***Tri-County Continuum of Care***

***for Hunterdon, Sussex, & Warren Counties***



**Request for Letters of Intent**

**FY 2022 HUD Continuum of Care (CoC) Homeless Assistance Funding**

**Tri-County CoC of Warren, Sussex, and Hunterdon Counties**

Working together

to end homelessness

**Request for Letters of Intent**

**FY 2022 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 Opportunity (NOFO) to launch a nationwide competitive process to provide communities with funds to assist those experiencing homelessness with services and housing. The HUD Continuum of Care (CoC) FY2022 NOFO is anticipated to be released in June/July 2022. Family Promise of Sussex County serves as the collaborative applicant for the Tri County CoC of Warren, Sussex, and Hunterdon Counties and will be responsible for completing and submitting the application on behalf of the CoC.

The CoC 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. HUD has indicated that the *FY2022 CoC NOFO* will continue HUD’s Tier 1 and Tier 2 funding strategy in the FY2022 competition. HUD will also allow CoCs the opportunity to apply for specific new projects through available reallocated and general 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 websites of Family Promise of Sussex County, and Warren, Sussex, and Hunterdon Counties.

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. **Additionally, all applicants must adhere to the following requirements:**

* Be able to provide services in, or accept referrals from, all three counties, in accordance with the Tri-County CoC Coordinated Assessment process.
* Have a firm match commitment of cash or in-kind support with a total value of 25% of the proposed project budget request, minus leasing costs
* Utilize a Housing First philosophy

**Board Committee:**

Chair: Meagan O’Reilly

Joan Bruseo

Angela Fields

Lauren Burd

Shawn Buskirk

Randi Hengst

Nick Kapetanakis

Tina Magarino

Dianna Morrison

Susan Nekola

Carol Novrit

Laura Richter

Roni Todd-Marino

**Veterans Committee:**

Chair: Jenn Stivers

Applicants are responsible for reading the FY 2022 HUD Notice of Funding Availability when it is released:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

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.](https://esnaps.hud.gov/grantium/frontOffice.jsf)

**A mandatory technical assistance session for interested applicants will be provided on May 24th, 2022 at 9 a.m. via ZOOM.** **Attending the session is mandatory for all agencies submitting both new and renewal proposals. Applicants must register for the meeting to** [amathew@monarchhousning.org](mailto:amathew@monarchhousning.org) **and** **Meagan O’Reilly at** [MOreilly@co.hunterdon.nj.us](mailto:MOreilly@co.hunterdon.nj.us) .

**Providers must submit Letters of Intent to the CoC no later than Friday, June 24th, 2022 at 3:30 p.m.** Electronic submissions are acceptable and may be emailed to [amathew@monarchhousning.org](mailto:amathew@monarchhousning.org) **and** Meagan O’Reilly at [MOreilly@co.hunterdon.nj.us](mailto:MOreilly@co.hunterdon.nj.us) .

**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 (HMIS)

**Tri – County Local Selection Process 2022 Funding Priorities**

New Permanent Supportive Housing or Rapid Rehousing Projects that jointly provide healthcare

Joint Transitional Housing-Rapid Rehousing Projects

Projects serving persons with mental illness

Projects serving persons with substance use disorders

**New Projects**

The Tri County CoC will accept applications for new projects prioritizing those project types listed above.

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

**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.

If selected for funding 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 Funding 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 and use of the Chronically Homeless Definition.

Special consideration will be given to project proposals that expand housing using a housing first philosophy and projects that expand and/or improve coordinated assessment/entry.

**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 inpatients stays and less expensive intervention than other approaches. Permanent Supportive Housing projects should use a Housing First approach in the design of the program. Please see the RLI Addendum tool for additional information.

*Racial Equity –* The Tri-County CoC is committed to upholding policies and practices that are equitable and that do not pose undue barriers for any particular group(s) (e.g., individuals of a particular racial/ethnic group, sexual orientation, gender, ability status, etc.). All entities within the homeless service sytem are expected to utilize a racial equity lens in the provision and evaluation of services. Please see the RLI Addendum tool for additional information.

