New Project Application
Supportive Services Only (Street Outreach or Standalone)
Bucks County CoC PA-511

Application Information

Applicant Agency Name	
Project Name	
Primary Contact Name	
Primary Contact Title	
Email	
Phone	
Agency Address	
Agency Website	
Executive Director / CEO	
SAM.gov Status	
UEI Number	

Applicant Type:

☐ Nonprofit organization	☐ State government
☐ Local government	☐ Instrumentality of state/local government
☐ Other	

Project Type:

☐ SSO – Supportive Services Only Standalone	☐ SSO - Street Outreach

Funding Source:

☐ CoC Bonus
☐ DV Bonus
☐ Unsure

Populations Served through Project. Select all that apply.

☐ Project will have staff trained to serve households with medical frailty
☐ Project will have staff trained to serve households with behavioral health concerns
☐ Project will have staff trained to serve households with substance use
☐ Project will prioritize seniors (age 55+)

Project Description

Describe project's plan to provide services to those with histories of unsheltered homelessness.

Describe project's plan to provide services to those that do not traditionally engage in services.

Describe project's plan to help people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing, or permanent housing programs.

Describe the project or applicant's history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation and has a plan in place to continue partnership through this project.

Describe how and if the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, SNAP, childcare, and/or workforce development.

Performance Goals

Measure	Proposed Annual Goal
# of Households served	
# of Individuals served	
# of Participants exiting to emergency shelter, transitional housing, or permanent housing programs	
# of Participants increasing earned income	
# of Participants increasing non-employment income or benefits	
# of Participants connected to treatment/recovery support, if applicable	
# of Participants connected to employment/workforce services, if applicable	

Agency Experience/Capacity

Does your organization have experience with providing outreach or supportive service only services as requested in this application?

☐ **Yes** ☐ **No**

If Yes, describe the experience:

Describe your organization's experience managing federal grants.

Describe your agency's ability to manage grant compliance, reporting, invoicing, documentation, monitoring, and financial oversight.

Describe current staffing capacity and any positions that would need to be hired.

HMIS Participation

☐ Agency currently participates in HMIS
☐ Agency will participate in HMIS if funded
☐ Agency is a victim service provider and will use a comparable database
☐ Unsure / Need TA

Applicant Certification

By signing below, the applicant certifies that:

- the information submitted is accurate to the best of the applicant's knowledge;
- the applicant understands that submission does not guarantee funding;
- the applicant agrees to comply with HUD and local competition requirements if selected;
- the applicant understands that local deadlines are earlier than HUD's final deadline;
- the applicant understands that projects must be reviewed, scored, ranked, and approved locally before submission to HUD;
- the applicant agrees to provide additional documentation or clarification if requested by the collaborative applicant (Bucks County Department of Housing & Community Development)
- the applicant understands that this is not the project application

_____

Authorized Representative Name

_____

Title

_____

Signature

_____

Date