The Ocean HPAC will be accepting applications for:

* Renewal Projects
* New Projects for Joint Transitional Housing and Permanent Housing-Rapid Rehousing (Joint TH/RRH)
* New Projects for Permanent Supportive Housing to serve homeless individual and families including pregnant and parenting youth.
* New Projects for Permanent Supportive Housing dedicated to the chronically homeless
* Coordinated Entry and Assessment and Housing Search/Counseling for homeless individuals.
* Rapid Rehousing Projects

Complete one application per project you are requesting funding for. All completed applications, including attachments will be submitted electronically. The SM Apply portal can be found:

There will be a mandatory technical assistance session for all those seeking new and renewal funding on:

**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 |  |

**New Projects Only**

**A. Threshold Review Questions**

1. If awarded funding, does your agency agree to become an active member of the Ocean County HPAC, if you are not already a member?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

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 |

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 |

**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 Management |  | Counseling/Advocacy |  | Legal Assistance |
|  | Outreach |  | Medical/Dental Services |  | Law Enforcement Services |
|  | Case Management |  | Life Skills Training |  | Substance Abuse Treatment |
|  | Mental Health Counseling/ Treatment |  | Childcare |  | Education |
|  | Employment |  | Housing Location/Placement |  | Transportation |
|  | Domestic Violence Services |  | Prescription Assistance |  | Benefits Assistance |
|  | COVID Specific Services |  | Other: | | |

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

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. 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.

**D. 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.

**All Projects**

**E. 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.

**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 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. |  |

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. 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.

**H. 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:

1. 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
2. How your project will maximize client choice for housing and services while ensuring client safety and confidentiality

Renewal Projects Only:

**I. Desk Monitoring Findings (2023)**

\*if needed a copy of your most recent monitoring findings can be provided. Email Jennifer Hakim at [jhakim@monarchhousing.org](mailto:jhakim@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: