

Monmouth County Homeless System Collaborative

Attention Monmouth County
Community Agencies

The Monmouth County Homeless System Collaborative has begun the planning process for the 2015 Continuum of Care applications. In preparation for the final submission to the U.S. Department of Housing and Urban Development, the Monmouth County Homeless System Collaborative is now accepting applications from all agencies interested in 2015 CoC funding. All groups requesting funding through the Continuum of Care must complete the notice of intent form and submit by **May 29, 2015**.

Agencies interested in funding new programs and all those agencies requesting funding for renewal programs must submit an NOI by the May 29th deadline. All potential applicants should keep in mind that this is a competitive grant process.

In keeping with the 2015 priorities established by the US Department of Housing and Urban Development (HUD), new projects may request funding for the following program types:

1. Permanent Housing Projects that serve chronically homeless individuals (including unaccompanied youth), and families
2. Rapid Re-housing projects for homeless individuals (including unaccompanied youth), and families coming directly from the streets or emergency shelter or fleeing domestic violence
3. New projects for dedicated HMIS
4. Supportive Services Only (SSO) projects for centralized or coordinated assessment systems

Interested Agencies can request an electronic copy of the application forms by emailing Taiisa Kelly at tkelly@monarchhousing.org or Laurie Duhovny at Duhovny@co.monmouth.nj.us.

All agencies interested in applying for funding through the 2015 Continuum of Care must submit a completed Notice of Intent form with all required documentation by 4:00 pm, **May 29, 2015**.

Agencies should submit an electronic copy of their application to: tkelly@monarchhousing.org.

Alternatively, a hard copy may be delivered to:

Laurie Duhovny
Monmouth County Department of Human Services
3000 Kozloski Road, Freehold, NJ 07728

A mandatory technical assistance session on preparing the NOI will be held:

Wednesday, May 6, 2014
2:00 pm – 4:00 pm
Monmouth County Department of Human Services Bldg – Conference Room 239
3000 Kozloski Road, 2nd floor, room 239
Freehold, NJ 07728

To obtain additional information, please contact Taiisa Kelly 908-272-5363 ext. 223 or Laurie Duhovny at 732-683-2102.



**Monmouth County Homeless System Collaborative
 HUD Continuum of Care Program
 2015 New Project Application**

Agency & Project Information

Applicant Name	
Sponsor Name	
Project Name	
Project Location (physical location of the project, if scattered site write "scattered site")	
HUD Component Type (PH, PSH, TH, SSO)	
Total HUD request	

Contact Information

Agency representative completing application	
Job Title	
Email Address	
Mailing Address	
Telephone Number	
Agency representative authorized to sign grant documents	
Job Title	
Email Address	
Telephone Number	

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 Monmouth 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:** _____

A. Program Description/Impact

Please provide a narrative of no more than 2 pages describing your proposed project. The narrative should include the following information:

- Program purpose
- Population serving and need (including how you will outreach for participants)
- Program goals (short term and long term)
- How does your program fill an unmet need in the area (please include the source of your information on the specific unmet need)

B. Agency Experience

Please provide a narrative of no more than 2 pages describing the experience of the applicant agency as well as any partner agencies in administering a similar program type or other HUD funded program. The narrative should include:

- Experience of agencies working with HUD and completing necessary reporting requirements
- Ability of agencies to enter information into HMIS
- Capacity of agencies to administer funds and provide designated services to clients

C. Services and Community Coordination

Services Directly Provided - check the box for all services provided to clients by your agency:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Counseling/Advocacy	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Medical/Dental Services	<input type="checkbox"/>	Law Enforcement Services
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Life Skills Training	<input type="checkbox"/>	Substance Abuse Counseling/Treatment
<input type="checkbox"/>	Mental Health Counseling/Treatment	<input type="checkbox"/>	HIV/AIDS Support	<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Housing Location/Placement	<input type="checkbox"/>	Benefits Assistance
<input type="checkbox"/>	Soup Kitchen/Food	<input type="checkbox"/>	Prescription Assistance	<input type="checkbox"/>	Mortgage Assistance
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

