Middlesex County Continuum of Care
2023 Renewal Project Application

Complete one application per project you are requesting funding for.

Applications are due in Survey Monkey Apply by 4pm on June 28th, 2023.

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

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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.

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, including recommendations from the consumer consultants on the CoC Consumer Participation Committee, in the design and operations of their programs.

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. Monitoring Findings (2022)
*if needed a copy of your most recent monitoring findings can be provided. Email Kasey Vienckowski, kvienckowski@monarchhousing.org or Michelle Grabelle at michelle.grabelle@co.middlesex.nj.us

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:

E. Project Budget

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Complete the Budget and Match/Leveraging worksheet below to provide the accurate budget information for the project you are applying for.

A. Type of Contribution (Match or Leverage)	B. Source of Contribution	C. Identify Source as: (I) In-kind* or (C) Cash	D. Date of Written Commitment*	E. Value of Written Commitment
Example: Match	CDBG	C	4/20/20	$10,000
			TOTAL:	$

IMPORTANT NOTES:

- ATTACH **all** letters of commitment for funds identified above. Commitment letters must agree with the information submitted above.
- 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.

I. Project Budget:

Budget Summary				
Proposed Activities	a. HUD Request	b. Match Commitment	c. Project Leveraging	d. Total Project Budget (a+b+c)
1. Acquisition				
2. Rehabilitation				
3. New Construction				
4. Leasing From Housing Assistance Budget Chart				

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5. Rental Assistance From Housing Assistance Budget Chart				
6. Supportive Services From Supportive Services Budget Chart				
7. Operating Costs From Operating Costs Budget Chart				
8. HMIS				
9. Subtotal **(lines 1 through 8)**				
10. Administrative Costs **(Up to 7% of line 9)**				
11. Total Budget **(Total lines 9 + 10)**	$	$	$	$

Housing Assistance Budget (Leasing and Rental Assistance Programs)
(if none, leave blank)

Component Types (Check only one box)

☐   ☐   ☐   ☐   ☐

TRA   SRA   PRA   LEASING   **SHORT-TERM RENTAL ASSISTANCE (1-3 MONTHS)**

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MEDIUM-TERM RENTAL ASSISTANCE (4 – 24 MONTHS)

Size of Units	Number of Units	Monthly Rent	Number of Months	TOTAL
SRO	x	$ x	12=	$
0 Bedroom	x	$ x	12=	$
1 Bedroom	x	$ x	12=	$
2 Bedrooms	x	$ x	12=	$
3 Bedrooms	x	$ x	12=	$

4 Bedrooms	x	$ x	12=	$
5 Bedrooms	x	$ x	12=	$
6 Bedrooms	x	$ x	12=	$
Other: _____	x	$ x	12=	$
Totals:				$

Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
$1,336	$1,515	$1,917	$2,333	$2,575

Supportive Services Budget		
(if none, leave blank)		
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		
15. Transportation		
16. Utility Deposits		
17. Operating Costs (salary, benefits, materials, and supply costs incurred in directly providing support services to participants)		
Total Annual Assistance Requested		
Grant Term	Year(s)	Year(s)
Total Request for Grant Term		

Operating Costs Budget		
(if none, leave blank)		
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	Year(s)	Year(s)
Total Request for Grant Term		