Enter program-specific information in the green and yellow fields to clarify the application process. <mark style="background:green">Green</mark> fields are mandatory, <mark style="background:yellow">yellow</mark> fields are optional.	**New Jersey Department of Community Affairs**
	Division of Housing and Community Resources
	Shelter Support Program
	Application Instructions
General Instructions	Complete all items in the electronic application, starting with the left side of the **Application Menu**. If an item is not applicable to your program, enter **NA** or **0** (zero), as appropriate.
	For detailed instructions and definitions, download the **DCA SAGE User Manual**. A link is available on the SAGE log in screen and in **Quick Links** on your **Start Page**.
	Follow the directions below. If you have questions about the Grant Program or how to fill in a form, click the Application Manager hyperlink in the green box in the upper left corner of the Application Menu to email or call your DCA Application Manager.
	Before getting started, check your **Start Menu**. If you have an item on your **Task List** stating that your **Agency Information Update** is due (Submission Required), click the hyperlink and submit the Update BEFORE beginning your application. You will not be able to **Submit** your completed application until your Agency Information Update is submitted and approved.
	If you want to add more staff members to start working on this application, go to **Contacts**, below.

1. Applicant Information You can skip this step if you have recently submitted your **Agency Information Update**.	☐ Click **View Applicant Information** and review your agency's information. If it has changed (phone numbers, address, etc.), submit a revised Agency Information Update. To modify your agency's information* and submit a revised Agency Information Update, at your Agency Authorized Official or Agency Administrator's **Start Menu**, in **Quick Links**— ☐ Click **View All Agency Information Updates** ☐ At the **Search Agency Information Updates** screen, *do not Search*—Click the **Create Update** button ☐ At the **Agency Information Update** page, click **Edit** ☐ Revise the information that has changed since your previous Update ☐ **Save**
2. Contacts	
Assigning people to work on the Application **IMPORTANT!** Before you can give staff members access to this *application*, they must have been given authorization to use SAGE (as Agency Contacts) by your Agency Authorized Official or Agency Administrator. See **Agency Contacts** in the **SAGE User Manual**.	To work on – or even see – applications, Agency Contacts need to be added to the specific application as **Application Contacts**. ☐ Click **Control Access to Application** Initially, the person who initiated the application will be the only name listed under "Application Main Contact" as the Application Administrator. The Application Administrator may **Add** more staff members and/or a consultant to access the application, as needed.

Adding Agency Contacts	To give your SAGE Agency Contacts access to the application, in the **Agency Contacts** section— ☐ Select the desired Agency Contact from the pull down list in the **Name** field ☐ In the **Contact Type** field, select whether this person will be a Main Contact or a Staff Member from the pull down list (Main Contacts see the application on their Task Lists) ☐ Select the appropriate **Level of Access** from the pull down list ☐ Click **Grant This User Access** ☐ Continue to give access to additional Agency Contacts, if desired. Delete this row if not needed.
Adding Consultants	If you want to use an outside consultant, at the bottom of the screen, in the **Agency Consultants** section— ☐ Click the word **here** in the middle of the paragraph ☐ At the **Agency Consultant Search** screen, enter all or part of the consultant's name and/or the consulting firm's name (remember to be careful about spelling) ☐ Click **Search** ☐ Select the consultant you want from the list by clicking on the little magnifying glass ☐ Select the Level of Access you want to give to the consultant ☐ Click **Give this User Access** *If your consulting firm is not on the list, they can apply for SAGE access by clicking Request SAGE Access at the SAGE login screen.*
3. Components	A grant component is the foundation upon which a budget is based. You must create and name the component before creating the application budget. Some grant programs allow multiple components, to allow easier tracking of different types of expenses, such as Program vs. Administration or sub-grantee programs.

Program Components	☐ Click on **Program Components** ☐ **Program Type/Sub-Type** – Select a component from the drop down list. ☐ **Name** – Enter a specific Title for the program or project you will implement for this Component ☐ **Location** – Specify the location (city and county) of the program/project (may or may not be the same as your office location) ☐ **Address** – Provide the address of the program's day-to-day administrator ☐ **Room #** – Identify the room number, if applicable ☐ If your program has multiple components, repeat the steps above until you have selected and described all the appropriate components
	Please provide the address of the project location.

Service Areas	In this section, indicate what areas (counties and/or towns) will benefit from *this* project – this may or may not be the area that your agency serves as a whole.
	
	☐ Click on **Service Areas**
	
	☐ **Counties** – This screen should only be used if the project benefits the *entire* County. If so, select the county or counties to be served and click **Add**.
	
	☐ If your project serves the entire state of NJ, scroll down to the bottom of the Counties list and select **2200: State Wide (NJ)**
	
	☐ **Municipalities –** If your program will benefit the residents of one or more municipalities, select the **Municipalities** tab.
	
	   I Select the County where the project will be located from the drop-down list and press **List**
	
	   I A second drop-down list will display all of the municipalities in the selected County – select the municipality which will benefit from this project and click **Add**.
	
	   I If the project will benefit more than one municipality, **Add** each municipality (or use **Crtl Click** to **Add** the towns at the same time)

If your program/project has multiple Components	When you click **Service Areas**, you will get a list of the Components you have entered. You will need to enter a Service Area for each Component. Click on the magnifying glass for one Component at a time and enter the Service Area for that Component.
4. Application Information	
Application Program Description	☐ Under Application Information, click on **Application Program Description** ☐ Click **Edit** ☐ Enter your **Application Title**: Use a specific Title for the program or project you will implement with this Component. ☐ Enter your Program Description. Briefly describe your project as if you were completing the sentence, "provide funds to…" Include a short description for each program you plan to implement with this grant.
	The sentence must also list the population that the project will serve, including victims of domestic violence, veterans etc.
	NOTE: Should you receive an award, the **Program Description** you enter here will be used in your award letter. Your entry in this field should be no longer than a standard sentence. ☐ Click **Save**
Project Objectives An Objective is a discrete and quantifiable element that must be achieved in order to attain the goal of a program or project.	☐ Click on **Objectives** and enter— ☐ **Number** – Number your objectives in sequential order. If you have multiple program components, please differentiate each program by the first number, i.e. objectives for the Youth Program should begin with a 1, the objectives for the Seniors Program should begin with a 2, etc. ☐ Short Description – Provide an abbreviated version of the objective.
	Briefly list what will be done to alleviate the need(s) described with a short description and a detailed description. If the project will have more than one location/address, then complete an objective for each location. Please list the objectives in the following categories, as applicable: 1) **Rehab-residential, renovation 2) Purchase of equipment or furniture 3) Purchase of a new van.**

	☐ **Detailed Description** – Use this field to elaborate on the **Short Description** you entered in the previous field.
	☐ **Method(s)** – List the method(s) to be used to attain the objective(s) described in the **Detailed Description** section.
	This should illustrate the steps taken to generate the desired outcome.
	☐ **Evaluation** – Briefly describe how you will evaluate the success of the objective.
	Describe the methods that will be used to evaluate the progress and outcomes of the grant program. Indicate who will be responsible for data collection and program evaluations. Describe how evaluation information is used to improve program services and clients' success.
	☐ **Application Program Component –**Use the drop down menu to select the Program Component that corresponds to this Objective. ☐ Click **Save**. Your objective will appear under **Current Objectives** at the bottom of the screen. You will get a blank screen to enter a new objective. Add as many objectives as needed, numbering them sequentially. Be sure to **Save** each objective.
Scope of Services A Scope of Services is a description of what will be accomplished if a grant is awarded, including who will be responsible and when the program or project will be accomplished.	☐ Click on **Scope of Services** ☐ Enter your scope of services in the text box.
	☐ Click **Save**

5. Application Forms	After completing each form, click **Save**. Go back to the **Application Menu** to select another form or click the **Next** button to work on the next form on the list.
Form Name	**Agency History/Experience** 1). Describe your agency's mission/purpose, include an organizational chart that lists the duties and responsibilities of staff that will be directly involved in the project. 2). Provide a list of programs and services that your agency administers. 3). Provide information on the resources your agency uses to sustain staff and operate the facility. 4). Describe your agency's experience in the production and management of shelters, transitional housing and/or other housing/commercial development activities. 5). Is this your agency first time applying for Shelter Support funds?
	Financial Management 1). How many years of experience does your agency have with federal grants? 2). How many years of experience does your agency have with state grants? 3). Does your agency have the qualified staff to oversee financial operations? 4). Does your agency have any outstanding financial concerns with a County, State or Federal agency?
	Project Type Project Type – Check the appropriate boxes. 1). Target Population – Check the appropriate box(es). Indicate the population to be served by the proposed project. Include a description of the clients' needs and required services. 2). Proposed Use of Funds – Using the budget categories, identify each proposed cost item and the amount requested. Provide details justifying the requested amount. Also, indicate the source for the required 10% match of Shelter Support Program funds. In addition, if requested funds involve capital costs of $100,000 or more this project must promote economic and employment opportunities for Section 3 businesses, residents and minority and women business enterprises. If applicable, describe how this will occur. 3). Describe how each proposed activity will enhance the facility and benefit the residents?

