

# Ocean County Homeless Prevention and Assistance Coalition

## FY2021 CoC Renewal Project Application

Executive  
Committee

**Patricia Cash**  
Interfaith  
Hospitality  
Network

**Noelle Huber**  
DCP&P

**Nina Hagen**  
Ocean County Jail

**Rose Bulbach**  
Ocean County  
Department of  
Human Services

**Jackie Edwards**  
Village Resources

**Kathryn Colhoun**  
Ocean  
Partnership for  
Children

**Natasha  
McLaurin**  
South Jersey  
Legal Services

**Tina Mikes**  
Soldier On

**Kim Santora**  
Contact

**Wanda Alfaro**  
Senior Services

Applicant Agency Name:

Sponsor Agency Name:

Project Name:

HUD Component Type (PSH, RRH, TH/RRH, TH, SSO):

Total HUD request:

Agency Contact Name (person completing request):

Job Title:

Email Address:

Mailing Address:

Telephone Number:

Agency representative Authorized to sign grant documents:

Job Title:

Email Address:

Telephone Number:

Please check one box below:

Agency <b>will</b> apply for renewal of CoC funding	
Agency <b>will not</b> apply for renewal CoC funding	

Please identify if your project incorporates any of the following changes:

Change in budget		Change in sponsor agency		Change in applicant agency	
Change in component type		Change in number of clients served		Change in target population	

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Please provide a brief description of your project. If you have identified any changes above, please explain.

Please identify the unit mix of your project. Enter the total number of units and beds (based on unit mix of HUD application)

Unit Breakdown

Household Type	Units	Beds
Individuals		
Families		

Please identify the total number of beds dedicated to the chronically homeless by household type.

Dedicated Chronic Homeless Beds

Household Type	Units	Beds
Individuals		
Families		

For the beds not currently dedicated to the chronically homeless, please identify the number of beds that will be **prioritized** for the chronically homeless at turnover. Please see the HUD Exchange FAQs for more information on the difference between dedicated and prioritized beds or follow this link:

<https://www.hudexchange.info/faqs/1888/what-is-the-difference-between-a-dedicated-permanent/>

Prioritized Chronic Homeless Beds

Household Type	Units	Beds
Individuals		
Families		

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Does your project use a housing first approach? If yes, please describe how your program meets the standards of a housing first program.

Please identify if potential applicants are ineligible for your program based on the criteria below (Y/N):

Having too little or no income	
Active substance abuse or history of substance abuse	
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)	

Please identify if enrolled participants are terminated from your program based on the criteria below (Y/N):

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	

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## Desk Monitoring Findings 2020 Findings

\*if needed a copy of your most recent monitoring findings can be provided. Email Kasey Vienckowski,  
[kvienckowski@monarchhousing.org](mailto:kvienckowski@monarchhousing.org)

Please record the results of your most recent monitoring:

	Maximum Points	Points Earned
Project Performance		
Program Compliance		
Housing First		
HMIS Participation		
HPAC Participation		

If you did not receive full points in any section, please describe any actions you have taken to rectify those issues since being notified of those desk monitoring results: