Continuum of Care Homeless Assistance Program New Project Application

**Instructions:** This form is required for all applicants seeking to apply for federal funding for a new or expansion project. All fields are required. There is a 1,000-character limit in all open answer fields.

**Agency Information:**

|  |  |
| --- | --- |
| Continuum of Care Name | Click or tap here to enter text. |
| Agency Name | Click or tap here to enter text. |
| Responsible Party Name | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Project Name | Click or tap here to enter text. |
| Total Agency Budget | Click or tap here to enter text. |

**Experience of Applicant, Subrecipient(s), on Other Partners:**

Describe the experience of the applicant and potential subrecipients (if any) in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Click or tap here to enter text.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Click or tap here to enter text.

Describe the agencies capacity to administer the requested funding? Include a timeframe for hiring new staff (as needed), participant enrollment, and provision of supportive services.

Click or tap here to enter text.

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

Click or tap here to enter text.

**Monitoring:**

When was the agencies last monitoring/audit visit?

Click or tap here to enter text.

Describe any findings and corrective actions acknowledged within the last 24 months (if any).

Click or tap here to enter text.

**Project Information:**

|  |  |
| --- | --- |
| Project Name | Click or tap here to enter text. |
| Proposed Operating Year Start Date | Click or tap here to enter text. |
| Proposed Operating Year End Date | Click or tap here to enter text. |
| Projected Number of Units | Click or tap here to enter text. |
| Projected Number of Beds | Click or tap here to enter text. |

HUD program from which funding is being requested under Supportive Housing Program:

Choose an item.

Will the project have a specific population focus?  Yes  No

If yes, identify the specific population focus. Select ALL that apply.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Chronic Homelessness |  | Domestic Violence |
|  | Veterans |  | Substance Abuse |
|  | Youth (under 25) |  | Mental Illness |
|  | Families with Children |  | HIV/AIDS |
|  | Other: Click or tap here to enter text. |

Will the agency participant in the designated HMIS, or utilize a comparable database for Victim Service Providers?

Yes  No  Comparable Database

PSH Projects Only - Will the project be 100% Dedicated, DedicatedPLUS, or N/A?

100% Dedicated  DedicatedPLUS  N/A

**Project Description:**

Provide a description that addresses the entire scope of the proposed project.

Click or tap here to enter text.

Will your project participate in a CoC Coordinated Entry process?

Click or tap here to enter text.

Will the project follow a “Housing First” approach?

Click or tap here to enter text.

Will the project quickly move participants into permanent housing?

Click or tap here to enter text.

Will the project ensure that participants are not screened out based on the following items? Select all that apply.

|  |  |
| --- | --- |
|  | Having too little or little income  Active or history of substance use |
|  | Having a criminal record with exceptions for state-mandated restrictions |
|  | History of victimization (e.g. domestic violence, sexual assault, childhood abuse) |
|  | None of the Above |

Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

|  |  |
| --- | --- |
|  | Failure to participate in supportive services |
|  | Failure to make progress on a service plan |
|  | Loss of income or failure to improve income |
|  | Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area |
|  | None of the above |

Describe how participants will be assisted to obtain and remain in permanent housing.

Click or tap here to enter text.

What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Click or tap here to enter text.

**Funding Request:**

What percentage of this project’s annual budget (services, leasing, operations, HMIS, administration) is represented by HUD McKinney-Vento funding?

Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
|  | HUD | Match | TOTAL |
| Leased Units | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Leased Structures | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Rental Assistance | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Supportive Services | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Operating | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| HMIS | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Administration | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| TOTAL | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Cost Per Unit: Click or tap here to enter text.

*\*Include those units to be funded under this grant application and the match that was listed above only. Do not include other sources.*

Chief Executive Officer Name: Click or tap here to enter text.

Chief Executive Officer Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.