Morris County
2014 CoC Application
Notice of Intent

Applicant: _____

Project Name: _____

Contact: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

E-mail: _____

Type of Funding (double click the appropriate box and select "checked")**:**

☐ Permanent Supportive Housing ☐ Rapid Re-Housing ☐ Transitional Housing ☐ Supportive Services Only

Project Term: *(note: renewal projects 1yr only)*

☐ 1 year ☐ 2 years ☐ 3 years ☐ 5 years

Total Project Cost: $ _____

Total Amount Requested in this Application: $ _____

Percent of project cost being requested: _____ %

Number of unduplicated people to be served by project: _____

Population to be served: _____

Project location address: _____

Project Description: Briefly describe the activity for which you are requesting funds. (please limit your answers to 150 words or less)

Certification: *The undersigned certifies that to the best of his or her knowledge and belief, data in this application and its attachments are true and correct, the document has been duly authorized by the governing body of the organization, and the organization will comply with all regulations and guidelines applicable to Morris County's Continuum of Care program. The applicant agrees that this application is a public document and is subject to the Freedom of Information Act.*

Printed Name: _____ **Title:** _____

Authorized Signature: _____ **Date:** _____

Please answer the following questions about the program you are applying for in 10 pages or less (using 12 point font). The budget pages as well as the front summary page are not included in the 10 page total. Program applications that exceed the 10 page limit will not be considered for funding.

1) Which funding priority is your project addressing? What specific activities/services does your project offer to meet the identified need?

2) What is your agency's mission and how does this program fit into your agency's mission?

3) What are your program's goals?

4) Please identify the gaps this program fills.

5) Please identify the target population and how it compares to the larger community population in need of this service.

6) How do you anticipate obtaining referrals for this program? What additional steps will be taken should you encounter difficulty in identifying eligible program participants that meet your target population?

7) Please describe the services to be offered to program participants.

8) Please briefly describe relevant experience of the Grantee and any primary project partners in providing the proposed services.

9) Please complete the following chart providing information about community partners assisting in the provision of services for this program.

Partner Agency Name	Value of commitment (estimated cost per year)	Describe nature of services and collaboration with partner agency
i.e. Mental Health Service Agency of Morris County	*$100,000*	*Formal Memorandum of Understanding in place for the provision of psychiatric services to program participants*

10) Please describe how proposed services and identified collaborations will help you achieve your program goals.

11) Please identify/describe any changes made to your program model and/or budget within the last 3 years? Do you anticipate and major changes to your program over the next year?

12) Please describe your long-term plans to sustain the program should there be decreases in HUD funding.

13) Please provide a list of anticipated funding and services you will be able to leverage for this project (leveraging includes internal agency services/programs as well as services from community agencies both cash and in-kind)

Type of Contribution	**Source**	**Level of Commitment** (signed agreement, agreement pending, anticipated agreement, proposed agreement)	**Total Value**
			$
			$
			$
			$
			$
			$
		TOTAL:	0.00 **$**

14) Please describe your agency's level of participation in local planning processes (i.e. CoC (formerly known as CEAS), sub-committees, Community Development Consolidated Plan, etc).

15) Have you ever been denied funds (HUD or otherwise) and why?

16) What is your capacity to use the Homeless Management Information System (HMIS)?

For Renewal Projects:

Year awarded: _____ Grant Number: _____ Operating Year: _____

Please briefly describe your project goals and your progress in reaching them.

Please provide:

Unduplicated number of participants served: _____

Unduplicated number of participants exiting the program within the prior 12 months: _____

Unduplicated number of participants moving successfully into permanent housing at program exit: _____

Number of participants returning to program for homeless assistance within a 2 year time frame: _____

Please briefly describe barriers to addressing participant needs. How did you solve/address those barriers?

Were there any unused funds at the end of your operating year? _____

Do you regularly enter data into the HMIS database? _____

Please complete the following chart regarding your program drawdowns for FY2013 & FY2014 to date.

Program operating year			
	2013	2014	
Total HUD Budget Awarded			
Month of Drawdown	Drawdown Request Amount	Drawdown Request Amount	Documentation on file to support drawdown request

Summary Budget

Component Type (please double click appropriate box and select checked) ☐ TH ☐ PH ☐ SSO ☐ HMIS ☐ Safe Haven (See Below)		**Grant Term (**please double click appropriate box and select checked) ☐ 1 yr ☐ 2 yrs ☐ 3 yrs ☐ 5 yrs ☐ 15 yrs		
Proposed SHP Activities	**CoC Dollars Requested**	**HUD Cash Match**	**Other Cash/in-Kind Match or Leveraging**	**Total Project Budget (Total of all 3 columns)**
1. Acquisition				$ 0.00
2. Rehabilitation				$ 0.00
3. New Construction				$ 0.00
4. Subtotal (Lines 1 through 3)	$ 0.00	$ 0.00	$ 0.00	$ 0.00
5. Real Property Leasing				$ 0.00
6. Rental Assistance				$ 0.00
7. Supportive Services From Supportive Services Budget Chart				$ 0.00
8. Operations From Operating Budget Chart				$ 0.00
9. HMIS				$ 0.00
10. CoC Request (Subtotal lines 4 through 9)	$ 0.00	**Total HUD Cash Match**	**Total Additional Cash/In-Kind Match or Leveraging**	**Total Budget (Total SHP Request + Total Match)**
11. Administrative Costs (Up to 7% of line 10)				
12. Total CoC Request (Total lines 10 and 11)	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Definitions:

HMIS	Homeless Management Information System
TH	Transitional Housing
PH	Permanent Housing
SHP	Supportive Housing Program
SSO	Supportive Services Only
Safe Haven	Low barrier shelter for people with mental illness, substance abuse challenges, serving no more than 25 people in one location.

