# Ocean County Homeless Prevention and Assistance Coalition

**Executive Committee** 

**Jinda Gyimoty**Jinited Way

Mariel Harrison lational Council on lcoholism & Drug Dependency NJ

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**Jina Hagen** Jcean County Jail

**lebecca Kolas** Icean Monmouth Legal ervices

**Cim Liguori**Ocean County PIC

**Iancy McCorry** alvation Army

**Sarbara Shafer**labitat for Humanity

amie Busch
Cean County

Department of Human ervices

talph Autorino community Advocate HUD Continuum of Care FY2015 Funding Competition Local Selection Process

In anticipation of the FY2015 Continuum of Care (CoC) federal funding competition, the Ocean County Homelessness Prevention and Assistance Coalition (HPAC) hereby invites applications for new and renewal projects from community based organizations.

New project proposals must be either permanent housing projects for 100% chronically homeless individuals and/or families, rapid re-housing projects for homeless individuals and/or families coming from the streets or emergency shelter, or supportive services only projects for coordinated assessment/centralized intake. Eligible project types have been limited to align with HUD's project selection priorities from the FY2015 funding competition (please see the HUD FY2015 registration notice for more information).

Projects will be rated as follows:

- New projects will be rated based on a thorough narrative, clear and appropriate budget, hard-to-serve subpopulation priority, coordination with mainstream resources, adequate performance standards, success with other HUD projects, and agency reputation in the community.
- Renewal projects will be rated based on the Desk Monitoring results and relevant project information provided through the renewal application

Proposals are due no later than Friday, June 5, 2015. Submit proposals electronically, via, fax, or regular mail to:

Homelessness Prevention and Assistance Coalition (HPAC) c/o Taiisa Kelly - Ending Homelessness Group 29 Alden Street, Suite 1B, Cranford, NJ 07016

Fax: 908-382-6323

Email: tkelly@monarchhousing.org

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## **FY2015 CoC Renewal Project Application**

**Applicant Agency Name:** 

**Sponsor Agency Name:** 

Project Name:

HUD Component Type (RRH, PSH, 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 will apply for renewal of CoC funding  |  |
|---|--|
| Agency will not 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 | Change in number of      | Change in target    |
| type                | clients served           | population          |

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