***Tri County Continuum of Care FY 2022 Renewal Project Application***

|  |
| --- |
| **Project Information** |
| **Project Name** |
| **Current Grant #: Expiration date:** |
| **Total 1 Year HUD Request: $** |
| **Project Type:**  **Rapid Re-Housing**  **Permanent Supportive Housing**  **Joint Transitional/Rapid Re-Housing**  **Support Services Only**  **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** |
| **Primary Contact Name:** |
| **Primary Telephone: Primary E-Mail:** |
| **Secondary Contact Name:** |
| **Secondary Telephone: Secondary 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 |  | |  | | |

**Tri County CoC**

**FY 2022 RENEWAL PROJECT NARRATIVE**

1. **Agency Background**
2. Provide an overview of your agency’s experience and success delivering services to the program’s priority population. *For projects with sub-grantees, include a description of the subcontracted agency’s experience as well.*
3. Describe your agency’s plan for training staff including:
4. How your agency orients new staff and ensures key competencies,
5. Annual or periodic trainings for different levels of staff and training that staff has received in the past year,
6. Certifications or licenses required for different levels of staff and whether training is offered to create pathways for staff development,
7. Training received by executive leadership, direct service staff, board of directors and all other staff levels,
8. How each training is relevant to service delivery,
9. What impact have the above trainings had on service delivery and project design,
10. Specific trainings the agency incorporates to reflect the program’s priority populations (people of color, LGBTQ+ community, youth, DV survivors, veterans, etc.)
11. What is your agency’s process for collecting and evaluating data including:
    1. Software used,
    2. Responsible staff,
    3. Timelines,
    4. Ensuring data accuracy and completeness,
    5. Adherence to privacy standards and data quality standards,
    6. How your agency determines the data quality improvement plan,
    7. Share your agency’s current data quality improvement plan and current status.
12. Complete the chart below and provide a description of (1) what strategies your agency using to address racial disparities and (2) your agency’s process for incorporating persons with lived experience into program design and policies.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **% of people served by agency** | **% of direct service staff** | **% of executive leadership and administration** |
| **American Indian/ Alaska Native** |  |  |  |
| **Asian** |  |  |  |
| **Black/African American** |  |  |  |
| **Native Hawaiian/ Pacific Islander** |  |  |  |
| **White** |  |  |  |
| **Hispanic/Latino** |  |  |  |
| **Persons with Lived Experience** | N/A |  |  |
| **Total** |  |  |  |

1. **Project Description**
   1. Describe the SMART objectives and outcomes of the project including, but not limited to, the number of households to be served, priority populations and demographics to be served, linkages to training, employment and benefits, specific system performance metrics that are relevant to the project, and services provided after discontinuation of services (post-program graduation, etc.).
   2. Describe specific activities and services the project will offer to participants to meet the identified participant needs including
   3. How the activities/services will assist participants to obtain and maintain permanent housing,
   4. What project staff will perform activities/services
   5. How participants will be assessed for, and connected with, employment services, mainstream benefits, healthcare services and insurance,
   6. Any additional services (if any) the agency will provide to augment the scope and success of the program,
   7. Partnerships and collaborations with relevant community partners. *Please note that if the agency will rely on subgrantees, partnerships or collaborations to achieve project objectives and outcomes, the roles and responsibilities of those entities should be included in this section.*
   8. Describe the agency monitoring and evaluation plan as it relates to this project including
   9. How the project will measure and document participant satisfaction to inform implementation,
   10. Staff involved in monitoring and evaluation
   11. Methods used to evaluate program performance and determine quality improvement projects,
   12. Frequency of program evaluation and improvement plan monitoring.
   13. Describe the agency’s participation in CoC meetings, subcommittees, and Coordinated Entry. How many referrals from the Tri-County Continuum of Care Coordinated Entry Process has your project received since July 1, 2021? How many of these referrals were accepted and rejected? Please explain the reason for any rejected referral.
   14. Were any clients terminated from the program? If so, why, and what plans were made to avoid the client’s homelessness?
2. **Housing First Philosophy**
3. Describe how you operationalize a Housing First philosophy in program implementation including admission and termination criteria, documented policies and procedures, training, processes and implementation plans.
4. Participant criteria
   1. Does the project require a criminal or credit background check during program intake to determine project eligibility?

Yes No

* 1. Are program participants required to participate in any other services to receive housing?