Please note there is a 25% cash match requirement for all line items except leasing.

Supportive Services Budget

Supportive Services Costs	CoC Dollars Requested			
	Year 1	**Year 2**	**Year 3**	**Total**
1. Assessment of Service Needs Quantity:				$ 0.00
2. Assistance with Moving Costs Quantity:				$ 0.00
3. Case Management Quantity:				$ 0.00
4. Child Care Quantity:				$ 0.00
5. Education Services Quantity:				$ 0.00
6. Employment Assistance Quantity:				$ 0.00
7. Food Quantity:				$ 0.00
8. Housing/Counseling Services Quantity:				$ 0.00
9. Legal Services Quantity:				$ 0.00
10. Life Skills Quantity:				$ 0.00
11. Mental Health Services Quantity:				$ 0.00
12. Outpatient Health Services Quantity:				$ 0.00
13. Outreach Services Quantity:				$ 0.00
14. Substance Abuse Treatment Services Quantity:				$ 0.00
15. Transportation Quantity:				$ 0.00
16. Utility Deposits Quantity:				$ 0.00
17. Operating Costs Quantity:				$ 0.00
14. Total CoC dollars requested: (lines 1 to 13)**	$ 0.00	$ 0.00	$ 0.00	$ 0.00

If not specified, the costs will be removed from the budget.

****Total of Line 14 must match line 6, column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 80 percent of the Total Supportive Services Costs entered on Line 16.***

15.Total cash match to be spent on CoC eligible supportive service activities:				$ 0.00
16. Total supportive services costs: ***	$ 0.00	$ 0.00	$ 0.00	$ 0.00

****** The Total Supportive Services Costs includes the cash match entered on line 15, and the CoC dollars requested on line 14. The total of Line 16 must match line 6, column g., on the Project Summary Budget.***

Operating Budget

Operating Costs	CoC Dollars Requested			
	Year 1	**Year 2**	**Year 3**	**Total**
1. Maintenance/Repair Quantity:				$ 0.00
2. Property Taxes and Insurance Quantity:				$ 0.00
3. Replacement Reserve Quantity:				$ 0.00
4. Building Security Quantity:				$ 0.00
5. Electricity, Gas, and Water Quantity:				$ 0.00
6. Furniture Quantity:				$ 0.00
7. Equipment (lease, buy) Quantity:				$ 0.00
11. Total CoC Operating Dollars Requested (lines 1 to 10): **	$ 0.00	$ 0.00	$ 0.00	$ 0.00
If not specified, the costs will be removed from the budget. *****Total of Line 11 must match line 7 column e., on the Project Summary Budget. The amount of the CoC request entered must be no more than 75 percent of the Total Operating Costs entered on Line 12.***				
12. Total cash match to be spent on SHP eligible operations activities:				$ 0.00
13. Total Operating Costs: ***	$ 0.00	$ 0.00	$ 0.00	$ 0.00
***** The Total Operating Costs includes the cash match entered on line 12 and the CoC dollars requested on line 11. The total of Line 13 must match line 7, column g., on the Project Summary Budget.**				

Rental Assistance/Leasing Budget

b. Component Types (Check only one box)	c. Grant Term (Renewals are 1 year only) (Check only one box)
☐ TRA ☐ SRA ☐ PRA ☐ Leasing ☐ Short-term Rental Assistance ☐ Medium-term Rental Assistance	☐ 1 yr ☐ 2 yrs ☐ 3 yrs ☐ 5 yrs ☐ 15 yrs

a. Check the box to indicate the type of program: ☐ **Leasing** ☐ **Rental Assistance**

b. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:

d. Size of Units	e. Number Of Units		f. FMR or Actual Rent**	g. Number of Months	h. Total
SRO		x	x	=	$ 0.00
0 Bedroom		x	x	=	$ 0.00
1 Bedroom		x	x	=	$ 0.00
2 Bedrooms		x	x	=	$ 0.00
3 Bedrooms		x	x	=	$ 0.00
4 Bedrooms		x	x	=	$ 0.00
5 Bedrooms		x	x	=	$ 0.00
6 Bedrooms		x	x	=	$ 0.00
Other: ____		x	x	=	$ 0.00
i. Totals:	0	x	x	0 =	$ 0.00

The current FMR is listed below:

SRO	$ 766
0 Bedroom	$ 1,022
1 Bedroom	$ 1,059
2 Bedrooms	$ 1,265
3 Bedrooms	$ 1,632
4 Bedrooms	$ 1,865

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