The webinar will begin shortly. Your phone line is currently muted. If you have a question during the presentation please use the ‘chat’ box in your GoToMeeting menu on the right of your screen and type it in. We will address questions at the end of the presentation.

Thank you!
Webinar Outline

1. 2014 NOFA Highlights
2. HUD Eligibility and Threshold requirements
3. Completing the Applicant Profile
4. Completing Attachments
5. Completing Exhibit 2 Project Application
6. Local and Federal Timelines
7. Monarch’s role in project review
1. 2014 NOFA Highlights

**Funding Available**

- $1.83 billion in total funding available, should be sufficient to fund renewals
- CoC Tier 1 funding is equal to CoC’s FY 2014 Annual Renewal Demand (ARD) amount less 2%.
- CoC Tier 2 funding is equal 2% of Total ARD + amount eligible for CoC Planning costs (1.25% of Final Pro Rata Need)
- $40 million Permanent Supportive Housing Bonus Competition to create new PSH dedicated to serve 100% chronically homeless persons.
  - Criteria for PSH Bonus funds include CoC Need (in NOFA) and Project Quality
  - PSH Bonus will not be ranked with Tier 1 and Tier 2 funding, but will be part of a separate national competition.
  - Each community can apply for 1 PSH Bonus project equal to no more than 15% of the CoC’s Final Pro Rata Need amount
1. 2014 NOFA Highlights

Reallocated Projects

New projects funded through reallocation can be either:

- New PSH projects where all beds will be dedicated to the chronically homeless.
- New Rapid Re-Housing projects for homeless households with children.
- Projects may only serve persons coming from emergency shelters or the street.
1. 2014 NOFA Highlights

New Project Guidelines

New projects funded through reallocation should read the NOFA, especially the following portions:

- Page 11, Sec. II.B.3
- Page 22, Sec. IV.2
- Pages 23 – 32, Sec. V

New projects funded through PSH Bonus Competition should read the NOFA, especially the following portions:

- Pages 13 - 17, Sec. II.C – II.E
- Page 22, Sec. IV.2
- Pages 23 – 32, Sec. V
1. 2014 NOFA Highlights

**Project Applications**

- Strong focus on the need for accurate Exhibit 2 Project Applications
- Even though HUD’s past practice has been to condition awards, it is within HUD’s authority to instead reject project applications, including renewal applications, rather than issue conditions.
- HUD does not intend to continue the practice of issuing conditions.
2. Eligibility Requirements

- Renewal projects must have signed grant agreement with HUD by end of 2014
- Budget line items must be accurate
- Serve eligible population
  - New projects only PSH for chronically homeless, or RRH for homeless families
2. Threshold Requirements

- DUNS number and active SAM registration
- Financial and administrative capacity of applicant
- Project eligibility – serves eligible participants
- Project quality – program design will appropriately serve target population

- Project renewal threshold –
  - project performance,
  - financial management of grant (e.g. timely drawdowns in LOCCS),
  - administrative management of grant (e.g. timely APR submission)
  - outstanding audit finding

- Meets all other HUD documentation requirements
3. Completing Applicant Profile
3. Completing Applicant Profile

Instructions: [show]

* Applicant Profile Type:
  - Project Applicant

Buttons:
- Save
- Save & Back
- Save & Next
- Back
- Next
3. Completing Applicant Profile

Applicants with a complete Profile, select "Submission Summary".
3. Completing Applicant Profile

* Applicant Profile Type: Project Applicant
2. Organization Information

Instructions: [show]

* Legal Name of Organization: 

Organizational Unit

Department Name: 
Division Name: 

* Organization Type: -- select -- 
If Other, please specify: 

* Employer or Tax Identification Number: 

Organization DUNS Number: 
DUNS Extension: 

DUNS number must be only 9 digits, or 13 digits with a 4-digit extension

Address

* Street 1: 
Street 2: 
* City: 
* State: -- select -- 
* Zip/Postal Code: 
County: 

* Country: United States 

* Is the organization's mailing address the same as the address above? -- select -- 
If no, click 'Save' and enter the mailing address in the fields presented below.

Save Save & Back Save & Next

Back Next 

Check Spelling
3. Completing Applicant Profile

Authorized Representative Contact Information

Instructions: [show]

- Prefix: -- select --
- First Name:
- Middle Name:
- Last Name:
- Suffix: -- select --
- Title:
- Organizational Affiliation:
- Phone Number: Format: 123-456-7890
- Extension:
- Alternate Phone Number: Format: 123-456-7890
- Extension:
- Fax Number: Format: 123-456-7890
- E-mail Address:
- Confirm E-mail Address:

[Save] [Save & Back] [Save & Next] [Back] [Next] [Check Spelling]
3. Completing Applicant Profile

Instructions: [show]

* Prefix: -- select --
* First Name: 
* Middle Name: 
* Last Name: 
Suffix: -- select --
* Title: 
* Organizational Affiliation: 
* Phone Number: Format: 123-456-7890 
* Fax Number: Format: 123-456-7890 
* E-mail Address: 
* Confirm E-mail Address: 

Save 
Save & Back 
Save & Next 
Back 
Next 
Check Spelling
3. Completing Applicant Profile

4. Additional Information

Instructions: [show]

* 1. Indicate applicant’s congressional district(s):
   (for multiple selections hold CTRL and key)

Available Items:
- AK-000
- AL-001
- AL-002
- AL-003
- AL-004

Selected Items:

* 2. Is the applicant a faith-based organization?

* 3. Has the applicant ever received a federal grant?

* 4. Is the applicant’s code of conduct already on file with HUD?

Save | Save & Back | Save & Next
-----|-------------|-------------
Back |             | Next
4. Completing Attachments

Select link

Applicant/Recipient Disclosure/Update Report

Document Type
Applicant/Recipient Disclosure/Update Report
Required? Yes
Download
Document Description LLM Org HUD 2880
Date Attached 10/18/2012
Include an organizational identifier in all document names.
### 6. Submission Summary

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- Review "Last Updated" column
- Inactive "Complete" button

**Note:** The "Please Complete" column indicates pages that require further input or action.
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5. Completing Exhibit 2 Project Application

Confirm the correct Applicant listed in the field

Select "Funding Opportunity Registrations"

Note the Funding Opportunity Name

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5. Completing Exhibit 2 Project Application

Applicant: City of New York Acting by and through its Department of Housing Preservation and Development (137538489 1793)

Funding Opportunity Details
Funding Opportunity Name: Renewal Project Application FY2014
Start Date: Nov 22, 2013
End Date: Jan 1, 2016

Funding Opportunity Registration

City of New York Acting by and through its Department of Housing Preservation and Development (137538489 1793) has been registered.
5. Completing Exhibit 2 Project Application

"Add" icon appears after selection in dropdown menu

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Number</th>
<th>Funding Opportunity Name</th>
<th>Applicant Name</th>
<th>Applicant Number</th>
<th>Status</th>
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<td>137538489 1793</td>
<td>In Progress</td>
</tr>
</tbody>
</table>
5. Completing Exhibit 2 Project Application

Enter the Project Name. e-snaps will assign a Project Number.
5. Completing Exhibit 2 Project Application

Select "Submissions"
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found at on the OneCPD Resource Exchange at https://www.hudexchange.info/e-snaps/guides/co-c-program-competition-resources
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY2014 Funding Notice and the FY 2013 - FY2014 CoC NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2014 Funding Notice, the FY 2013 - FY 2014 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2013 Project Application will be imported into the FY 2014 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2013 post award process or a grant agreement amendment.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Expanding Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expanding Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in both the FY 2014 Funding Notice and the FY 2013 - FY 2014 CoC Program NOFA.
5. Completing Exhibit 2 Project Application

1A. Application Type

Instructions: [show]

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s): -- select --
   If "Other", specify:
3. Date Received: 09/30/2014
4. Applicant Identifier:
5a. Federal Entity Identifier:
* 5b. Federal Award Identifier: NJ0329L2F111202
6. Date Received by State:
7. State Application Identifier:

Save | Save & Back | Save & Next
--- | --- | ---
Back | Next
Check Spelling
1B. Legal Applicant

Instructions: [show]

8. Applicant
   a. Legal Name:
   b. Employer/Taxpayer Identification Number (EIN/TIN):
      22-6002466
   c. Organizational DUNS: 063148811 PLUS 4
   d. Address
      Street 1:
      Street 2:
      City:
      County:
      State: New Jersey
      Country: United States
      Zip / Postal Code: 07506
   e. Organizational Unit (optional)
      Department Name:
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name:
      Middle Name:
      Last Name:
      Suffix: Esq.
      Title: Director
      Organizational Affiliation:
      Telephone Number: (973) 881-2934
      Extension:
      Fax Number: (973) 881-2733
      Email: 

[Buttons: Back, Next]
5. Completing Exhibit 2 Project Application

1C. Application Details

Instructions: [show]

9. Type of Applicant: B. County Government
If "Other" please specify: 

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-5600-N-30
   Title: Continuum of Care Homeless Assistance Continu

13. Competition Identification Number: 
   Title: 

---

Back Next
10. Congressional District(s)

Instructions: [show]

* 14. Area(s) affected by the project (State(s) only):
   (for multiple selections hold CTRL key)

   Available Items:  
   - Alabama
   - Alaska
   - American Samoa
   - Arizona
   - Arkansas
   - California
   - Colorado

   Selected Items:  
   - New Jersey

15. Descriptive Title of Applicant's Project:
   
16. Congressional District(s):
   * a. Applicant:
     (for multiple selections hold CTRL key)

   Available Items:  
   - CA-003
   - CA-004
   - CA-005
   - CA-006
   - CA-007
   - CA-008
   - CA-009

   Selected Items:  
   - NJ-008

   * b. Project:
     (for multiple selections hold CTRL key)

   Available Items:  
   - AK-000
   - AL-001
   - AL-002
   - AL-003
   - AL-004
   - AL-005
   - AL-006

   Selected Items:  
   - NJ-008

17. Proposed Project
   * a. Start Date: 02/08/2014
   * b. End Date: 02/07/2015

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. Total:
5. Completing Exhibit 2 Project Application

1E. Compliance

Instructions: [show]

* 19. Is the Application Subject to Review By State Executive Order 12372 Process?
   If "YES", enter the date this application was made available to the State for review:

   * 20. Is the Applicant delinquent on any Federal debt?
      If "YES," provide an explanation:

Save   Save & Back   Save & Next
Back   Next
Check Spelling
1F. Declaration

Instructions: [show]

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

* I AGREE: ☑

21. Authorized Representative

Prefix: Ms.  

First Name: 

Middle Name: 

Last Name: 

Suffix: Esq.  

Title: Director

Telephone Number: (973) 881-2834  

Fax Number: (973) 881-2733

Email: 

Signature of Authorized Representative: Considered signed upon submission in e-sign;

Date Signed: 09/29/2014
5. Completing Exhibit 2 Project Application

### 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

**Total Expected Sub-Awards:** $109,248

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<tr>
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<th>Type</th>
<th>Sub-Award Amount</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$109,248</td>
<td></td>
</tr>
</tbody>
</table>
5. Completing Exhibit 2 Project Application

**j. Contact Person**

- **Prefix:** Ms.
- **First Name:** [redacted]
- **Middle Name:**
- **Last Name:** [redacted]
- **Suffix:** [select]
- **Title:** Development Coordinator
- **E-mail Address:** [redacted]
- **Confirm E-mail Address:** [redacted]
- **Phone Number:** 973-279-0102
- **Extension:**
- **Fax Number:** 973-684-2304

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
5. Completing Exhibit 2 Project Application

### 8A. Attachment(s)

**Instructions:** [show]

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<thead>
<tr>
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<th>Required?</th>
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<th>Document Description</th>
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<td>No</td>
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<td>501(c)(3)</td>
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<td>2) Other Attachment</td>
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<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td>--</td>
<td>No Attachment</td>
</tr>
</tbody>
</table>
3A. Project Detail

Instructions: [show]

1. Expiring Grant Number: NJ0329L2F111202
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

* 2a. CoC Number and Name: NJ-511 – Paterson/Passaic County CoC
* 2b. CoC Applicant Name: Passaic County Department of Human Services

3. Project Name: [Project Name]

* 4. Project Status: Standard

* 5. Component Type: PH

* 6. Is Energy Star used at one or more of the proposed properties? Yes

* 7. Does this project use one or more properties that have been conveyed through the Title V process? No

Save | Save & Back | Save & Next
---|---|---
Back | Next
Check Spelling
3B. Project Description

Instructions: [show]

* 1. Provide a description that addresses the entire scope of the proposed project.

The 3+C program provides project based rental assistance to 8 units within the complex. The 8 units are designated for chronically homeless individuals. The apartment complex serves individuals with special needs as well as providing general affordable housing. Support services for the 8 chronically homeless participants are provided by providers. Participants have easy access to community amenities and an array of services from many providers in the area. Participants are assisted in maintaining their permanent housing through support services.

* 2. Does your project participate in a CoC Coordinated Assessment System?  

No  

* 3. Does your project have a specific population focus?  

Yes  

* 3a. Please identify the specific population focus. (Select ALL that apply)

- Chronic Homeless  
- Domestic Violence  
- Veterans  
- Substance Abuse  
- Youth (under 25)  
- Mental Illness  
- Families  
- HIV/AIDS  
- Other

Other: 

* 5. Does the project follow a “Housing First” model?  

Yes  

* 6. Does the PH project provide PSH or RRH?  

PSH  

* 6a. Indicate the maximum length of assistance:  

Unlimited assistance  

* 7a. Does the project request costs under the rental assistance budget line item?  

Yes  

* 7b. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.

The rental assistance vouchers are project based vouchers tied to the Complex. The larger project was a tax credit project in which 8 units were set aside for chronically homeless individuals. The project will serve persons with chronic disabling conditions at a specific site so it is anticipated long-term rental assistance will be required.

* 7c. Is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance?  

No  

(This change must have been listed on the final HUD-approved GIW. See 24 CFR 578.49(b)(8))
Instructions: [show]

* 1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Not Applicable

* 1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Not Applicable

* 2. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided. Click "Save" to update.

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<td>Monthly</td>
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<td>-- select --</td>
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<td>Subrecipient</td>
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<tr>
<td>Outpatient Health Services</td>
<td>-- select --</td>
<td>-- select --</td>
<td>-- select --</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>Onsite</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>Onsite</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>-- select --</td>
<td>-- select --</td>
<td>-- select --</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>-- select --</td>
<td>-- select --</td>
<td>-- select --</td>
</tr>
</tbody>
</table>

* 3. How accessible are most community amenities to project participants? Access

Very accessible: No transportation barriers, easily within reach of all participants.

Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities.
5. Completing Exhibit 2 Project Application

### 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

- **Total Units:** 8
- **Total Beds:** 8
- **Total Dedicated CH Beds:** 8
- **Total Non-Dedicated CH Beds:** 0

<table>
<thead>
<tr>
<th>View</th>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Non-Dedicated CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clustered apartments</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

1

[Save] [Save & Back] [Save & Next] [Back] [Next] [Check Spelling]
4C. HMIS Participation

Instructions: [show]

* 1. Does this project provide client level data to HMIS at least annually?  
   Yes

* 2a. Indicate the number of clients served from 1/1/2013 - 12/31/2013
   8

* 2b. Of the clients served from 1/1/2013 - 12/31/2013, indicate the number reported in the HMIS
   8

* 3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0".

<table>
<thead>
<tr>
<th>Data Quality</th>
<th>Null or Missing Values (%)</th>
<th>Don't Know or Refused (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Race</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Gender</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Veteran Status</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Disabling Condition</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Residence Prior to Prog. Entry</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Zip Code of Last Permanent Address</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
### 5A. Project Participants - Households

**Instructions:** [show]

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Persons in Households with at Least One Adult and One Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-disabled Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-disabled Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Accompanied Non-disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Non-disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Number of Adults over age 24</td>
<td>0</td>
<td>8</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Total Number of Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Number of Children under age 18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

**Persons in Households with at Least One Adult and One Child**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-disabled Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-disabled Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Persons in Households without Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled Adults over age 24</td>
<td>8</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-disabled Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-disabled Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

**Persons in Households with Only Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Non-disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Non-disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Instructions: [show]

1. Enter the percentage of project participants that will be coming from each of the following locations.

   * Directly from the street or other locations not meant for human habitation.
   * Directly from emergency shelters.
   * Directly from safe havens.
   * From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
   * Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources other housing (TH and SSO projects only)
   * Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
   * Persons fleeing domestic violence.

Total of above percentages

2. If the total is less than 100 percent, identify how the persons meet HUD’s definition of homeless and the project type eligibility requirements

AND/OR

If "Persons at imminent risk..." is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless.
5. Completing Exhibit 2 Project Application

### 6A. Standard Performance Measures

**Instructions:** [show]

* 1. Specify the universe and target for the housing measure.
   Click 'Save' to calculate the target percent (%).

<table>
<thead>
<tr>
<th>Housing Measure</th>
<th>Target (#)</th>
<th>Universe (#)</th>
<th>Target (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.</td>
<td>7</td>
<td>8</td>
<td>88%</td>
</tr>
</tbody>
</table>

* 2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.
   Click 'Save' to calculate the target percent (%).

<table>
<thead>
<tr>
<th>Income Measure</th>
<th>Target (#)</th>
<th>Universe (#)</th>
<th>Target (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.</td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.</td>
<td>5</td>
<td>8</td>
<td>63%</td>
</tr>
</tbody>
</table>
7A. Funding Request

Instructions: [show]

* 1. Do any of the properties in this project have an active restrictive covenant?  
   Yes

* 2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  
   Yes

* 3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   No

* 4. Does this project propose to allocate funds according to an indirect cost rate?  
   No

5. Select a grant term:  
   1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance ✔
   - Supportive Services
   - Operations
   - HMIS

Save  |  Save & Back  |  Save & Next
      |              |              
Back  |  Next
## Rental Assistance Budget Detail

