

**Concept Paper for a HUD New Projects  
FY2016 HUD Continuum of Care Competition  
Reallocation or Bonus Funding**

<b>Name of Applicant (Recipient):</b>	
<b>Agency Address:</b>	
<b>Name of Contact Person:</b> <b>Email &amp; Telephone Number:</b>	
<b>Projected Name of Program:</b>	
<b>Projected Amount Requested:</b>	

**Description of the Program**

***Describe the type of program you are applying for*** (Permanent Supportive Housing, Rapid Rehousing, HMIS or Coordinated Assessment System)

***Discuss how your proposed project meets a specific need:***

***Number and type of beds / units to be provided:***

***If permanent supportive housing, where will units be located?***

***Who will be served?*** (serving chronically homeless individuals and /or chronically homeless families is a priority)

***Will this be a Housing First model*** (see screening questions below)?

***Discuss how support services will be provided to residents. Also mention whether the services will be provided by your organization or a project sponsor and experience of provider.***  
(Support services required- see HUD NOFA guidelines.):

***Will this program serve chronically homeless individuals living on Cape Cod, Nantucket and /or Martha's Vineyard residents? Please explain how?***

***Discuss your Organization's Experience in serving the homeless population:***

**Budget (If providing beds/ units you must use the current FMR for your region)** – Please submit a budget including any administrative costs (you can request up to 7% of administration fees based on the total amount for the beds/units and if including any support services)

**Match/ Leveraging: Source(s) and Amount?**  
Match of 25% required; Leveraging must be at least 150% - (check HUD requirements)

**Applicants Are Encouraged to Provide More Detail About the Proposed Project**

1. Will this be a housing first/low barrier project?
2. Will the project quickly move participants into permanent housing?
3. Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier.
  - Having too little or little income
  - Active or history of substance abuse
  - Having a criminal record with exceptions for state-mandated restrictions
  - History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)
4. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.
  - Failure to participate in supportive services
  - Failure to make progress on a service plan
  - Loss of income or failure to improve income
  - Being a victim of domestic violence
  - Any other activity not covered in a lease agreement typically found in the project's geographic area.