**Mountainland Continuum of Care**

**Supplemental Application for Renewal Projects**

**This supplemental application is required for each individual new project by 11:59 pm on August 22nd, 2017.**

**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:**

**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 (must see quarterly drawdowns and remaining balance)**

**Nonprofit letter of determination (if private nonprofit)**

**Project APR (Annual Progress Report) for most recent contract. Please submit a PDF of the APR from HMIS.**

**Project Type**

Permanent Supportive Housing (DedicatedPLUS)

Permanent Supportive Housing + expansion

Permanent Supportive Housing

Rapid Rehousing

SSO

HMIS

**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:**

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

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

**Narrative description of partnership history with other service providers and agreements for this project:**

**Narrative description of experience managing this kind of project:**

**How has your organization pursued solutions to open new affordable units to clients? Document any efforts such as work on committees, partnerships with landlords or property management companies, working with local cities, etc.**

**How will your organization use funds from other sources to leverage the activities proposed in this HUD project?**

**What is your average unit utilization % across this last project year? (You may report HIC figure or another figure that may show higher unit utilization from day to day or month to month).**

**Provide the percentage of clients served over a project year that meet the HUD definition of chronically homeless (12 months consecutive homeless, or 12 months’ total over 3 years with four or more occasions of homelessness, AND disabled).**

**Provide the percentage of clients with a high acuity score on standardized assessments, and/or the number of clients you serve with high acuity scores (VISPDAT 9+, F-VI-SPDAT 12+, SPDAT 40+, FVI-SPDAT 53+), OR the percentage of domestic violence clients served.**

**What is the average number of days it has taken (over the last contract year) to provide clients with a voucher/service (from intake to voucher/service)?**

**What is the average number of days it has taken (over the last contract year) for clients to use their voucher/lease up a unit (from voucher/assistance to lease date) OR relocated to a place of safety (DV)?**

**Support for HUD’s Opening Doors priority populations\*\* (check all that apply)**

Chronic homeless persons

Youth (18-24)

Homeless families

Veterans

Victims of domestic violence

Families with children

Coordinated entry and assessment

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

Yes  No  Not applicable Project is a Housing First project

Yes  No  Not applicable 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_