

# WARREN COUNTY DEPARTMENT OF HUMAN SERVICES

## DIVISION OF ADMINISTRATION

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### Request for Letters of Intent FY 2018 HUD Continuum of Care (CoC) Homeless Assistance Funding Tri-County CoC of Warren, Sussex, and Hunterdon Counties

#### Background

The United States Department of Housing and Urban Development (HUD) issues an annual Notice of Funding Availability (NOFA) to launch a nationwide competitive process to provide communities with funds to assist those experiencing homelessness with services and housing. The FY2018 NOFA was released on June 18, 2018. The Warren County Department of Human Services, Division of Administration, serves as the collaborative applicant for the Tri County Continuum of Care (CoC) of Warren, Sussex and Hunterdon Counties and will be responsible for completing and submitting the application on behalf of the CoC.

The Division will accept Letters of Intent for renewal and new projects, with the understanding that new projects may be funded if current renewal project funds are reallocated by the Executive Committee and/or through additional funds made available by HUD for bonus projects. The FY2018 CoC NOFA indicates that HUD will continue Tier 1 and Tier 2 funding strategy in the FY2018 competition. HUD will also allow CoCs the opportunity to apply for specific new projects through available reallocated funds, new bonus funding, and new Domestic Violence bonus funding. All projects will be scored by a standardized Ranking & Review process; the tool for this process will be published with this RLI on the County of Warren website ([www.co.warren.nj.us](http://www.co.warren.nj.us)). **The Tri County CoC Annual Renewal Demand (ARD) is \$1,174,640.**

Eligible applicants include non-profit organizations and units of local government. Eligible agencies who have not previously received HUD CoC funding are encouraged to apply. **Applicants must be able to provide services in, or accept referrals from, all three counties, in accordance with the Tri-County CoC Coordinated Assessment process.** Applicants are responsible for reading the FY 2018 HUD Notice of Funding Availability when it is released:

[https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/?utm\\_source=HUD+Exchange+Mailing+List&utm\\_campaign=4c48c039f2-CoC+Competition+Open+6.19.18&utm\\_medium=email&utm\\_term=0\\_f32b935a5f-4c48c039f2-18508353](https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=4c48c039f2-CoC+Competition+Open+6.19.18&utm_medium=email&utm_term=0_f32b935a5f-4c48c039f2-18508353)

HUD requires an electronic submission of all applications in E-snaps; applicants will be required to finish the draft application, with all required attachments, approximately three weeks prior to the HUD deadline. The CoC will review the draft prior to submission.

<https://esnaps.hud.gov/grantium/frontOffice.jsf>.

**A technical assistance session for interested applicants will be provided on Wednesday, July 11, 2018 at 2:00 p.m.** Attending at the session is highly recommended and can be accessed via phone by calling 1-800-356-8278 and entering Conference Code: 206811.

**Providers must submit Letters of Intent to the Division no later than Friday, July 20, 2018 at 3:30 p.m.** Electronic submissions are acceptable and may be emailed to [apatti@co.warren.nj.us](mailto:apatti@co.warren.nj.us)  
Proposals may be mailed to:

Warren County Department of Human Services  
Division of Administration  
1 Shotwell Drive  
Belvidere, NJ 07823

If you have any questions regarding this proposal or technical assistance, please contact Jay Everett at [jeverett@monarchhousing.org](mailto:jeverett@monarchhousing.org) or 908-272-5363 x 232 9:00 a.m. – 5:00 p.m., Monday to Friday.

### **Scope of Services**

#### **Purpose**

To provide funding to quickly re-house homeless individuals and families, promote access to and effective use of mainstream programs and optimize self-sufficiency by those experiencing homelessness (the HUD homeless definition can be found at : <https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/>

#### **Eligible Components**

Permanent Supportive Housing  
Rapid Re-Housing  
Supportive Services only (Coordinated Entry only)  
Joint Transitional Housing and Rapid Re-Housing  
Homeless Management Information Systems

#### **New Projects**

The Tri County CoC will accept applications for new projects for up to 5% of the Annual Renewal Demand of \$1,174,640.

Applicants are expected to align projects with the goals of HUD's Strategic Plan to Prevent and End Homelessness and *Opening Doors*, which can be found at <http://usich.gov/>

HUD's priorities, as stated in the FY2018 CoC Notice are as follows:

- Creating a Systemic Response to Homelessness
- Strategic Resource Allocation
- Using a Housing First approach

#### **Match & Leverage**

All applicants should start to plan for and secure commitments of match and leveraging sources.

