

Ocean County Homeless Prevention and Assistance Coalition

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

Cover Page

Applicant Name	
Applicant EIN/TIN	
Applicant Type (non-profit, for-profit, local government, etc.)	
Sponsor Name	
Project Name	
Project Location (physical location of the project, if scattered site write "scattered site")	
Project Type: (Permanent Supportive Housing, Rapid Re-housing, Transitional/Rapid Rehousing, Coordinated Assessment)	
Total HUD request	

Contact Information

Agency representative completing application	
Job Title	
Email Address	
Mailing Address	
Telephone Number	

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Agency Information

1. Describe the experience of the applicant and partner agencies (if any) in the following areas:
 - a. Effectively utilizing HUD CoC or other federal funds
 - b. Performing activities proposed in the application
 - c. Serving the target population proposed in the application

Responses should include concrete examples that illustrate experience and expertise in working with and addressing the target population’s identified housing and supportive service needs; developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; securing matching funds from a variety of sources, administering programs in accordance with federal regulation; and managing basic organization operations including financial accounting systems.
2. Describe the experience of the applicant and partner agencies in leveraging other Federal, State, local and private sector funds.
3. Describe the basic organization and management structure of the applicant and partner agencies (if any). Include evidence of internal and external coordination and an adequate financial accounting system.
4. Are there any unresolved monitoring or audit findings for any federal or HUD grants (including ESG) operated by the applicant or partner agencies (if any)?
5. Has the applicant or partner agencies (if any) ever lost federal or HUD funding program or returned federal or HUD funding prior to or at the close of the program operating year? If so, please explain.

Project Information

1. Project description – provide a description that addresses the entire scope of the proposed project. The project description should include a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the target population(s), best practices to be used, projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity.

Please identify the target population the project will serve. (check all that apply)			
Chronically homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Individuals	<input type="checkbox"/>	Substance abuse	<input type="checkbox"/>
Families (at least one adult and one child under 18)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	HIV/AIDs	<input type="checkbox"/>
Youth (ages 18 – 24)	<input type="checkbox"/>		<input type="checkbox"/>

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Please identify the total number of units and beds of permanent housing the project will provide	
Total number of individuals to be served	
Total number of families to be served	
Total number of beds to be provided	
Total number of units to be provided	

2. Will the project follow a Housing First model? If yes, please describe in what ways the project is housing first.

Please identify if any of the criteria below would make a potential participant ineligible for your program. (answer y/n for each option below)	
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 any of the criteria below would be cause for termination from your program. (answer y/n for each option below)	
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	

3. Describe the estimated schedule from time of award to full project implementation. Identify major project milestones and the anticipated timeline for completion. Include a description of the management plan in place to ensure activities are completed in a timely manner.

Performance Targets and Supportive Services

1. Identify the target number of program participants that will achieve the following measures:

Measure	Total # of participants	# of participants	% of participants

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		achieving measure	achieving measure
Number of persons (adults and children) who will remain in permanent housing at the end of the operating year, or exit to permanent housing during the operating year.			
Number of persons age 18 through 61 who are connected to or increase their earned income at the end of the operating year or at exit.			
Number of persons aged 18 or older who are connected to or increase their income from cash benefits			
Number of persons aged 18 or older who are connected to non-cash benefits			

2. Describe how participants will be assisted to obtain and remain in permanent housing. How will the applicant take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through the case management and/or other supportive services that will be offered through the project. If participants will be housing in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.
3. Describe specifically how participants will be assisted both to increase their employment income and/or connection to cash and non-cash benefits to maximize their ability to live independently.
4. Please describe how this project will advance community goals for system performance. For each standard listed below, describe how your project will measure outcomes, the frequency of outcome evaluation, and the strategies to be employed in an effort to improve performance for each outcome.
 - a. Reduce the length of time people remain homeless
 - b. Reduce returns to homelessness
 - c. Ensure connection to employment income for 20% of participants and connection to mainstream benefits for 60% of participants
 - d. Ensure 80% of participants exiting leave to permanent housing opportunities
 - e. Ensure 80% of participants remain stable in permanent housing
 - f. Improve outreach efforts to reach the hardest to serve and to cover the geographic region
5. Indicate any additional performance measures that will be tracked for the proposed project, along with the target number and percentage of applicable clients who are expected to achieve each measure. Please describe the serves that will be made available to participants to assist them in achieving the identified goals.

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6. For projects serving families and school aged children, how will the project address the educational needs of children in the program? Will the proposed project have a designated staff person to assist with the educational needs of the children in the program?

7. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided in the following chart.

