Complete one application per project you are requesting funding for. All completed applications, including attachments must be submitted to Raquel Kooper, Monarch Housing at [rkooper@monarchhousing.org](mailto:rkooper@monarchhousing.org)

**Emailed Application are due no later than May 26th 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. Unit and Population Breakdown**

1. 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 |  |  |

2. 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 |  |

**B. 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** | **Always** | **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.

4. Describe how your project accommodates different accessibility needs such as needs of consumers with physical disabilities, vision imparement, hearing impairement, etc.

**C. Organization Staffing and Racial Equity/Consumer Input Strategies**

1. What is the current level of staffing for program activities?

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

3. 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?

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

5. Identify whether your agency is using any of the strategies below 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. |  |

6. 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.

**D. 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.

**E. Desk Monitoring Findings (2022)**

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

Please record the results of your most recent monitoring:

|  |  |  |
| --- | --- | --- |
|  | Maximum Points | Points Earned |
| Compliance Score |  |  |
| Performance Score |  |  |

If you did not receive full points in any section, please describe any actions/plans you have taken to rectify those issues: