**Mountainland Continuum of Care**

**Supplemental Application for CoC Renewal Funding**

This supplemental application is required for **each individual renewal project** and must be submitted by **11:59 pm October 19, 2015** to stephaniew@unitedwayuc.org. It must be submitted in PDF along with the items listed below.

Applicant Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check yes or no for the following:**

Active registration in CCR/SAM:  Yes  No

We will limit our administrative request to 7% or less in the project renewal application:  Yes  No

Our agency has adopted a Housing First approach for this project:  Yes  No

Project services (check one):

Transitional Housing

Support Services Only

Rapid Re-Housing

Permanent Supportive Housing

**Required Attachments:**

Most recent audit and response to any audit findings or most recent financial statement

Most recent HUD monitoring report (if applicable)

Most recent CoC/local monitoring report (if applicable) and any responses from your organization

Spreadsheet showing LOCCS drawdowns of project funds for 2013 and 2014 HUD contracts (PDF or excel)

Nonprofit letter of determination (if private nonprofit)

Most recent APR (Annual Progress Report). Please submit a PDF of the APR submitted to HUD and NOT the APR report from HMIS.

**Did your agency need to address any compliance issues that resulted in conditions that needed to be addressed prior to receiving the most current HUD contract for this renewal project?**  **Yes**  **No If yes, please briefly describe the compliance issue, the condition and your response.**

**Please provide the following from your most recently submitted APR for this project (where applicable):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance Measure** | **Target # of persons** | **Target % of persons expected to accomplish this measure** | **Actual # of persons served as applicable to this measure** | **Actual % of persons who accomplished this measure** | **% difference between target and actual performance** |
| Housing stability |  |  |  |  |  |
| Increase total income |  |  |  |  |  |
| Increase earned income |  |  |  |  |  |
| Increased total income |  |  |  |  |  |

**Brief description of level of participation in Mountainland Continuum of Care:**

**Brief description of participation in Utah HMIS:**

Not applicable if prohibited by law i.e. domestic violence service providers.

**Matching funds/in-kind:**

Please provide the source and amount of match for the project (please be specific).

***Opening Doors***

HUD’s *Opening Doors* is centered on the belief that “no one should experience homelessness, no one should be without a safe, stable place to call home.” The amended Plan remains focused on four key goals (1) Prevent and end homelessness among Veterans in 2015; (2) Finish the job of ending chronic homelessness in 2017; (3) Prevent and end homelessness for families, youth, and children in 2020; and (4) Set a path to end all types of homelessness.

Please check below the population(s) which is targeted by your project:

Veterans

Chronic homeless persons

Families with children

Youth (ages 18-24)