Eligible Supportive Services	Provider (Applicant/ Partner/ Non Partner)	Access (Onsite/ short walk/ public or private regional transportation)	Frequency (As needed/ Annually/ Weekly/ Daily)
Assessment of service needs			
Assistance with moving costs			
Case management			
Child care			
Education services			
Employment assistance and job training			
Food			
Housing search and counseling services			
Legal services			
Life skills training			
Mental health services			
Outpatient health services			
Outreach services			
Substance abuse treatment services			
Transportation			
Utility deposits			

Target Population & Outreach

In the chart below identify the number of units that will be dedicated to the target populations listed below. The total number of units identified in the charts below may exceed the total number of units requested in the application if households have multiple conditions (i.e. program serving 3 chronically homeless youth with severe mental illness will identify the same number of households in each box)

CH – Chronically Homeless	CH Vet – Chronically Homeless Veteran
Vet- Veteran	SA – Chronic Substance Abuse
HIV/AIDS	SMI – Severe Mental Illness
DV – Victim of Domestic Violence	PD – Physical Disability
DD – Developmental Disability	Youth – Person between age 18 – 24

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None – no target

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Dedicated – bed will only serve those in the identified target population
 Prioritized – bed may serve any person but first priority will be given to the identified target population

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Families (households with children under 18)

	CH	CH Vet	Vet	SA	HIV/AIDS	SMI	DV	PD	DD	Youth	None
Dedicated											
Prioritized											
Total											

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Individuals

	CH	CH Vet	Vet	SA	HIV/AIDS	SMI	DV	PD	DD	Youth	None
Dedicated											
Prioritized											
Total											

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 Ocean County Department of Human Services

Jackie Edwards
 Village Resources

- Briefly describe the target population and the proposed project outreach plan to identify, engage and enroll prospective participants.
- Enter the anticipated percentage of project participants that will be coming from each of the following locations. Must total 100%.

	Directly from the street or other locations not meant for human habitation
	Directly from emergency shelters
	Directly from safe havens
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing
	Homeless persons as defined under other federal statutes
	Persons fleeing domestic violence

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Budget and Leveraging

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- Identify all sources for cash or in-kind resources identified on the budget. Include information about specific amount of funding from each identified source and level of commitment – Firm commitment (formal agreement, funding award), soft commitment (verbal agreements), no commitment (not yet applied for, no agreement in place).

Service/Type of Contribution	Source	Level of Commitment (signed agreement, agreement pending, anticipated agreement, proposed agreement)	Total Value
			\$
			\$
			\$
			\$
			\$
			\$
		TOTAL:	\$

Summary Budget

Component Type (please double click appropriate box and select checked)	Grant Term (please double click appropriate box and select checked)				
<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH/RRH <input type="checkbox"/> SSO <input type="checkbox"/> HMIS	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 3 yrs	<input type="checkbox"/> 5 yrs	<input type="checkbox"/> 15 yrs
Proposed CoC Activities	CoC Dollars Requested	HUD Cash Match	Other Cash/in-Kind Match or Leveraging	Total Project Budget	
1. Acquisition					
2. Rehabilitation					
3. New Construction					
4. Subtotal (Lines 1 through 3)					
5. Real Property Leasing					
6. Rental Assistance					
7. Supportive Services From Supportive Services Budget Chart					
8. Operations From Operating Budget Chart					

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9. HMIS				
10. Subtotal (lines 4 through 9)				
11. Administrative Costs (Up to 7% of line 10)				
12. Total CoC Request (Total lines 10 and 11)				

Definitions:

HMIS	Homeless Management Information System
PSH	Permanent Supportive Housing
RRH	Rapid Re-housing
SSO	Supportive Services Only
TH/RRH	Transitional Housing and Rapid Re-Housing

Please note there is a 25% match requirement based on the total HUD request minus any Leasing funds. The 25% match may be fulfilled in any of the above line items and does not have to correspond to the specific category in which HUD funds are requested.

Supportive Services Budget

Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
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		

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Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

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Operating Budget

Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

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Rental Assistance/Leasing Budget

b. Component Types (Check only one box) <input type="checkbox"/> TRA <input type="checkbox"/> SRA <input type="checkbox"/> PRA <input type="checkbox"/> Leasing <input type="checkbox"/> Short-term Rental Assistance (1 – 3 months) <input type="checkbox"/> Medium-term Rental Assistance (3 – 24 months)	c. Grant Term (Check only one box) <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 15 yrs
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Size of Units	Number Of Units	FMR or Actual Rent**	Number of Months	Total
SRO	x	x	=	\$
0 Bedroom	x	x	=	\$
1 Bedroom	x	x	=	\$
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
Other: _____	x	x	=	\$
i. Totals:	x	x	=	\$

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The current FMR is listed below:

0 Bedroom	\$ 1,126
1 Bedroom	\$ 1,291
2 Bedrooms	\$ 1,652
3 Bedrooms	\$ 2,211
4 Bedrooms	\$ 2,524