**Mountainland Continuum of Care**

**Supplemental Application for New Projects**

**This supplemental application is required for each individual new project by 11:59 pm October 19, 2015.**

**It must be submitted in PDF along with the items listed below to stephaniew@unitedwayuc.org.**

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

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

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Attachments (if applicable)**

[ ]  PDF of completed and submitted new project application in esnaps

[ ]  PDF of completed profile in esnaps.

[ ]  Most recent audit and response to any audit findings

[ ]  Nonprofit letter of determination (if private nonprofit)

**Narrative description of level of participation in Mountainland Continuum of Care or level of commitment if new to the Continuum:**

**Narrative description of participation in Utah HMIS or level of commitment if new project:**

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

**Narrative description of matching funds/in-kind:**

**Please provide the source and amount of match for the project.**

Supports HUD’s Opening Doors priorities\*\*

 [ ]  Chronic homeless persons

 [ ]  Youth (18-24)

 [ ]  Homeless families

 [ ]  Veterans

 [ ]  Victims of domestic violence

 [ ]  Families with children

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Yes [ ]  No Project is a Housing First project

[ ]  Yes [ ]  No Project is low barrier in terms of drug and criminal history; low or no income; current or past substance abuse; history of domestic violence; and/or criminal records (with exception of state and federal restrictions or local law or ordinance)

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_