

**Southern NJ Continuum of Care 2021 NOFA
RENEWAL PROJECT APPLICATION**

Completed applications (**1 PDF of entire application including attachments**)
must be submitted electronically to Kristina Portella, Monarch Housing Associates,
kportella@monarchhousing.org

In addition, hard copies (**1 original and 10 copies**) of the completed application must be dropped off/mailed to:
Human & Disability Services C/O Lisa Cerny 115 Budd Blvd West Deptford, NJ 08096
Proposals (electronic and hard copies) are due no later than 2:00 P.M. on Friday, June 4, 2021

Agency & Project Information

Applicant Name	
Sponsor Name	
Project Name	
HMIS Project Name (if applicable)	
Project Location (physical location of the project, if multiple, write "scattered site")	
HUD Grant Number (grant number for most recent HUD contract year)	
HUD Component Type (PH-RRH, PSH, Joint TH-RRH, SSO, HMIS)	
# of CoC Units/Vouchers in this project?	
Total HUD request (<i>this amount should be equal to or less than FY 2019 CoC award</i>)	
Has this project been part of a consolidation since the FY 2019 CoC award?	Yes No
If this is a consolidated grant, please list the terminating grants by number and project name:	

Contact Information for Your Agency

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	
Agency representative for Coordinated Assessment	
Job Title	
Email Address	
Telephone Number	

A. Program Description/Impact

1. Please complete the chart with the number of vouchers/units in this project.

Total # of Vouchers/Units	# of Vouchers and Units for Families/Individuals	
	<u>Families</u>	<u>Individuals</u>

2. Please complete the chart with the number of beds designated and/or prioritized in the project.

Priority Populations	Number of Beds		Number of Units	
	*Dedicated	*Prioritized	*Dedicated	*Prioritized
Chronically Homeless				
Veterans				
Youth aged 18-24				
Families				
Survivors of Domestic Violence				
Available to Any Client/Subpopulation				

3. **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 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"/>	COVID Specific	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

Services Not Directly Provided – *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 Treatment
<input type="checkbox"/>	Mental Health Counseling/Treatment	<input type="checkbox"/>	HIV/AIDS Support	<input type="checkbox"/>	Education

	Employment		Childcare		Transportation
	Domestic Violence Services		Housing Location/Placement		Benefits Assistance
	Soup Kitchen/Food		Prescription Assistance		Mortgage Assistance
	COVID Specific		Other:		

4. How is your program coordinating its intake process with the SNJCoC Coordinated Assessment Process and Housing Prioritization List?

5. 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. If any answer other than 'Never' is provided, please explain the reason for and nature of the project policy. **Please answer briefly.** If any questions, reviewers will contact for clarification.

Persons may be denied admission to project due to:	Always	Sometimes	Never
Having too little or no income			
Active use or history of substance abuse			
Having a criminal record with exception for state-mandated restrictions			
History of domestic violence			
Persons may be terminated from project due to:			
Failure to make progress on a service plan or participate in services			
Loss of income or failure to improve income			
Being a victim of domestic violence			
Substance use			
Any other activity not covered in a standard lease agreement			

6. Please describe in 2-3 sentences, the continuing education requirements and/or training (i.e. HMIS) of the staff at your agency that ensures their ability to adequately serve clients.

Desk Monitoring Findings

2020 Findings

*if needed a copy of your most recent monitoring findings can be provided. Email Kristina Portella, kportella@monarchhousing.org

If you did not receive full points in any section, please describe any actions you have taken to rectify those issues since being notified of those desk monitoring results.

