Complete one application per project you are requesting funding for. For further instructions, funding details and application scorecard, please see links below:

Funding Announcement

Application Scorecard

[HUD CoC Special NOFO](https://www.grants.gov/web/grants/view-opportunity.html?oppId=341301)

### Organization and Contact Information:

|  |  |
| --- | --- |
| Organization Name:  |  |
| Address:  |  |
| Telephone:  |  |
| Website:  |  |
| UEI Number |  |
| Program Contact:  |  |
| Contact Email Address:  |  |
| Contact’s Phone Number:  |  |
| Project Name:  |  |

If part of program services will be performed by a subrecipient who will receive funding from this HUD grant, please list the subrecipient information below

|  |  |
| --- | --- |
| Organization Name:  |  |
| Address:  |  |
| Telephone:  |  |
| Website:  |  |
| Program Contact:  |  |
| Contact Email Address:  |  |
| Contact’s Phone Number:  |  |
| Total amount HUD funds allocated to subrecipient |  |

New Project Component Types:

* Permanent Supportive Housing
* Rapid Rehousing
* Joint TH/RRH
* SSO – Coordinated Entry
* SSO – Street Outreach
* SSO - Other Services
* HMIS

### Threshold Review:

1. CoC funding requires that all projects utilize the CoC’s Coordinated Assessment and Entry System. If awarded, will your project work with CE to submit referrals and accept referrals (as defined by the Unsheltered Plan)?
	* Yes, program does or will accept referrals from CE
	* No, program does not accept referrals from CE
2. Is your agency currently, or will your agency become, a member of the SNJCoC, participating in County specific and CoC committee meetings if awarded?
	* Yes, our agency is, or will become a member of the SNJCoC
	* No our agency is not, or will not become a member of the SNJCoC
3. Is your agency currently using, or will your agency agree to participate in the Homeless Management Information System or a comparable database for programs focusing on victims of domestic violence?
	* Yes, our agency is using or will utilize HMIS and/or a comparable database
	* No our agency is not using, or will not utilize HMIS and/or a comparable database
4. Does your agency have any outstanding delinquent federal debt
	* Yes, agency does have outstanding delinquent federal debt
	* No, agency does not have outstanding delinquent federal debt
5. Does your agency have any outstanding civil rights matters
	* Yes, agency has outstanding civil rights matters
	* No, agency does not have outstanding civil rights matters

**Agency Experience**

1. **Organizational Experience and Capacity of Applicant/Sponsor** – Provide a description of the agency’s experience providing the type of housing and/or services to the proposed population. The description should include the agency’s housing philosophy.
2. Please indicate program outcomes in the categories listed below for any current projects serving the target population or providing the proposed services:

|  |
| --- |
| Please identify the total population served within a 12-month timeframe as well as the population achieving the identified outcome for each applicable category. |
| Performance Category | # served in year | # achieved | % achieved |
| Connection to permanent housing – identify the number of persons that exited your program to permanent housing or remained in permanent housing |  |  |  |
| Securing Documents – identify the number of persons provided support and able to successfully secure required documents (ID, birth certificate, social security card, etc.) |  |  |  |
| Connection to shelter – identify the number of unsheltered persons served and the number supported in accessing shelter services |  |  |  |
| Connection to community supports – identify the number of persons connected to and enrolled in additional community supports |  |  |  |
| Returns to homelessness – identify the total number of people served and the number returning to homelessness after exiting to permanent housing within 6 – 12 months |  |  |  |
| Continued homelessness – identify the total number of people served and the number returning to unsheltered homelessness after exiting to shelter or transitional housing |  |  |  |
| Connection to benefits – identify the total number of people entering your program without income or benefits and the number that secured benefits while enrolled in your program. |  |  |  |
| Connection to Employment – Identify the total number of people who gained employment while in the program (part time/ full time/ self-employment) |  |  |  |
| Indicate the average length of time for program enrollment (from first contact to admission) |  |  |  |
| Indicate the average length of stay in your program (from admission to discharge) |  |  |  |
| Exiting Program – Identify the number of persons exiting your program due to eviction, unsuccessful discharge or for non-compliance |  |  |  |

