**HUD**

**CONTINUUM OF CARE HOMELESS ASSISTANCE**

**2016 PROJECT APPLICATION**

1. Project Name:
2. Agency Seeking Funding: 
3. Agency Status: ( ) PHA ( ) Non-Profit ( ) Government

4. Contact Person:

5. Phone:

6. Cell:

**Type of Project:**

1. ( ) New

2. ( ) New/Reallocation

3. ( ) Renewal - 1 year only

**Program Components:**

Check all that apply and list amount per year requested:

1. PH – Permanent Supportive Housing Amount Requested: $

2. TH – Transitional Housing Amount Requested: $

3. SSO Amount Requested: $

4. RRH Amount Requested: $

5. Match Amount: $

 Source of Match:

**Total Amount of HUD Funding Requested** $****

(Do not include Match in this Total)

 **Total Project Cost** $****

(Include Match in this Total)

**SUBMIT COMPLETED APPLICATION W/ATTACHMENTS TO**

**Joanie Covert, SC-CHAP CoC Coordinator**

**100 S. Jefferson Avenue; 3rd Floor**

**Saginaw, MI 48607**

**PROJECT SUMMARY**

**PROJECT NARRATIVE**: The purpose of this section is to describe the project for which you are requesting funding, the population served, and how it meets the needs of the Saginaw Community. Please make your answers in this section brief and concise and **do not exceed** **two (2) pages.**

1. **DESCRIPTION OF PROJECT:**

2. **PURPOSE OF PROJECT:**

 **HOMELESS POPULATION TO BE SERVED**:

3. **CLIENT POPULATION/BEDS:**

**Indicate below the number of:**

Year-round beds for this project:

Individual beds for this project: ­

Family beds for this project: ­

Family units for this project:

Beds for chronic homeless (this project):

**Check ALL that apply below:**

Men ( ) Women ( ) Adolescents 13-19 ( ) Children 0-12 ( )

Domestic Violence Victims ( )

Persons with mental impairment ( )

Persons with chemical dependency ( )

Persons exiting prison or jail ( )

Others (specify unique characteristics of homeless population to be served): ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **HOUSING WHERE PARTICIPANTS WILL RESIDE:**

Permanent Housing ( )

 Transitional Housing ( )
 RRH ( )

 Other (Specify) ( )

 Percentage of Chronic Homeless Served ( %)

5. **SUPPORTIVE SERVICES THE PARTICIPANTS WILL RECEIVE (LIST DON’T DESCRIBE)**:

**6. PERFORMANCE:**

a. If grant spend down was below 85% and these dollars were recaptured, please explain.

b. Explain how your grant impacts and meets the need in our Community.

**7. CHRONIC HOMELESS**:

a. Do you plan to increase Chronically Homeless beds for this project?

 b. Do you plan to prioritize non-dedicated beds for use by persons experiencing chronic homelessness?

**PROJECT SCORING:**

For criterion for scoring, please refer to the **Rules and Procedures for Ranking HUD Applications**