|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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”)**:**

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 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)  **SSO** | | **Grant Term (**please double click appropriate box and select checked)  **1 yr** | | |
| 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. **Referral Process**

Please describe the method and process by which homeless households are referred to housing and services in the community.

|  |  |
| --- | --- |
| **Referral Data** |  |
| **Emergency Shelter** |  |
| **Transitional Housing** |  |
| **Rapid Rehousing** |  |
| **Permanent Supportive Housing** |  |

# Prioritization

Please describe the method and process by which homeless households are prioritized for housing and services in the community through coordinated entry.

# Homeless Outreach

Please describe how coordinated entry partners with street outreach to prioritize unsheltered households for housing and services in the community.

# Community Partnership and Engagement

Please describe how coordinated entry partners with the community and the Morris County Continuum of Care to receive and provide feedback about the system.

# Full Geographic Coverage

Coordinated Entry must cover the full geography of the Morris County Continuum of Care. Please describe how this project meets this requirement.

# Accessibility

Coordinated Entry must be easily accessible to all people experiencing homelessness in Morris County. Please describe how this project meets this requirement.

# Domestic Violence

Coordinated Entry must address the unique needs of people fleeing domestic violence. Please describe how this project meets this requirement.

# Limited English Proficiency

Is Coordinated Entry accessible for people with limited English proficiency?

Yes Please describe how this project meets this requirement.

No If not, please describe in detail your plan and a timeline to become compliant with this HUD requirement.

# Are all required entities fully participating in Coordinated Entry? (ESG and CoC-funded projects)

Yes Please describe how this project meets this requirement.

No If not, please describe, in detail, your plan and a timeline to become compliant with this HUD requirement.

# Standard Assessment

Does Coordinated Entry utilize a standard assessment tool for program prioritization?

Yes Please describe how this project meets this requirement.

No If not, please describe, in detail, your plan and a timeline to become compliant with this HUD requirement.

# Data Quality

The Universal Data Standards contain demographic and project-specific questions about project participants. Data Quality refers to the extent that the Universal and Project-Specific Data Elements recorded in HMIS accurately reflect the extent of homelessness in our continuum of care. The target is an error rate less than 5% for each data element to receive full points. Please complete this chart using the project’s Annual Performance Report for April 1 2019 – March 31 2020.

|  |  |
| --- | --- |
| **Data Element** | **Error Rate** |
| Name |  |
| SSN |  |
| Date of Birth |  |
| Race |  |
| Ethnicity |  |
| Gender |  |
| Veteran Status |  |
| Project Entry Date |  |
| Relationship to Head of  Household |  |
| Client Location |  |
| Disabling Condition |  |
| Destination |  |
| Income (at entry) |  |
| Income (at exit) |  |

# Housing First

Does your project have policies and procedures in place that ensure program staff follow a Housing First model, offers quick access to permanent housing with permanent housing as the primary focus, without preconditions such as programmatic compliance, clinical treatment, sobriety, etc., and does not terminate housing assistance for reasons outside of what would be in a standard lease agreement.

Yes No

* + If yes, this must be reflected in the project’s policies and procedures in order to receive full credit.
  + **Explanation:** Please provide a detailed explanation below of how your project utilizes a housing first approach when working with clients served by the project. Please make reference to specific policies, procedures, or clinical/programmatic approaches adopted and in place at the project-level that clearly reflect housing first.

# Low Barrier Access

Does your project provide low barrier access to services and housing assistance for all clients eligible for assistance, regardless of income, active or history of substance abuse, criminal records (with the exception of state mandates), etc.?

Yes No

* + If yes, this must be reflected in the project’s policies and procedures in order to receive full credit.
  + **Explanation:** Please provide a detailed description of the policies and procedures in place that ensure clients are not screened out of being able to access assistance due to programmatic preconditions.