**Instructions:** [show]

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td>$821</td>
<td>$821</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>4</td>
<td>$1,094</td>
<td>$1,094</td>
<td>x</td>
<td>$52,512</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>4</td>
<td>$1,182</td>
<td>$1,182</td>
<td>x</td>
<td>$56,736</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td></td>
<td>$1,402</td>
<td>$1,402</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td></td>
<td>$1,816</td>
<td>$1,816</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td></td>
<td>$2,059</td>
<td>$2,059</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td></td>
<td>$2,368</td>
<td>$2,368</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td></td>
<td>$2,677</td>
<td>$2,677</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td></td>
<td>$2,986</td>
<td>$2,986</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td></td>
<td>$3,294</td>
<td>$3,294</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td></td>
<td>$3,603</td>
<td>$3,603</td>
<td>x</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 8

**Grant Term:** 1 Year

**Total Request for Grant Term:** $109,248

Click the 'Save' button to automatically calculate totals.
7H. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

### Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$30,238</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$30,238</td>
</tr>
</tbody>
</table>

### Summary for Leverage

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$84,802</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$84,802</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>View</th>
<th>Match/Leverage</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>🗑️</td>
<td>Match</td>
<td>In-Kind</td>
<td>Private</td>
<td></td>
<td>01/29/2014</td>
<td>$30,238</td>
</tr>
<tr>
<td>🗑️</td>
<td>Leverage</td>
<td>In-Kind</td>
<td>Private</td>
<td></td>
<td>01/29/2014</td>
<td>$64,802</td>
</tr>
</tbody>
</table>

[Show Filters]  [Clear Filters]
### 7I. Summary Budget

**Instructions:** [show]

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$109,248</td>
<td>1 Year</td>
<td>$109,248</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$109,248</td>
</tr>
<tr>
<td>7. Admin</td>
<td>(Up to 10%)</td>
<td></td>
<td>$7,647</td>
</tr>
<tr>
<td>8. Total Assistance</td>
<td></td>
<td></td>
<td>$116,895</td>
</tr>
<tr>
<td>plus Admin Requested</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td></td>
<td></td>
<td>$30,238</td>
</tr>
<tr>
<td>11. Total Match</td>
<td></td>
<td></td>
<td>$30,238</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td></td>
<td></td>
<td>$147,133</td>
</tr>
</tbody>
</table>
5. Completing Exhibit 2 Project Application

C. Explanation.
Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official

Date: 09/30/2014

Title: Director

Applicant Organization:

PHA Number (For PHA Applicants Only):

* I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

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### 9B. Submission Summary

<table>
<thead>
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<tr>
<td>1A. Application Type</td>
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<td>1E. Compliance</td>
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<tr>
<td>1F. Declaration</td>
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<td>2A. Subrecipients</td>
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<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
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<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<td>4C. HMIS Participation</td>
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<td>7D. Rental Assistance</td>
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<td>7H. Match/Leverage</td>
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<td>8B. Certification</td>
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6. Local and Federal Timelines

- **10/2, 10/3 or 10/6** - Project applicants participate in mandatory webinar hosted by Monarch Housing Associates going over the application in e-snaps and the major requirements

- **10/15** - Project applicants submit PDF copy of application to Monarch for review

- **10/15 – 10/24** - Monarch reviews and corresponds with project applicants about any changes necessary

- **10/24** - Project applicants submit completed application in e-snaps

- **10/27** - CoC leadership receives copy of completed application for review

- **10/28 – 10/29** - Final application submitted through e-snaps
7. Monarch’s Role in Review

Monarch will be reviewing the following items on Exhibit 2 Project Applications:

• Project budgets, including admin
• Project component type
• Project leveraging

• Performance section to ensure that the number of participants in section 5 matches the total number used for calculating performance measures
• Housing First section for consistency with last year’s application
• Chronically Homeless section for consistency with last year’s application
For any questions on completing the Exhibit 2 or to submit the pdf version of your Exhibit 2 please contact the staff member below assigned to your CoC:

Jay Everett – jeverett@monarchhousing.org
- Cape May County CoC
- Mercer County CoC
- Middlesex County CoC
- Tri-County CoC (Warren, Hunterdon, Sussex Counties)

Katelyn Cunningham – kcunningham@monarchhousing.org
- Bergen County CoC
- Hudson County CoC
- Passaic County CoC
- Somerset County CoC

Taiisa Kelly – tkelly@monarchhousing.org
- Ocean County CoC
- Monmouth County CoC
- Morris County CoC
- Southern NJ CoC (Camden, Cumberland, Gloucester Counties)
Thank You!

www.monarchhousing.org