Complete one application per project you are requesting funding for. All completed applications, including attachments must be submitted to Kasey Vienckowski, Monarch Housing at <u>kvienckowski@monarchhousing.org</u>.

Emailed Application are due no later than June 24th at 4pm.

Agency & Project Information:

Applicant Name	
Sponsor Name (if applicable)	
Project Name	
Project Location (physical location of the project, if multiple write "scattered site"	
HUD Project Type (PSH, RRH, SSO, Joint TH/RRH)	
Total HUD Request	
DUNS Number	
Active SAMS Number	

Contact Information for Your Agency

Name of agency representative completing application	
Job Title	
Email Address	
Telephone Number	
Name of agency representative	
authorized to sign grant documents	
Job Title	
Email Address	
Telephone Number	
Name of agency representative for	
coordinated assessment	
Job Title	
Email Address	
Telephone Number	

A. Threshold Review Questions

1. If awarded funding, does your agency agree to become an active member of the Monmouth Homeless Systems Collaborative, if you are not already a member?

Ye	5	No
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2. All Continuum of Care funded projects are required to solely accept referrals through the CoC's Coordinated Entry Sytem. Does your agency agree to participate in the CoC's established Coordinated Entry process?

Yes	No
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3. All Continuum of Care funded projects are required to enter client level information into the CoC's Homeless Management Information System (HMIS). For domestic violence projects, a comparable database must be used. Does your agency agree to enter data as required into the CoC's HMIS or comparable database?

Yes		No
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B. Program Description/Impact

1. Provide a description of your project including the population the project will be serving and the short and long term goals for the project.

2. How is your project filling an unmet need within the communities across the four counties? Include the source of your information on the specific unmet need.

3. Use the following chart to identify your proposed unit and bed inventory:

Household Type	Number of Units	Number of Beds
Families with Children		
Individual Households		

4. Use the following chart to identify the number of beds your project will dedicate to the following populations:

Population	Number of Dedicated Beds
Chronically Homeless	
Veterans	
Unaccompanied Youth (under 25)	
Victims of Domestic Violence	

5. Check all boxes for services that will be provided to project clients by your agency directly:

Rental Assistance	Utility Assistance	Housing Counseling
Soup Kitchen/Food	HIV/AIDS Services	Mortgage Assistance
Financial	Counseling/Advocacy	Legal Assistance
Management		
Outreach	Medical/Dental Services	Law Enforcement
		Services
Case Management	Life Skills Training	Substance Abuse
		Treatment
Mental Health	Childcare	Education
Counseling/		
Treatment		
Employment	Housing Location/Placement	Transportation
Domestic Violence	Prescription Assistance	Benefits Assistance
Services		
COVID Specific	Other:	
Services		

6. Check all boxes for services that will be provided to project clients by agencies you have a partnership with:

Rental Assistance	Utility Assistance	Housing Counseling
Soup Kitchen/Food	HIV/AIDS Services Mortgage Assistanc	
Financial	Counseling/Advocacy	Legal Assistance
Management		
Outreach	Medical/Dental Services	Law Enforcement
		Services
Case Management	Life Skills Training	Substance Abuse
		Treatment
Mental Health	Childcare	Education
Counseling/		
Treatment		
Employment	Housing Location/Placement	Transportation
Domestic Violence	Prescription Assistance	Benefits Assistance
Services		
COVID Specific	Other:	
Services		

7. Briefly describe how client's will be connected to services identified above, the frequency of service provision and how your agency will ensure services provided are client focused.

8. Describe how your project will accommodate different accessibility needs such as needs of consumers with physical disabilities, vision impairment, hearing impairement, etc.

C. Housing First Identification:

 1. Check off how often households may be denied admission to your project due to the following criteria:

 Criteria
 Always
 Sometimes
 Never

Having too little or no income		
Active use or history of substance abuse		
Having a criminal record with the exception for state-		
mandated restrictions		
History of domestic violence		

2. Check off how often households may be terminated from your project due to the following criteria:

Category		Sometimes	Never
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			
Use or abuse of alcohol and/or drugs			
Any other activity not covered in a standard lease agreement			

3. For any criteria that you checked off as "Always" or "Sometimes" explain why that criteria is in place and how you will ensure your project is still implementing a housing first model while implementing this criteria.

D. Implementation Plan

1. Describe the proposed project's implementation plan. Explain how the proposed project will ensure a timely rent-up. If any project is not currently owned or under a lease agreement, provide a summary of contracts and agreements needed. Provide project implementation schedule indicating at a minimum how soon after receipt of grant agreement the projet will be able to: Begin to identify eligible participants, begin to house eligible applicants, and achieve full occupancy.

E. Organization Experience and Staffing

1. What is your agency's experience and capacity to provide the designated housing and services to the proposed population?

2. Describe the experience and capacity of your agency in working with HUD, or other federal funding sources and copleting the necessary financial and administrative reporting requirements.

3. What is the planned level of staffing for program activities and structure of staff for financial oversight of funds?

4. Describe the continuing education requirements and/or training of the staff at your agency that ensures their ability to adequately serve clients.

5. Describe your existing partnerships within the community and how your agency will leverage these partnerships for the proposed project.

F. Racial Equity and Consumer Input Strategies

1. Describe the diversity of your agency's staff and how they reflect minority populations and the population you are serving? Does your agency board or leadership include any persons with lived experience of homelessness?

2. Describe how your agency uses input from persons with lived experience of homelessness to adjust its service delivery method or program administration.

3. Identify whether your ager	cy is using an	y of the strategies be	elow to address racial disparities:
	· · · · · · ·		· · · · · · · · · · · · · · · · · · ·

Strategy	Yes or No
The Agency management and decision-making bodies are representative of the	
population served by the program.	
The agency has identified steps it will take to help the board of directors & decision-	
making bodies better reflect the population served by the program.	
The agency is establishing professional development opportunities to identify and	
invest in emerging leaders of different races and ethnicities in the organization.	
The agency is training and educating staff working in the homeless services sector	
to better understand racism and the intersection of racism and homelessness.	
The agency has reviewed internal policies and procedures with an equity lens and	
has a plan for developing and implementing equitable policies that do not impose	
undue barriers.	
The agency is collecting data and/or reviewing HMIS to better understand the	
pattern of program use for people of different races and ethnicities in its program.	
The agency has communication, such as flyers, websites, or other materials,	
inclusive of underrepresented groups.	

4. Describe how your program will be able to deliver the services in a manner that is culturally and linguistically competent and reflects the needs of the minority populations served.

G. For Projects Applying for the Domestic Violence Bonus Funding ONLY:

1. Describe how your project will utilize trauma-informed, victim-centered approaches to care to ensure both the housing, resource and safety needs of clients are met.

- 2. Addressing Safety Needs:
 - a) Describe your organization's proposed or existing protocols, including emergency transfer and safety plans, that prioritize client safety and incorporate services that are trauma-informed and victim-centered in nature; and
 - b) How your project will maximize client choice for housing and services while ensuring client safety and confidentiality

G. Project Budget

Complete the Budget and Match/Leveraging worksheet that was provided with this application to provide the accurate budget information for the project you are applying for.