**Mountainland Continuum of Care**

**Supplemental Application for New Projects**

**This supplemental application is required for each individual new project by 11:59 pm on August 16th, 2019.**

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

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

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

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

**Required Attachments (if applicable)**

[ ]  PDF of completed and submitted new project application in e-snaps

[ ]  PDF of completed profile in e-snaps.

[ ]  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:**

**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 many staff will you be providing for this project? Explain how you can you meet the threshold requirements set by HUD (see staff requirement explanation in “Simple New Applicant Guide” 1.4).**

**Project Type**

 [ ]  Permanent Supportive Housing (DedicatedPLUS)

 [ ]  Rapid Rehousing

 [ ]  Joint TH/RRH

**How has your organization (or partners) pursued solutions that will 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?**

**Provide evidence that the unit proposal in your project will have high utilization (demonstrate area need, # of clients you serve, outreach, etc.) 80% utilization or higher is expected.**

**Provide evidence that your organization can help clients with increased earned income. Describe partnerships with employment programs, program skill building activities, partnerships with employers, etc.**

**Provide evidence that your organization can help clients with increased non-cash benefits. Describe partnerships with mainstream programs (e.g., DWS), case manager training with SOAR, etc.**

**Provide evidence that your organization helps clients with zero income (if applicable).**

**Provide evidence that your organization helps homeless clients with disabilities (if applicable).**

**Provide evidence that your organization assists clients that are literally homeless (Category 1-reside in places not meant for human habitation, emergency shelter, or transitional housing programs where upon entry they resided on the street or in shelter).**

**Provide evidence, if any, that your organization serves clients 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 evidence, if any, that you serve clients, on average, with a high acuity score on standardized assessments (VISPDAT 9+, F-VI-SPDAT 12+, SPDAT 40+, FVI-SPDAT 53+) OR domestic violence victims.**

**Supports HUD’s Home Together priorities\*\* (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_