Yes No

* 1. Are participants required to present any documentation during program entry?

Yes No

* 1. Is income considered as criteria during project admission?

Yes No

1. If the answers to any of these questions is “yes”, please provide detailed explanation of the reasons for these program requirements and plans for implementing a Housing First philosophy prior to the next funding cycle.
2. If applicable, provide a detailed overview of barriers to implementing the Housing First philosophy and strategies project staff have identified to address these barriers.
3. **Budget/Fiscal Information Information - RENEWAL PROJECTS**
4. Please complete the Budget worksheet.
5. Describe your agency’s fiscal capacity to maintain the project including
6. Changes made to the project model, staffing and/or budget within the last three years and projected changes over the next year
7. Long term plans to sustain the project should there be a decrease in HUD funding
8. Have you requested an extension for your most recent contract year? Yes No
9. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Total amount of award: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you anticipate that you will have unexpended funds at the expiration date of your current contract?

Yes  No If yes, how much? $\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you had unexpended HUD funds at the expiration of grant terms in the past 3 years?

Yes  No If yes, how much? 2020 $\_\_\_\_\_\_\_\_\_\_\_\_\_

2019 $\_\_\_\_\_\_\_\_\_\_\_\_\_

2018 $\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

1. If applicable, please describe whether project modifications are necessary due to a projection of unused funds for the current year.
2. Please describe any changes that have occurred to your original program and/or significant accomplishments not reflected in your APR.
3. Has your program had any significant changes due to the COVID-19 Pandemic? (not scored)

**Match/Leveraging**

* + - 1. Please attach letters of commitment for any Firm Match Commitment for the proposed project. Firm Match Commitments of cash or in-kind support with a total value of 25% of proposed project budget request (minus leasing costs) is required. Also attach letters of support for any additional Commitments for the project.

***Tri County Continuum of Care FY 2022 New Project Application***

|  |
| --- |
| **Project Information** |
| **Project Name:** |
| **Total HUD Request: $**  **Proposed start date:** |
| **Project Type:**  **Rapid Re-Housing**  **Permanent Supportive Housing**  **Joint Transitional/Rapid Re-Housing  Support Services Only**  **Homeless Management Information Systems** |

|  |
| --- |
| **Recipient Organization Information** |
| **Organization Name:** |
| **Director:** |
| **Address:** |
| **City:**   **Zip Code:** |
| **Telephone:**   **Fax Number:** |
| **If NJ Medicaid Provider, ID#: Federal ID#:** |
| **Are there Sub-Recipient Organizations for this project?** **Yes** **No**  **If yes, which organization(s)?** |

|  |
| --- |
| **Application Contact Person Information** |
| **Primary Contact Name:** |
| **Primary Telephone: Primary E-Mail:** |
| **Secondary Contact Name:** |
| **Secondary Telephone: Secondary 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 |  | |  | | |

