**Somerset County Continuum of Care**

**Renewal Project Application**

**2023**

**Agency & Project Information**

|  |  |
| --- | --- |
| Applicant Name |  |
| Sponsor Name |  |
| Project Name |  |
| Project Location (physical location of the project, if scattered site write “scattered site”) |  |
| HUD Project Type (RRH, PSH, TH, SSO) |  |
| Total HUD request |  |

**Contact Information**

|  |  |
| --- | --- |
| Agency representative completing application |  |
| Job Title |  |
| Email Address |  |
| Mailing Address |  |
| Telephone Number |  |
|  |  |
| Agency representative authorized to sign grant documents |  |
| Job Title |  |
| Email Address |  |
| Telephone Number |  |

**A. CoC Requirement Acknowledgements**

1. All Continuum of Care funded projects are required to solely accept referrals through the CoC’s Coordinated Entry Process. Does your agency agree to participate in the CoC’s Coordinated Entry process? Note that projects will be monitored on their participation with coordinated entry. Any CoC grant recipient that does not follow the guidelines contained in Somerset County’s Coordinated Entry Applicant Referral policy will forfeit their right to participate in the CoC grant application process and will be excluded from the Somerset County Consolidated CoC application.

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

2. All Continuum of Care funded projects are required to enter client level information into the CoC’s Homeless Management Information System (HMIS). As part of this requirement, all agencies will be expected to meet the CoC’s data quality standards. 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**

1. Provide a description of how the CoC funds you have for this project are used.

2. Complete the chart below based on the project’s current unit and bed breakdown.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Type** | **Total Units in Project** | **Total Beds in Project** | **Total Units in Project Dedicated to the Chronically Homeless** | **Total Beds in the Project Dedicated to the Chronically Homeless** |
| Families with Children |  |  |  |  |
| Individuals |  |  |  |  |

**For Projects Targeting Households Experiencing Domestic Violence ONLY:**

9. 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.

10. 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 survivor-centered in nature.
2. How will your project maximize client choice for housing and services while ensuring client safety and confidentiality?

11. Describe how your agency uses (or intends to use) de-identified data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and/or stalking survivors.

**C. Housing First Implementation**

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:

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **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 lease agreement typically founds in the project’s geographic area |  |  |  |

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. Provide the number of households over the last calendar year that have been denied admission or terminated from your program due to the specific criteria listed above.

**D. Community Participation**

1. Describe your agency’s level of attendance and participation in the CoC and other homeless planning decision groups.

**E. Staff Training and Continuing Education**

Your answers for the questions in this section should not exceed 1 page in total.

1. Describe the level of training the staff that work on this project will have.

2. Provide a description of the continuing education requirements of the staff which ensures their ability to adequately service clients in this project.

**F. Racial Equity and Consumer Input**

Your answers for the questions in this section should not exceed 2 pages in total.

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 and 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 interal 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 services in a manner that is culturally and linguistically competent and reflects the needs of the minority populations served.

5. Complete the chart below to provide the racial and ethnic breakdown of households served in this program over the last calendar year.

|  |  |
| --- | --- |
| **Race/Ethnicity** | **Number of Persons Served** |
| American Indian or Alaska Native |  |
| Asian |  |
| Black or African-American |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Hispanic/Latino |  |

**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. For purposes of completing the project budget it is important to remember that:

* Match must equal 25% of the total budget being requested. This includes admin but does not include any leasing funds. The match can be cash, in-kind, or a combination of the two.
* Leveraging is any funds available for the program above the 25% match. Leveraging funds can be cash, in-kind, or a combination and can be provided by the agency applying for the grant or an agency they are collaborating with.
* If an agency is using another agency for match or leveraging, that agency must have an MOU with the collaborating agency detailing the services and the amount they will make available for this project. As a note, this MOU does not need to be executed by the time the application is submitted but it must be executed by the time the grant agreement is provided by HUD.
* Any budget that is requesting service funding for a new project must ensure that the service funding request does not exceed 30% of the subtotal of funding requested and that administrative costs do not exceed 7% of the subtotal of funding requested.
* Describe the fiscal control and accounting procedures that will assure the proper disbursal and accounting for grant funds.