**Project Details**

1. Describe the gap or need your proposed project fills.
2. **Project Description** – Provide a description of the proposed program including the following: Project objectives; target population; how target population will be identified, engaged & served; how the project fills the identified gap; primary project activities and service delivery approach

*If requesting a new project under HMIS, please identify how the new funding will expand the current HMIS functionality.*

1. Identify the target population(s) for the proposed project:
	1. Chronically Homeless
	2. Veterans
	3. Chronic Substance abuse
	4. HIV/AIDS
	5. Mentally Ill
	6. Domestic Violence
	7. Physical Disability
	8. Developmental Disability
	9. Youth
	10. Families
	11. Individuals
	12. Unsheltered
	13. Long-term unsheltered
	14. Sheltered
	15. N/A – Project Serves all subpopulation
2. Describe your service delivery model. Include information about evidence based or best practices to be used and how these approaches meet the unique service needs of the target population.
3. Select all the criteria that your project **DOES screen out** clients based upon:
	1. Having too little income
	2. Active or history of substance abuse
	3. Having a criminal record with exceptions for state-mandated restrictions
	4. History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)
	5. None of the above, project is a low barrier program
4. Select all the criteria that **DOES lead to a client’s termination**:
	1. Failure to participate in supportive services
	2. Failure to make progress on a service plan
	3. Loss of income or failure to improve income
	4. Being a victim of domestic violence
	5. Use or abuse of alcohol and/or drugs
	6. Any other activity not covered in a lease agreement typically found in the project’s geographic area
	7. None of the above, project utilizes a housing first model
5. For any criteria that you checked off as screening out or leading to termination, explain why that criteria is in place and how you will ensure your project is still implementing a housing first model while implementing this criterion.
6. Please describe what ways your program will support people in connect to housing. Identify eligibility requirements necessary to access these services.
7. Please describe how your project operates within a housing first framework.
8. Explain how the program will assist all clients to identify, apply for and obtain benefits under mainstream health and social services programs for which they are eligible.
9. Describe how the proposed project will support program participants in connecting to employment and/or increasing their income.
10. Please describe your existing partnerships within the community and how your agency will leverage these partnerships for the proposed projects. Describe how the proposed project will connect participants to additional community resources and reduce barriers to program entry for participants.
11. Describe the proposed project’s implementation plan. Identify the implementation milestones and target timeframe for completion.

|  |  |
| --- | --- |
| **Project Milestones** | **Days from Execution of Grant****Agreement** |
| **Project** |
| **Begin hiring staff or expending funds** |  |
| **Begin program participant enrollment** |  |
| **Program participants occupy leased or rental****assistance units or structure(s), or supportive services begin** |  |
| **Leased or rental assistance units or structure, and supportive services near 100% capacity** |  |
| **Closing on purchase of land, structure(s), or execution of structure lease** |  |
| **Start rehabilitation** |  |
| **Complete rehabilitation** |  |
| **Start new construction** |  |
| **Complete new construction** |  |

**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, program administration or policy development.
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 underserved populations such as people of different races and ethnicities, or LGBTQIA community, in its program. |  |
| The agency has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups. |  |
| The agency has a pathway to hire persons with lived experience of homelessness at various levels of program and agency administration |  |

1. 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.

**Outcomes & Accountability**

1. Describe the projects’ primary goals and specific outcome metrics to be measured
2. How will data be used to measure progress towards achieving stated goals? Identify what data will be collected, how it will be collected, the types of analysis to be completed and how often, and how that data will inform program implementation.
3. Describe how program outcomes will be communicated within the project, the agency, and the community. What will be communicated, how often and with whom?