evicted for not following through?
			2. Will program participants be terminated from the project due to loss of income or failure to improve income?
			3. Will program participants be terminated from the project due to a history of domestic violence?
			4. Will program participants be terminated from the project due to substance use?
			5. Will program participants be terminated from the project due to Any other activity not covered in a standard lease agreement?
4. **Budget (5 points)**

|  |  |
| --- | --- |
| **Component Type** (please double click appropriate box and select checked) **[ ]  [ ]  [ ]  [ ]  [ ]** **PSH RRH SSO HMIS 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)
				1. **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 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
 |  |  |
| 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 | * 846
 |
| 0 Bedroom | * 1,129
 |
| 1 Bedroom | * 1,358
 |
| 2 Bedrooms | * 1,643
 |
| 3 Bedrooms | * 2,096
 |
| 4 Bedrooms | * 2,498
 |

* 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