Services Not Directly Provided – Please check the box for all services provided to program participants by partner agencies:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Counseling/Advocacy	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Medical/Dental Services	<input type="checkbox"/>	Law Enforcement Services
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Life Skills Training	<input type="checkbox"/>	Substance Abuse Counseling/Treatment
<input type="checkbox"/>	Mental Health Counseling/Treatment	<input type="checkbox"/>	HIV/AIDS Support	<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Housing Location/Placement	<input type="checkbox"/>	Benefits Assistance
<input type="checkbox"/>	Soup Kitchen/Food	<input type="checkbox"/>	Prescription Assistance	<input type="checkbox"/>	Mortgage Assistance
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

Please provide a narrative of no more than 2 pages describing how services are provided to program participants and in coordination with partner agencies. Narrative should include:

- Description of level of interagency involvement with other community agencies. List should indicate level of partnership (formal agreement, informal agreement, referral agency)
- Description of how participants are connected with partner agencies
- Frequency of services
- Process for developing/revising service plan
- Describe how services are coordinated
- Describe level of CoC and homeless planning attendance and participation of both applicant agency as well as partner agencies
- Explain the process the agency follows when a person is referred that is ineligible for the program

D. Staff Training and Continuing Education

Please provide a narrative of no more than 1 page describing staff capacity and ability to provide the services for the proposed project. Narratives should include:

- Level of staff training
- Information on the continuing education of the staff to ensure ability to adequately serve clients

E. Project Leveraging

Please provide a short narrative describing how your project is leveraging other resources to support the program. Please be specific in identifying the funding sources leveraged and how those resources are used in the program.

Complete the chart below identifying the type of resources available to the project and their value.

A. Type of Contribution	B. Source of Contribution	C. Value of Commitment
<i>Example: Child Care</i>	<i>Agency Name</i>	<i>\$10,000</i>
Total:		\$ 0.00

F. Project Budget

The project Budget should reflect the full HUD request, any cash match requirements and the total project leveraging (column C. other funding sources should match the leveraging chart in Section E.)

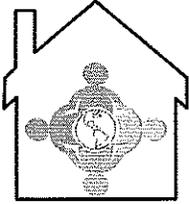
d. Proposed HUD Activities	A. HUD Request	B. Cash Match	C. Other funding sources	D. Total Budget (A + B + C)
1. Acquisition				\$ 0.00
2. Rehabilitation				\$ 0.00
3. New Construction				\$ 0.00
4. Subtotal (Lines 1 through 3)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
5. Real Property Leasing				\$ 0.00
6. Rental Assistance				\$ 0.00
7. Supportive Services				\$ 0.00
8. Operations				\$ 0.00
9. Subtotal (Subtotal lines 4 through 8)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
10. Administrative Costs (Up to 7% of line 9)				\$ 0.00
11. Total Program Budget (Total lines 9 and 10)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Rental Assistance/Leasing Budget Details

Type of Housing Assistance:

- Leasing
 Tenant Based Rental Assistance
 Sponsor Based Rental Assistance
 Project Based Rental Assistance

Rental Assistance/Leasing Budget				
Size of Unit	Number of Units	FMR	Number of Months	Total
SRO	X	X	=	\$0.00
0 Bedroom	X	X	=	\$0.00
1 Bedroom	X	X	=	\$0.00
2 Bedroom	X	X	=	\$0.00
3 Bedroom	X	X	=	\$0.00
4 Bedroom	X	X	=	\$0.00
5 Bedroom	X	X	=	\$0.00
6 Bedroom	X	X	=	\$0.00
Other:	X	X	=	\$0.00
Totals	0			\$0.00



**Monmouth County Homeless System Collaborative
HUD Continuum of Care Program
2015 Renewal Project Application**

Project Name: _____
Project Grantee: _____
Project Sponsor: _____
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 Supportive Services Only

Total Project Cost: _____ \$
Total HUD CoC Request: _____ \$
Number of unduplicated people to be served by project: _____
Population to be served: _____
Project location address: _____
Expiring Grant Number: _____ **Program Operating Year:** _____
Date of most recent APR Submission: _____

Project Description: Briefly describe the activity for which you are requesting funds. If there are any changes to your program please explain.