B. Project Budget

IMPORTANT NOTES:

- ATTACH **all** letters of commitment for funds identified above. Commitment letters must agree with the information submitted above.
- There is a 25% match requirement based on the total HUD budget request minus any Leasing funds. For example, if a project requests \$100,000 in HUD funding of the following proportions—\$90,000 in Leasing dollars, \$5,000 of Operating Costs, and \$5,000 of Administrative Costs—the required 25% match amount would be just \$2,500 (\$100,00 total - \$90,000 Leasing = \$10,000; \$10,000 * 0.25 = \$2,500). However, if a project requests \$100,000 in HUD funding of the following proportions—\$90,000 in Rental Assistance dollars, \$5,000 for Supportive Services, and \$5,000 of Administrative Costs—the required 25% match amount would be just \$25,000 (\$100,00 total - \$0 Leasing = \$100,000; \$100,000 * 0.25 = \$25,000). The 25% match may be fulfilled in any of the above line items and does not have to correspond to the specific category in which HUD funds are requested.

Documented Match must be for eligible expenses under the CoC program such as Leasing, Rental Assistance, Supportive Services, Operating Costs, HMIS, and Administrative Costs.

Budget Summary				
Proposed Activities	a. HUD Request	b. Cash Match	c. Other Funding Sources	d. Total Project Budget (a+b+c)
1. Leasing From Housing Assistance Budget Chart				
2. Rental Assistance From Housing Assistance Budget Chart				
3. Supportive Services From Supportive Services Budget Chart				
4. Operating Costs From Operating Costs Budget Chart				
5. HMIS				
6. Subtotal (lines 1 through 5)				
7. Administrative Costs (Up to 7% of line 6)				
8. Total Budget (Total lines (6 +7))	\$	\$	\$	

Housing Assistance Budget (Leasing and Rental Assistance Programs)
 (If your project does not request HUD funds for this line item, leave this section blank)

Component Types (Check only one box) – (see definitions below)

TRA
 SRA
 PRA
 Leasing
 Short-Term Rental Assistance (1-3 months)

Medium-term Rental Assistance (4 – 24 months)

Size of Units	Number of Units	Monthly Rent	Number of Months	Total
SRO	x	\$ x	12=	\$
0 Bedroom	x	\$ x	12=	\$
1 Bedroom	x	\$ x	12=	\$
2 Bedrooms	x	\$ x	12=	\$
3 Bedrooms	x	\$ x	12=	\$
4 Bedrooms	x	\$ x	12=	\$
5 Bedrooms	x	\$ x	12=	\$
6 Bedrooms	x	\$ x	12=	\$
Other: _____	x	\$ x	12=	\$
Totals:				\$

- **TRA – Tenant Based Rental Assistance – lease is in tenant’s name**
- **SRA – Sponsor Based Rental Assistance – lease is in agency’s name or in tenant’s name if used in property owned by the sponsor agency**
- **PRA – Project Based Rental Assistance – voucher tied to specific unit and lease is in tenant’s name**
- **Short-Term Rental Assistance – For Rapid Re-Housing Project only - rental assistance provided to participants for up to 3 months**
- **Medium-Term Rental Assistance – For Rapid Re-Housing Projects only – rental assistance provided to participants for 4 – 24 months**

Camden County Final FY 2021 FMRs By Unit Bedrooms					
SRO	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
\$630	\$900	\$1,040	\$1,260	\$1,567	\$1,796

Cape May County Final FY 2021 FMRs By Unit Bedrooms					
SRO	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
\$579	\$898	\$1,069	\$1,361	\$1,763	\$1,846

Cumberland County Final FY 2021 FMRs By Unit Bedrooms					
SRO	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
\$632	\$929	\$1,037	\$1,353	\$1,796	\$2,086

Gloucester County Final FY 2021 FMRs By Unit Bedrooms					
SRO	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
\$630	\$900	\$1,040	\$1,260	\$1,567	\$1,796

Supportive Services Budget

(If your project does not request HUD funds for this line item, leave this section blank)

Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
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 (salary, benefits, materials, and supply costs incurred in directly providing support services to participants)		
Total Annual Assistance Requested		

Operating Costs Budget

(If your project does not request HUD funds for this line item, leave this section blank)

Eligible Costs	Quantity & Description	Annual HUD 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		