**Match** - a 25% cash or in-kind match is required for all program components except leasing. Match is required for both new and renewal projects.

**Leverage** - an effort to leverage local resources is required by HUD for all projects.

Letters and/or MOUs documentation match & leveraging are due with the draft application prior to submission in E-snaps. Further guidance is available from HUD at:

<https://www.hudexchange.info/resource/3113/importance-of-documenting-match-under-the-coc-program/>

## **Project Rating Process for Renewal Projects**

Upon submission of applications, the Tri-County CoC Rank & Review Committee will evaluate programs using the approved scoring criteria (attached) and data generated from HMIS based on the CoC System Performance Measures:

<https://www.hudexchange.info/resources/documents/System-Performance-Measures-Introductory-Guide.pdf>

Projects are required to participate in:

Coordinated Assessment, Housing First Philosophy, Prioritization of the Chronically Homeless, New Chronically Homeless definition

Special consideration will be given to project proposals that provide safety, housing assistance, and services to serve vulnerable survivors of domestic violence and victims of other forms of violence as defined by HUD in Category 4 of the homeless definition.

## **Continuum of Care Membership**

The Tri-County Continuum of Care annually welcomes new members and member agencies who seek to join in the mission of ending homelessness for persons in Warren, Hunterdon, and Sussex Counties. The CoC considers opinions pertaining to planning and strategic resource allocation from any individuals and organizations with knowledge of homelessness in the geographic area or an interest in preventing or ending homelessness in the Tri-County region.

## **Definitions**

*Chronically Homeless* – the new definition for Chronically Homeless went into effect on January 4, 2017 and is as follows: An unaccompanied homeless individual with a disabling condition, or an adult member of a homeless family who has a disabling condition, who has either been continuously homeless for a year or more, OR has had at least four (4) occasions of homelessness in the past 3 years, where all combined occasions has to total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation in an emergency shelter, or in a safe haven. The term “homeless,” in this case, means a person sleeping in a place not meant for human habitation (e.g., living on the streets), in an emergency homeless shelter, or in a Safe Haven as defined by HUD.

*Disabling Condition* - A disabling condition is defined as: (1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes an individual’s ability to live independently, and of such a nature that the disability could be improved by more suitable conditions; (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agent for acquired immune deficiency syndrome; or (5) a diagnosable substance abuse disorder. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.

*Housing First* - a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements and rapid placement and stabilization in permanent housing are primary goals. Research shows that it is effective for the chronically homeless with mental health and substance abuse disorders, resulting in fewer inpatient stays and less expensive intervention than other approaches. PSH projects should use a

Housing First approach in the design of the program.

**Tri County Continuum of Care**  
**FY 2018 Renewal Project Application**

Project Information	
Project Name	
Current Grant #:	Expiration date:
Total 1 Year HUD Request: \$	
Project Type: <input type="checkbox"/> Support Services Only <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Joint Transitional/Rapid Re-Housing <input type="checkbox"/> Homeless Management Information Systems	

Recipient Organization Information	
Organization Name:	
Address:	
City:	Zip Code:
Telephone:	Fax Number:
If NJ Medicaid provider, indicate ID#:	Federal ID#:

Application Contact Person Information	
Name:	
Telephone:	E-Mail:

PROJECT OVERVIEW				
Total # of units:	Total # of beds:			
Priority Populations	Number of Beds		Number of Units	
	Prioritized	Dedicated	Prioritized	Dedicated
Chronically Homeless				
Veterans				
Youth aged 18-24				
Families				
Survivors of Domestic Violence				
Total Number Available to Any Subpopulation or Client				

# RENEWAL PROJECTS FISCAL INFORMATION

## PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you requested an extension for your most recent contract year? Yes No
2. Start and end date of your most recent HUD award (current contract year):  
(If extension has been granted, make sure current contract year reflects the extension granted)  
  
\_\_\_\_\_ to \_\_\_\_\_
3. Total amount of award: \$ \_\_\_\_\_
4. Do you anticipate that you will have unexpended funds at the expiration date of your current contract?  
 Yes  No If yes, how much? \$ \_\_\_\_\_
5. Have you had unexpended HUD funds at the expiration of grant terms in the past 3 years?  
Yes  No If yes, how much? 2017 \$ \_\_\_\_\_  
2016 \$ \_\_\_\_\_  
2015 \$ \_\_\_\_\_

Please include a copy of your most recent grant closeout statement, and a printout of your eLOCCS voucher payments showing the past 12 months of grant payment requests.