The following information will be pulled from the Homeless Management Information System for the 2014 calendar year:

1. HMIS Data quality
2. Program utilization rates
3. Exits to permanent housing
4. Stability in permanent housing
5. Participant residence prior to program entry
6. Participant destination at program exit
7. Discharge reason
8. Participant connect to employment income at program exit
9. Participant connection to mainstream benefits

Program Compliance

1. Please provide a listing of the eligibility documentation present in client files
2. Please provide a copy of the screen shot from e-snaps showing the most recent APR submitted
3. For housing programs (temporary & permanent) please provide the following information:
 - a. How often are units inspected
 - b. Who completes the inspections
 - c. What type of documentation is on file regarding inspections
 - d. Are copies of inspection documentation available for review by the CoC Review Committee
4. Please describe how you have met your service match requirement in the most recent operating year completed
5. Please identify any significant changes in the project
6. Please describe how homeless and/or formerly homeless individuals are involved in program or agency decision making bodies

Program Utilization information

- How many vacancies did your program have within the last year? (housing programs only)
- How many vacancies did your program have within the last 3 years? (housing programs only)
- What is the average length of time for vacancies occurring within the last year? (length of vacancy in months)
- What was the average monthly rate of unspent funds during vacancy periods
- Please provide a copy of the last operating year close out documentation sent by HUD.
- For programs with service funding, please provide the average service cost per client.
- For programs with operating funding, please provide the average operating cost per unit.

Budget Information

- Please describe your internal accounting system to track program expenditures and drawdowns from LOCCS
- Please provide a copy of your program expenditure and LOCCS drawdown report from the most recently completed operating year and the current operating year to date.
- Please provide a copy of your most recent program closeout certification provided by HUD.
- Please provide a copy of the total project budget indicating the sources covering identified costs in budget format provided
- Please provide a copy of your agency's most recent audit and your 990

Leveraging Information

- What percent of your total project budget is drawn from leveraged funds?
- Please identify all cash leveraging. Indicate the source, amount and type of project activity those funds cover.
- Please identify all in-kind leveraging associated with the project. In-kind leveraging can refer to services provided by the agency or outside agencies with which agreements have been signed. Indicate the source, amount and type of project activity the in-kind services cover.

Leveraging type (in-kind/cash)	Source	Amount	Activity leveraging supports

**2015 Continuum of Care New Application
Rank and Review Tool**

Scoring Category	Possible Points	Reviewer Score
Project Type	15	
Permanent Housing (15pts)		
Transitional Housing (10pts)		
Supportive Services Only (5pts)		
Program Impact	20	
Agency Experience	15	
Services Provided	15	
Agency Capacity	20	
Project Leveraging	15	
50% (5pts)		
100% (10pts)		
150% (15pts)		
Total Score	100	
Total Percentage	100%	

**2015 Continuum of Care Renewal Application
Rank and Review Tool**

Scoring Category	Possible Points	Reviewer Score
Project Type	15	
Permanent Housing (15pts)		
Transitional Housing (10pts)		
Supportive Services Only (5pts)		
Program Performance	45	
Housing Stability/Movement to PH (15)		
Income Growth/Connection to benefits (15)		
Data Quality (15)		
Monitoring Score	10	
Program Compliance	5	
Project Leveraging	15	
50% (5pts)		
100% (10pts)		
150% (15pts)		
Application Accuracy	10	
Completeness of application (5)		
Budget (5)		
Total Score	100	
Total Percentage	100%	