**Tri County CoC**

**FY 2022 NEW PROJECT NARRATIVE**

* + - 1. **Agency Background**

1. Please provide an overview of your agency’s experience with the priority population and proposed services. For projects with sub-grantees, include a description of the subcontracted agency’s experience as well.
2. Discuss your agency experience with implementing HUD-funded projects including project administration, fiscal management, adherence to program regulations and audit results. If you have lost or been denied HUD-funding in the past, disclose project name, HUD project type and reasons for loss/denial. If the agency has no experience with HUD funding, describe experience with other funders, including agency administration and management. Include proof of your agency’s up-to-date SAM registration.
3. Provide the staffing plan for the project including an organizational chart, basic job descriptions that describe responsibilities and qualifications for the project and a recruitment plan to fully staff the project to meet project deadlines.
4. Describe your agency’s familiarity with HUD system performance measures and experience with improving these metrics within your agency and/or throughout the Tri-County CoC including plans for how your agency plans to address these system performance measures as a CoC-funded provider
5. Describe your agency’s plan for training staff including:
   1. How your agency orients new staff and ensures key competencies,
   2. Annual or periodic trainings for different levels of staff and training that staff has received in the past year,
   3. Certifications or licenses required for different levels of staff and whether training is offered to create pathways for staff development,
   4. Training received by executive leadership, direct service staff, board of directors and all other staff levels,
   5. How each training is relevant to service delivery,
   6. What impact have the above trainings had on service delivery and program design,
   7. Specific trainings the agency incorporates to reflect priority populations (people of color, LGBTQ+ community, youth, DV survivors, veterans, etc.)
6. What is your agency’s process for collecting and evaluating data including
   * 1. Software used,
     2. Responsible staff,
     3. Timelines,
     4. Ensuring data accuracy and completeness,
     5. Adherence to privacy standards and data quality standards,
     6. How your agency determines the data quality improvement plan,
     7. Share your agency’s current data quality improvement plan and current status.
7. Complete the chart below and provide a description of (1) what strategies your agency using to address racial disparities and (2) your agency’s process for incorporating persons with lived experience into program design and policies.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **% of people served by agency** | **% of direct service staff** | **% of executive leadership and administration** |
| **American Indian/ Alaska Native** |  |  |  |
| **Asian** |  |  |  |
| **Black/African American** |  |  |  |
| **Native Hawaiian/ Pacific Islander** |  |  |  |
| **White** |  |  |  |
| **Hispanic/Latino** |  |  |  |
| **Persons with Lived Experience** | N/A |  |  |
| **Total** |  |  |  |

* 1. **Project Description**

1. Briefly describe the activity for which you are requesting including the funding priority and/or gap the project addresses, how your agency supports, collaborates with, or differs from other service providers that provide the same or similar service, and how the project aligns with the missions of both the agency and Tri-County CoC.
2. Describe the SMART objectives and outcomes of the project including, but not limited to, the number of households to be served, priority populations and demographics to be served, linkages to training, employment and benefits, specific system performance metrics that are relevant to the project, and services provided after discontinuation of services (post-program graduation, etc.).
3. Describe specific activities and services the project will offer to participants to meet the identified participant needs including
   1. How the activities/services will assist participants to obtain and maintain permanent housing,
   2. What project staff will perform activities/services
   3. How participants will be assessed for, and connected with, employment services, mainstream benefits, healthcare services and insurance,
   4. Any additional services (if any) the agency will provide to augment the scope and success of the program,
   5. Partnerships and collaborations with relevant community partners.

*Please note that if the agency will rely on subgrantees, partnerships or collaborations to achieve project objectives and outcomes, the roles and responsibilities of those entities should be included in this section.*

1. Describe the agency monitoring and evaluation plan as it relates to this project including
   1. How the project will measure and document participant satisfaction to inform implementation,
   2. Staff involved in monitoring and evaluation
   3. Methods used to evaluate program performance and determine quality improvement projects,
   4. Frequency of program evaluation and improvement plan monitoring.
2. Describe how your program referral and intake processes align with the CoC Coordinated Entry processes and how your agency participates or plans to participate in the Coordinated Entry system.
   1. **Housing First Philosophy**
3. Describe how you operationalize a Housing First philosophy in program implementation including admission and termination criteria, documented policies and procedures, training, processes and implementation plans.
4. Participant criteria
   1. Does the project require a criminal or credit background check during program intake to determine project eligibility?

Yes No

* 1. Are program participants required to participate in any other services to receive housing?

Yes No

* 1. Are participants required to present any documentation during program entry?

Yes No

* 1. Is income considered as criteria during project admission?

Yes No

1. If the answers to any of these questions is “yes”, please provide detailed explanation of the reasons for these program requirements and plans for implementing a Housing First philosophy prior to the next funding cycle.
2. Provide a detailed overview of barriers to implementing the Housing First philosophy and strategies project staff have identified to address these barriers.
   1. **Budget/Ficsal Information – NEW PROJECTS**
      * 1. Please complete the Budget worksheet.
   2. New project leasing and rental assistance budgets must be based on FY 2022 HUD FMRs which can be found at the following link: <https://www.huduser.gov/portal/datasets/fmr.html>
      * 1. Please attach letters of commitment for any Firm Match Commitment for the proposed project. Firm Match Commitments of cash or in-kind support with a total value of 25% of proposed project budget request (minus leasing costs) is required. Also attach letters of support for any additional Commitments for the project.

