County Continuum of Care
Renewal Project Application
2018

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)	
Total HUD request	

Contact Information

Agency representative completing application	
Job Title	
Email Address	
Mailing Address	
Telephone Number	
Agency representative authorized to sign grant documents	
Job Title	
Email Address	
Telephone Number	

1. Does your program target the chronically homeless? If so, please identify the total number of beds dedicated to the chronically homeless.

2. Does your program prioritize households with the most severe needs within your target population? If yes, please identify how services and engagement are structured to best work with the most vulnerable households.

3. Does your program use a housing first approach? If yes, please describe how your project meets housing first criteria.

4. Please check the box next to any criteria used to screen applicants out of your program during the enrollment process, or to terminate those participants already enrolled

Enrollment Process

Having too little or no income	
Active substance abuse or history of substance abuse	
Criminal record with exceptions for state-mandated restrictions	
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	

Termination Process

Failure to participate in supportive services	
Failure to make progress on a service plan	
Loss of income or failure to improve income	
Being a victim of domestic violence	
Any other activity not covered in a lease agreement typically found in the project's geographic area	

5. Are their time limits or other restrictions on program enrollment impacting program admission or length of time clients remain in the program? If yes, please describe.

6. Please describe how you coordinate with the Single Point of Entry and other community providers for program implementation

7. 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

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

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	=	$
Totals				$