

2017 CoC Rapid Re-Housing New Project

Applicant:

Agency Name:

Project Name:

Contact for Application Information:

Email Address:

Phone Number:

Proposed Start & End Date:

Identify any Sub-recipient agency(s):

Amount of award for Sub-recipient:

2. Experience of Applicant, Sub-recipient(s), and Other Partners

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

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

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

4. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential sub-recipients (if any)?

3. Project Description

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

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

3. Will your project participate in the CoC Coordinated Assessment System?

Yes or No

4a. Will your project have a specific population focus? Yes or No

4b. Identify the specific population focus.

Individual Youth 18-25 _____

Youth Families 18-15 _____

5. Will the project follow a "Housing First" model? Yes or No

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential sub-recipients (if any) will have in developing, operating, and maintaining the property?

7. Indicate the maximum length of assistance for each participant?

8a. Will the project request costs under the rental assistance budget line item?

8b. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.

9. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes or No

10. Will more than 16 persons live in one structure? Yes or No

4A. Supportive Services for Participants

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes or No

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes or No

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

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

4. Describe how accessible most community amenities are to project participants?

4. Housing Type and Location

Total Units:

Total Beds:

5. Project Participants – Households

Total Number of Households to be served	Number of Adult Households without Children	Number of Households with at Least One Adult and One Child	Number of Households with Only Children	Households with Only Children	Total
Total Number of Disabled Adults ages 18-24					
Total Number Non-disabled Adults ages 18-24					
Total Number of Children under age 18					
Total Persons To be served					

5. Outreach for Participants

5a. Enter the percentage of project participants that will be coming from each of the following locations:

Directly from the street or other locations not meant for human habitation _____

Directly from emergency shelters _____

Directly from safe havens _____

From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens _____

Persons fleeing domestic violence _____

5b. Describe the outreach plan to bring these homeless participants into the project

6. Standard Performance Measures

Specify the universe and target for the housing measure.

Housing Measure	Target (#)	Universe (#)	Target (%)
Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year			
Choose one income-related performance measure from below, and specify the universe and target numbers for the goal			
a. Persons age 18 through 24 who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.			
b. Persons age 18 through 24 who maintained or increased their earned income as of the end of the operating year or program exit.			

7. Funding Request

Proposed Number of grant years? _____

Check the type of Funding Line Items Requested

Leased Units _____

Rental Assistance _____

Supportive Services _____

Operating _____

7a. Rental Assistance Budget

FMR Area		Total Units Requested		Rental Assistance Requested	
Size of Units	# of Units	FMR Rate	12 Months	Total Request	
0 Bedroom					
1 Bedroom					
2 Bedroom					
3 Bedroom					
4 Bedroom					
Total Units					
# of Grant Yrs					
Total Grant Request					

7b. Supportive Services Budget

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Cost	Quantity & Description	Annual Request
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 Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

7c. Operating

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description	Annual 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		
Total Request for Grant Term		

7d. Sources of Match/Leverage

Summary for Match

Total Value of Cash Commitments:		
Total Value of In-Kind Commitments:		
Total Value of All Commitments:		

Summary for Leverage

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments

Total Value of Cash Commitments: _____

Total Value of In-Kind Commitments: _____

Total Value of All Commitments: _____

7e. Summary Budget

Eligible Costs	Annual Assistance Requested	Grant Term	Total Assistance Requested for Grant Term
Leased Units			
Rental Assistance			
Supportive Services			
Operating			
Administration			
Total Assistance Request			
Cash Match			
In-Kind Match			
Total Budget			