

**Passaic County Continuum of Care Funding Application
2018**

Agency & Project Information

| | |
|---|--|
| Applicant Name | |
| Other Agencies Associated with this Grant | |
| Project Name | |
| HMIS Project Name | |
| Project Location (physical location of the project, if scattered site write "scattered site") | |
| HUD Grant Number (grant number for most recent HUD contract year) | |
| Project's most recently completed operating year | |
| HUD Component Type (PH, RRH, TH, SSO) | |
| Total HUD request (this amount should be equal to or less than previous year's award) | |

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 | |

A. Application Narrative/Project Description

Please answer the following questions in no more than 3 pages:

1. Provide a brief description of the project including project purpose and goals.
2. What population will or does this project serve? Please include the number of chronically homeless beds designated and/or prioritized in the project.
3. Please describe your organization’s capacity to implement or continue implementation of the project.
4. Please describe the level and diversity of services that are made or will be made available to this project’s clients. Be sure to include the names, if applicable, of agencies or service providers that work with your agency to provide services for this project. Also, fill below table describing service frequency/sources.

| Service Type | Frequency of Service Provision | Source of Service (Applicant, Partner, etc.) |
|---|--------------------------------|--|
| 1. Assessment of Service Needs | | |
| 2. Assistance with Moving Costs | | |
| 3. Case Management | | |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | | |
| 8. Housing/Counseling Services | | |
| 9. Legal Services | | |
| 10. Life Skills | | |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | | |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | | |
| 16. Utility Deposits | | |
| 17. Operating Costs (salary, benefits, materials, and supply costs incurred in directly providing support services to participants) | | |

5. Please describe how your agency has started or will participate and utilize the CoC’s Coordinated Assessment system through the Housing Prioritization List.

6. Does the project ensure that participants are not screened out based on the following items? Put an X next to all that apply.

| | |
|--|--|
| Having too little or no income | |
| Active or history of substance abuse | |
| Having a criminal record with exceptions for state-mandated restrictions | |
| History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement) | |
| None of the above | |

7. Does the project ensure that participants are not terminated from the program for the following reasons? Put an X next to all that apply.

| | |
|--|--|
| Failure to participate in supportive services | |
| Failure to make progress on a service plan | |
| Loss of income or failure to improve income | |
| Being a victim of domestic violence | |
| Any other activity not covered in a lease agreement typically found in the project's geographic area | |
| None of the above | |

As a note, a project that checks all of the boxes in questions 6 and 7, except "None of the above", will be considered as following a "Housing First" approach.

B. Project Budget

Applicants should use the Budget Worksheet that was provided to complete the budget, match and leveraging information for the project. For purposes of completing the project budget it is important to remember that:

- If you are a renewal project, the budget requested should not exceed the previous funding amount awarded (unless you have a first-time rental assistance renewal in which there is an allowed 7% admin cost or if the FMR has increased since the original award).
- Match should equal 25% for the total budget requested. This includes admin but does not include any leasing funds. The match can be cash, in-kind, or a combination of the two.
- Leveraging is any funds available for the program above the 25% match. Again, leveraging funds can be cash, in-kind or a combination and can be provided by the agency applying for the grant or an agency they are collaborating with.
- If an agency is using another agency for match or leveraging, that agency must have an MOU with the collaborating agency detailing the services and the amount they will make available for this project. As a note, this MOU does not need to be executed by the time the local application is submitted but it must be executed by the time grant agreement is being signed with HUD.
- Any budget that is requesting service funding for a new project must ensure that the service funding request does not exceed 30% of the subtotal of funding requested and that administrative costs do not exceed 7% of the subtotal of funding requested.