The Tri County Continuum of Care has established a transparent framework for the decision-making process guiding the annual CoC application for HUD funding for homelessness assistance projects. Performance measures and scoring criteria are adjusted annually to maintain alignment with HUD priorities and local objectives.

The Selection Committee consists of non-biased persons; i.e. members of the CoC who do not represent or have any formal association with an agency submitting an application to the CoC. The Selection Committee will receive copies of all project proposals prior to meeting and be prepared to:

* Conduct a review of each application
* Evaluate each application against defined criteria
* Rank each proposal in order
* Provide recommendations to the CoC Executive Committee regarding whether a proposal should be submitted for funding and how it should be ranked against other proposals.

Each individual who participates in the review process agrees to hold all information related to the proposals in confidence before, during and after the review proceedings. Rankings and scores will be shared with applicants prior to presentation to the CoC. Findings of the committee will be presented to the Executive Committee of the Tri-County CoC for final approval.

New Projects

The application scoring criteria is outlined in the Scoring Rubric for New Projects. Additional requirements include:

* Applicant must be a 50l(c)(3) not for profit or a local unit of government.
* Projects must meet all HUD eligibility criteria.
* Applicant must have the organizational capacity to implement a project in alignment with all HUD standards and cannot have a history of findings or unresolved issues with HUD or the State of NJ or counties of Warren, Sussex or Hunterdon.

Renewal Projects

The application scoring criteria is outlined in the Scoring Rubric for Renewal Projects. The Selection Committee members are asked to assign a score based on information in the application, performance review, and local and HUD priorities.

All projects are scored together and then ranked from highest to lowest score. A minimum score of 60 is required to be included in the FY 2022 application.

A new or renewal project application must meet the priority threshold, or it will be automatically rejected by the Selection Committee. Applications also must use a housing first approach, agree to participate in the Coordinated Entry System, commit to a policy of non-discrimination, and comply with all other provisions of the Policies & Procedures of the Coordinated Entry System.

Upon a project application submission, the Selection Committee will first closely review the information in order to ensure that:

* All proposed program participants will be eligible for the program component type selected;
* The organization is eligible to submit a project application;
* The proposed activities are eligible under the 24 CFR part 578;
* Each project narrative is fully responsive to the question being asked and that it meets all criteria for that question as required by the NOFO's detailed instructions provided in e­ snaps;
* The data provided in various parts of the project application are consistent; and
* All required attachments, such as letters of commitment correspond to the attachments list in e-snaps and the attachments contain accurate and complete information.

Applications submitted may be returned for suggested modifications or amendments. Those project applications that are accepted for submission may be invited to present their project to the Selection Committee. The dates, times and location will be emailed to the organization. Interviews are meant to clarify the applications only and are not meant to be used to provide new information that could affect scoring.

Shortly after the presentations, the projects within each priority will then be scored by the Selection Committee according to the criteria set by the CoC Executive Committee.

**Appeals Process**

If an applicant organization feels it was denied the right to reasonably participate in the local application process or has been unfairly eliminated from either the local or the federal competition, that a decision made by the CoC Selection Committee regarding the ranking, rejection, or funding of their project was prejudicial, unsubstantiated by project performance, or in violation of the 2020 Continuum of Care Guidelines, the applying agency and sponsor, if any, may file an appeal to be re-considered for inclusion in either the local competition or federal competition.

A written appeal request must be submitted to the CoC within 7-10 business days of the notice of the decision by email to Chair, Meagan O’Reilly ([moreilly@co.hunterdon.nj.us](mailto:moreilly@co.hunterdon.nj.us)). The Tri-County Selection Committee will hear and respond to all appeals with 7-10 business days. It is the responsibility of the Applicant to address each area(s) identified as a factor(s) of the funding decision in a manner that could result in a more favorable decision.

Decisions of the Selection Committee will be presented to the Tri County CoC for public comment.

**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 HMIS-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, attend Case Conferencing, Data Quality, Full Tri County CoC and participate in at least one subcommittee meeting. If there is a change in staff within your agency within one month you will be required to update the CoC with the new contact information.
* 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.

|  |  |
| --- | --- |
| **Name:**  (please type) |  |
| **Title:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Signature:**(if application is scanned) |  |
| **Electronic signature authorization:** | 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. |
| **Date:** |  |