New Project Application
Transitional and Rapid Rehousing Components
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:

☐ Transitional Housing - TH	☐ Transition Project PH to Transitional
☐ SSO – Supportive Services Only Standalone	☐ SSO - Street Outreach
☐ PH RRH Expansion	

Funding Source:

☐ CoC Bonus
☐ DV Bonus
☐ Transition from existing renewal project
☐ Unsure

Rental Assistance/Leasing Type

☐ Tenant Based Rental Assistance – Scattered Sites
☐ Project Based Rental Assistance
☐ Leasing – Scattered Sites
☐ Project Based Leasing

Dedicated Population: Select if the proposed project will be dedicated to one of the populations below. Select NA if project will not be dedicated to one of the populations below.

☐ Families with Children
☐ Veterans
☐ Victims of Domestic Violence
☐ Youth 18 – 24
☐ NA

Project Description

Describe the need for the project and how it will assist in reducing homelessness within the CoC.

Describe the project's plan to exit at least 50% of households to permanent housing in 24 months.

Describe the project's plan to exit at least 50% of participants with employment income in 24 months. Include information on any partnerships with employment or educational agencies to assist program participants in obtaining income.

Performance Goals

Measure	Proposed Annual Goal
# of Households served	
# of Individuals served	
# of Participants exiting to permanent housing, if applicable	
# 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	

Supportive Services

Will the project require supportive services participation agreement that is aligned with 24 CFR 578.75(h). If answer yes, you must include the draft agreement as an attachment.

☐ **Yes – attachment required** ☐ **No**

Describe how your project will provide or partner to provide eligible supportive services to program participants to obtain and maintain housing. Include any partnerships such behavioral health, substance use, healthcare, life skills, childcare, etc. to assist participants.

Outline how the project will provide 20 hours per week of individualized services with a tiered approach for those employed, and excludes participants with a qualifying developmental disability (24 CFR 578.3), physical disability (24 CFR 8.3), or age 62+ (For TH projects only)

Will project have substance use treatment available on-site? (For TH projects Only)

☐ Yes ☐ No

IF yes: describe the treatment that will be available on-site and list the name(s) of the treatment provider.

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.

Agency Experience/Capacity

Does your organization have experience with providing transitional or similar housing as requested in this application? (For TH projects Only)

☐ **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