

**Atlantic County Homeless Consortium  
Continuum of Care  
New Project Application 2019**

**Agency & Project Information**

Applicant Name	
Sponsor Name	
Project Name	
Project Location (physical location of the project, if scattered site write “scattered site”)	
HUD Component Type (RRH, PSH, TH, SSO, TH/RRH)	
# of CoC Units/Vouchers in this project	
Total HUD request	

**Contact Information**

<b>Agency representative completing application</b>	
Job Title	
Email Address	
Mailing Address	
Telephone Number	
<b>Agency representative authorized to sign grant documents</b>	
Job Title	
Email Address	
Telephone Number	
<b>Agency representative for Coordinated Assessment</b>	
Job Title	
Email Address	
Telephone Number	

**A. Program Description/Impact**

1. Please provide a program description that includes a discussion of the program purpose, program service model and number of people to be served.

2. Please identify the target population to be served by this project.

Household Type	Number to be Served
Individuals	
Families	

Sub-population Type	Number to be Served
Chronically Homeless	
Veterans	
Youth	
Serious Mental Illness	
Substance Abuse	
HIV/AIDS	
Domestic Violence Victims	
Chronic Health/Physical Conditions	

Please identify any other target populations not listed above (if applicable). Describe your outreach plan to identify, engage and enroll members of the above identified target populations.

- 3. Please describe how this program will be integrated into the coordinated assessment system for Atlantic County. (5 points)
- 4. If the project is providing permanent housing, please describe the housing model to be used and general housing program policies including location of housing, housing service model, and eviction policy. (5 points)
- 5. What are the short term and long-term goals for the project? (5 points)
- 6. In response to the declaration of a tourism district in Atlantic City, how has your agency modified its strategic plan to balance the goal of Atlantic City to be a premier tourist destination and also accommodate homeless persons in Atlantic City? How would your organization collaborate with the Chamber of Commerce and the business community? (5 points)

**B. Agency Experience**

1. Please describe the experience of your agency in working with HUD and completing the necessary reporting requirements of HUD grants. In your description please discuss program administration in relation to federal regulations, and if applicable audit or monitoring findings. (5 points)

2. Have you ever been denied funds or relinquished grants (HUD or otherwise) and why?

3. Please describe your agency’s plan to integrate this program into the current HMIS? (5 points)

4. Please describe the capacity of your agency to administer funds and provide designated services to the clients of this project. Provide number of staff and staff credentials. Detail the number of years the company has been in existence and the company’s primary purpose. Please include a description of the agency’s experience in providing this service and/or serving the target population identified. (5 points)

**C. Services and Community Coordination**

Services Directly Provided - check the box for all services provided to clients by your agency:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Counseling/Advocacy	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Medical/Dental Services	<input type="checkbox"/>	Law Enforcement Services
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Life Skills Training	<input type="checkbox"/>	Substance Abuse Counseling/Treatment
<input type="checkbox"/>	Mental Health Counseling/Treatment	<input type="checkbox"/>	HIV/AIDS Support	<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Housing Location/Placement	<input type="checkbox"/>	Benefits Assistance
<input type="checkbox"/>	Soup Kitchen/Food	<input type="checkbox"/>	Prescription Assistance	<input type="checkbox"/>	Mortgage Assistance
<input type="checkbox"/>	Co-Occurring Disorder Treatment	<input type="checkbox"/>	Other	<input type="checkbox"/>	

Services Not Directly Provided – Please check the box for all services provided to program participants by partner agencies:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Counseling/Advocacy	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Medical/Dental Services	<input type="checkbox"/>	Law Enforcement Services
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Life Skills Training	<input type="checkbox"/>	Substance Abuse Counseling/Treatment
<input type="checkbox"/>	Mental Health Counseling/Treatment	<input type="checkbox"/>	HIV/AIDS Support	<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Housing Location/Placement	<input type="checkbox"/>	Benefits Assistance
<input type="checkbox"/>	Soup Kitchen/Food	<input type="checkbox"/>	Prescription Assistance	<input type="checkbox"/>	Mortgage Assistance
<input type="checkbox"/>	Co-Occurring Disorder Treatment	<input type="checkbox"/>	Other	<input type="checkbox"/>	

1. Please describe the level of interagency involvement with other community agencies including the level of partnership (formal agreement, informal agreement, referral agency) for the provision of services in this program. Please identify the specific services that will be provided by community partner agencies. (5 points)

2. Please describe the service model that will be used in the proposed program. How will this service model promote stability in permanent housing?

3. Please describe your agency's capacity to serve vulnerable populations. What types of services and engagement strategies will be used to serve the hardest to serve in the community?

### **E. System Performance**

Please describe how this program will assist the Atlantic County Homeless Consortium and the community to meet the following performance targets for the homeless service system. In your answer for each performance standard describe how your project measures success internally, frequency of evaluation and strategies that will be employed to help the project meet the local standards.

- Reduce the length of time people remain homeless
- Reduce returns to homeless
- Increase participant connection to employment income and mainstream benefits
- Increase the rate of participants exiting homelessness to permanent housing
- Increase the stability of homeless households in permanent housing
- Improve outreach efforts to reach the hardest to serve and cover the geographic region

**G. Project Budget**

The project Budget should reflect the full HUD request, any cash match requirements and the total project leveraging (the totals in column B + C should match the leveraging chart in Section E.)

<b>d. Proposed HUD Activities</b>	<b>A. HUD Request</b>	<b>B. Cash Match</b>	<b>C. Other funding sources</b>	<b>D. Total Budget (A + B + C)</b>
<b>1. Acquisition</b>				
<b>2. Rehabilitation</b>				
<b>3. New Construction</b>				
<b>4. Subtotal (Lines 1 through 3)</b>				
<b>5. Real Property Leasing</b>				
<b>6. Rental Assistance</b>				
<b>7. Supportive Services</b>				
<b>8. Operations</b>				
<b>9. Subtotal (Subtotal lines 4 through 8)</b>				
<b>10. Administrative Costs (Up to 7% of line 9)</b>				
<b>11. Total Program Budget (Total lines 9 and 10)</b>				

**Rental Assistance/Leasing Budget Details**

Location:  Single Site  Scattered Site

Type of Housing Assistance:

Leasing  Tenant Based Rental Assistance  Sponsor Based Rental Assistance

Project Based Rental Assistance

Rental Assistance/Leasing Budget				
Size of Unit	Number of Units	FMR	Number of Months	Total
SRO	X	X	=	\$
0 Bedroom	X	X	=	\$
1 Bedroom	X	X	=	\$
2 Bedroom	X	X	=	\$
3 Bedroom	X	X	=	\$
4 Bedroom	X	X	=	\$
5 Bedroom	X	X	=	\$
6 Bedroom	X	X	=	\$
Other:	X	X	=	\$
<b>Totals</b>				\$