

**2018 CoC Rapid Re-Housing/PSH 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:** \_\_\_\_\_

**Project Narrative (1-2 pages only)**

**1. Experience of Applicant, Sub-recipient(s), and Other Partners to include the following:**

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

**2. Project Description** Provide a description that addresses the entire scope of the proposed project to include the following:

- How the project will participate in the Co's Coordinated Assessment System
- Specific Target Population
- Housing First or Low Barrier Program Models
- Follow CoC Program Guidelines and Housing First Model
- Maximum length of assistance for each participant
- Coordination with Mainstream Resources
- Assistance with employment and/or applying for benefits to maximize their ability to live independently.

**3. Housing Type and Location**

Total Units: \_\_\_\_\_

Total Beds: \_\_\_\_\_

#### 4. Project Participants – Households

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

#### 5. Standard Performance Measures

Specify the universe and target for the housing measure.

<b>Housing Measure</b>	<b>Target (#)</b>	<b>Universe (#)</b>	<b>Target (%)</b>
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			
<b>Choose one income-related performance measure from below, and specify the universe and target numbers for the goal</b>			
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.			

**6. Funding Request** must be for **ONE YEAR ONLY**

**Check the type of Funding Line Items Requested**

Leased Units \_\_\_\_\_  
 Rental Assistance \_\_\_\_\_  
 Supportive Services \_\_\_\_\_  
 Operating \_\_\_\_\_

**7a. Rental Assistance/Leasing 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				
<b>Total Grant Request</b>				

**7b. Supportive Services Budget**

A quantity AND description must be entered for each requested cost.

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		
Total Request for Grant Term		

**7c. Operating**

A quantity AND description must be entered for each requested cost.

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:		

**7d. Summary Budget**

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