**Mountainland Continuum of Care**

**Supplemental Application for New Projects**

**This supplemental application is required for each individual new project by 11:59 pm August 8th, 2016.**

**It must be submitted in PDF along with the items listed below to stephaniew@unitedwayuc.org.**

**Applicant Organization** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Project Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Attachments (if applicable)**

PDF of completed and submitted new project application in e-snaps

PDF of completed profile in e-snaps.

Most recent audit and response to any audit findings

Nonprofit letter of determination (if private nonprofit)

**Narrative description of level of participation in Mountainland Continuum of Care or level of commitment if new to the Continuum:**

**Narrative description of participation in Utah HMIS or level of commitment if new project:**

**Narrative description of matching funds/in-kind:**

**Please provide the source and amount of match for the project.**

**Narrative description of experience managing this kind of project:**

**Project Type**

Permanent Supportive Housing

Rapid Rehousing

HMIS

**Supports HUD’s Opening Doors priorities\*\* (check all that apply)**

Chronic homeless persons

Youth (18-24)

Homeless families

Veterans

Victims of domestic violence

Families with children

Coordinated entry and assessment

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No  Not applicable Project is a Housing First project

Yes  No  Not applicable Project is low barrier in terms of drug and criminal history; low or no income; current or past substance abuse; history of domestic violence; and/or criminal records (with exception of state and federal restrictions or local law or ordinance)

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_