**Please describe any changes that have occurred to your original program and/or significant accomplishments not reflected in your APR:**

**Please describe project admission and termination criteria. Specifically address how the items listed below will impact admission and termination within the project as applicable.**

### Admission Criteria:

- Having too little or no income
- Active or history of substance abuse
- Having a criminal record with exception for state-mandated restrictions
- History of domestic violence

### Termination Criteria:

- 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 standard lease agreement

How many referrals from the Tri-County Continuum of Care Coordinated Assessment Process has your project received since July 1, 2017? How many of these referrals were accepted and rejected? Please explain the reason for any rejected referral.

## ASSURANCES for NEW and RENEWAL PROJECTS Tri County CoC

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized submission of this document and the applicant will comply with the following:

- Applicant will complete the HUD Project Application forms with the same information as contained in this application.
- Applicant agrees to participate fully in the NJ Homeless Management Information System (HMIS). Domestic Violence providers agree to provide non-identifying data from a cHMIS-comparable tracking system.
- Applicants agree to complete a HUD Annual Progress Report (APR).
- Project agrees to participate in the Coordinated Entry system, which includes the use of a Common Assessment tool, when fully implemented in the CoC.
- Applicant understands that HUD CoC-funded homeless projects are monitored by the Tri County CoC. This can include an annual site visit, annual submission of the applicant's most recent APR submitted to HUD and participation in the Tri County Continuum of Care.

<b>Name:</b> (please type)	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Signature:</b> (if application is scanned)	
<b>Electronic signature authorization:</b>	<input type="checkbox"/> I agree that checking this box is the legal equivalent of my manual signature on this agreement. You confirm that you have reviewed and agree with the conditions above.
<b>Date:</b>	

**Tri County Continuum of Care**  
**FY 2018 New Project Application**

**Project Information**

<b>Project Name:</b>	
<b>Total HUD Request: \$</b> <b>Proposed start date:</b>	
<b>Project Type:</b>	<input type="checkbox"/> Permanent Housing <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Joint Transitional Housing and Rapid Re-Housing <input type="checkbox"/> Homeless Management Information Systems

**Recipient Organization Information**

<b>Organization Name:</b>	
<b>Director:</b>	
<b>Address:</b>	
<b>City:</b>	<b>Zip Code:</b>
<b>Telephone:</b>	<b>Fax Number:</b>
<b>If NJ Medicaid Provider, ID#:</b>	<b>Federal ID#:</b>
<b>Are there Sub-Recipient Organizations for this project?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, which organization(s)?</b>	

**Application Contact Person Information**

<b>Name:</b>	
<b>Telephone:</b>	<b>E-Mail:</b>

**PROJECT OVERVIEW**

<b>Total # of units:</b>	<b>Total # of beds:</b>			
Priority Populations	Number of Beds		Number of Units	
	Prioritized	Dedicated	Prioritized	Dedicated
Chronically Homeless				
Veterans				

Youth aged 18-24				
Families				
Survivors of Domestic Violence				
Total Number Available to Any Subpopulation or Client				

**Tri County CoC**  
**FY 2018 NEW PROJECT NARRATIVE**

Provide a description that addresses the entire scope of the proposed project, including but not limited to target population, proposed services, length of assistance, etc. Explain how your project will be in line with HUD strategic goals and enable households to achieve housing and greater self-sufficiency.

[https://www.hudexchange.info/resources/documents/FederalStrategicPlan\\_Presentation.pdf](https://www.hudexchange.info/resources/documents/FederalStrategicPlan_Presentation.pdf)

Please also describe project admission and termination criteria. Specifically address how the items listed below will impact admission and termination within the project as applicable.

**Admission Criteria:**

- Having too little or no income
- Active or history of substance abuse
- Having a criminal record with exception for state-mandated restrictions
- History of domestic violence

**Termination Criteria:**

- 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 standard lease agreement

Please include a budget summary to include:

Expense	Year 1	Total Request
1. Leased Units	\$	\$
2. New construction, acquisition, rehab	\$	\$
3. Rental Assistance	\$	\$
4. Supportive Services	\$	\$
5. Operating	\$	\$
6. Sub-total Expenses	\$	\$
7. Administration (7% max.)	\$	\$
<b>8. Total HUD Request</b>	<b>\$</b>	<b>\$</b>

Total Match	\$	
Total Leveraging	\$	

**New project leasing and rental assistance budgets must be based on FY 2018 HUD FMRs which can be found at the following link:**

<https://www.huduser.gov/portal/datasets/fmr.html>