FY 2019 New Projects Application

(Summary of Questions)

**2B. Experience of Applicant, Subrecipient(s), and other Partners**

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations:

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds:

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

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

 If yes: Describe the unresolved monitoring or audit findings:

**Project Detail**

Project Name:

**Project Description**

Provide a description of the entire scope of the proposed project:

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

Will your project participate in a CoC Coordinated Entry Process?

Please identify the project’s specific population focus (Select ALL that apply)

 Chronic Homeless

 Veterans

 Youth (under 25)

 Families

Domestic Violence

 Substance Abuse

 Mental Illness

 HIV/AIDS

 Other

Housing First? Y/N

Does the project ensure that participants are not screened out based on the following items? Select all that apply

 Having too little or little income

 Active or history of substance use

 Having a criminal record with exceptions for state-mandated restrictions

 History of victimization (e.g. domestic violence, sexual assault, childhood abuse)

 None of the above

Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply:

 Failure to participate in supportive services

Failure to make progress on a service plan

 Loss of income or failure to improve income

 Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic are

 None of the above

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property

Will the PH project provide PSH or RRH?

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Y/N

Explain how and why the project will implement this requirement:

Will more than 16 persons live in one structure? Y/N

Describe the local market conditions that necessitate a project of this size:

Describe how the project will be integrated into the neighborhood:

**Housing Type and Location**

 Total units:

 Total beds:

 Total dedicated CH beds:

Housing Type:

TBRA or fixed location

Indicate the maximum number of units and beds available for project participants:

 Units:

 Beds:

How many beds of the total beds in previous question are dedicated to the chronically homeless? This includes both the “dedicated” and “prioritized” beds.

If site specific, Address:

 Street:

 Street:

 City

 State:

 Zip code:

If combined TH/PH – How many transitional units:

If TH, private or semi-private room?

**Project Participants – Households**

What is the number of households?

 With at least one adult and one child:

 Without children:

 Households with only children:

Characteristics:

 Adults over age 24

 With at least one adult and one child:

 Without children:

 Adults ages 18-24

 With at least one adult and one child:

 Without children:

 Accompanied Children under age 18

With at least one adult and one child:

 Households with only children:

 Unaccompanied Children under age 18

 Households with only children:

Total persons:

**5B. Project Participants – Subpopulations**

*Persons in Households with at Least One Adult and One Child*

 Adults over age 24

 Chronically Homeless Non-veterans

 Chronically Homeless Veterans

 Non-Chronically Homeless Veterans

 Chronic Substance Abuse

 Persons with HIV/AIDS

 Severely Mentally Ill

 Victims of Domestic Violence

 Physical Disability

 Developmental Disability

 Persons not represented by listed subpopulations

 Adults ages 18-24

 Chronically Homeless Non-veterans

 Chronically Homeless Veterans

 Non-Chronically Homeless Veterans

 Chronic Substance Abuse

 Persons with HIV/AIDS

 Severely Mentally Ill

 Victims of Domestic Violence

 Physical Disability

 Developmental Disability

 Persons not represented by listed subpopulations

 Children under age 18

 Chronic Substance Abuse

 Persons with HIV/AIDS

 Severely Mentally Ill

 Victims of Domestic Violence

 Physical Disability

 Developmental Disability

 Persons not represented by listed subpopulations

*Persons in Households without Children*

 Adults over age 24

 Chronically Homeless Non-veterans

 Chronically Homeless Veterans

 Non-Chronically Homeless Veterans

 Chronic Substance Abuse

 Persons with HIV/AIDS

 Severely Mentally Ill

 Victims of Domestic Violence

 Physical Disability

 Developmental Disability

 Persons not represented by listed subpopulations

 Adults ages 18-24

 Chronically Homeless Non-veterans

 Chronically Homeless Veterans

 Non-Chronically Homeless Veterans

 Chronic Substance Abuse

 Persons with HIV/AIDS

 Severely Mentally Ill

 Victims of Domestic Violence

 Physical Disability

 Developmental Disability

 Persons not represented by listed subpopulations

*Persons in Households with Only Children (enter number)*

Accompanied Children under age 18

 Chronic Substance Abuse

 Persons with HIV/AIDS

 Severely Mentally Ill

 Victims of Domestic Violence

 Physical Disability

 Developmental Disability

 Persons not represented by listed subpopulations

Unaccompanied Children under age 18

 Chronic Substance Abuse

 Persons with HIV/AIDS

 Severely Mentally Ill

 Victims of Domestic Violence

 Physical Disability

 Developmental Disability

 Persons not represented by listed subpopulations

**Outreach for Participants**

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

 Persons fleeing domestic violence

 Directly from transitional housing that was eliminated in the FY 2017 CoC Program Competition

 Directly from the TH Portion of a Joint TH and PH-RRH Component project

 Persons receiving services through a Department of Veterans Affairs (VA) funded homeless assistance program (Eligible for Joint projects if the TH or Emergency Shelters)

 Total of above percentages (must total 100%)

Describe the outreach plan to bring these homeless participants into the project:

**Budget Information**

Attach project budget.

 **Attachments**

Subrecipient Nonprofit Documentation

**Certification**

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Signature:

Date:

Title:

Applicant Organization:

**Please attach the following documents**

Letter of Good Standing

By-laws

Articles of Incorporation

Latest audited financial statement/audits

Evidence signatory authority