Form Name	**Assessment of Need(s)** Is your agency an active participant in the local Continuum of Care? If yes, does your agency regularly attend meetings with the local Continuum of Care? Is the proposed project supported by the Local Continuum of Care? Describe the targeted area, including population size, demographic information, socioeconomic data, point and time count and poverty rate. Also, include the current unit utilization rate for the facility that substantiates the need for this grant. Provide information about the homeless population in the targeted area, including but not limited to: number of persons who are homeless, where they currently reside, and number who are currently employed, including age, gender, and race/ethnicity. Describe existing facilities and services in the targeted area and describe how and why these services fall short of addressing the problem(s). Describe the proposed impact of the project on the community and the homeless population.
Form Name	**Number of Beds** 1). Number of existing beds? 2). Number of persons being served? 3). Number of new beds created in the proposed project? 3a. If the proposed project includes the creation of new beds, please provide current homeless data to substantiate this need. 4). Number of persons to be served in the proposed project? 5). What is the maximum length of stay for facility residents? Was this proposed project building(s) built prior to 1978? If yes, will this facility serve women of child-bearing age and/or children?
	Data Collection 1). Does your organization currently use the NJ HMIS Collaborative (HMIS)? If yes, for what programs? 1a. If not a NJ HMIS Collaborative participant, please submit a letter from your carrier verifying your status. Please upload a current client aggregate data report from your carrier. 2). Please provide two years of aggregate outcome data utilizing NJ HMIS Collaborative or another carrier. 3). Will your organization agree to attend a NJ HMIS training workshop?

Form Name	**Social Services** Describe the social services that are provided to program clients, such as: case management, health care screenings, mental health counseling, substance abuse counseling, day care, transportation, basic skills training, information and referral, housing placement, job training, and education, etc. Describe your agency's experience and training with housing placement services including the strategy used to transition client participants to permanent housing.
	Links to Existing Services Provide a detailed description on how your agency coordinates and integrates with mainstream resources listed for which families and individuals who are homeless may be eligible.
Form Name (add more rows, if needed)	**Operational Staff** List the names, duties and responsibilities of staff providing client services including administrative staff that oversee the facility's operations.
	Project Description – Timeline Indicate the anticipated start and completion dates for each timeline category.
	Other Sources of Funding Indicate all sources and amounts of funding committed to, or anticipated for, this project, other than Shelter Support funds.
	Operating Budget – Part I (Attachment D) Indicate the projected annual operating revenue and expenses of the project.
	Operating Budget – Part II (Attachment E) Indicate all sources of operating funds. Upload copies of letters of commitment or intent to commit funds. If operating funds include Emergency Assistance (EA) dollars, you must include an explanation of how you would continue to operate the program if EA funds were reduced or eliminated.

	Evidence of Ownership/Environmental Conditions
	For any development related project, a deed of ownership must be provided. If facility is or will be leased, a 10-year lease agreement must also be provided. The items under "Environmental Conditions" will be needed if the project is awarded federal funds, in order to comply with environmental review requirements.
	Permits/Verification of Zoning Approval (Conversion only) Certification of Incorporation, Bylaws and Last 3 years of audits The documents in this section must be submitted.
	Upload SAM attachment file
	Statement of Board President/Agency Description This form is to be completed by the President of the Board of Directors/Trustees of your organization. Briefly describe your agency and its ability to implement the proposed project and include your agency's mission statement. The form should be printed out (click on the "View PDF" button), signed by the Board President and submitted.
	Schedule A: Personnel
	Certification Sheets

Certification Sheet	Items 1 through 4—
	☐ Select **Yes** or **No** to each item listed, or, if an item does not apply to your organization, select **N/A**.
	☐ If you answered **No** to item 4, enter your explanation in the text field provided
	Item 5 applies to **non-government** agencies only.
	If you *have* received a grant from DCA within the current fiscal year—
	☐ Click **N/A**
	If you *have not* received a grant from DCA within the current fiscal year—
	☐ Click **Yes**
	☐ Upload the document into Sage.
	Item 6 applies to **government** agencies only. If you want to see the text of Executive Order 134, click the hyperlink.
	☐ Select **Yes**, **No**, or **N/A**
	The Certification Sheet contains links to Schedules G, H, and I. When you click the link to each Schedule, the form is displayed as an Adobe PDF document. **Print** each of the forms from this window. Sign each document and submit it to DCA. Go to http://www.adobe.com if you need Adobe Acrobat instructions.
	Schedule G – Certification Regarding Debarment and Suspension
	☐ Upload the document into Sage or if this attachment is Not Applicable (**N/A**) for your program (see any special instructions, below)
	Schedule H – Certification Regarding Lobbying
	☐ Upload the document into Sage or if this attachment is Not Applicable (**N/A**) for your program (see any special instructions, below)
	Schedule I – Resolution
	☐ Upload the document into Sage
	In the case where a resolution has not been signed prior to the deadline for submission, a memorandum indicating the date it will be forwarded must be signed by the appropriate Official of your agency and submitted to DCA.
	Replace this text with Program-Specific instructions or modify the Certification Sheet instructions, above.

Budget	To create your Project/Program budget in SAGE— ☐ Click on Budget Overview at the bottom of the **Application Forms** list. ☐ Each of the **Program Components** you selected will be displayed as a hyperlink on the Budget Overview page. (Your Grant Program may have only one Component) Click on the appropriate Program Component hyperlink; it will take you to the **Budget Detail** page for that component. ☐ Click the **Add a Budget Item** tab. ☐ Select a **Budget Category** from the drop down list in the top field. ☐ Fill in the **Provide a short description for this budget item** field. ☐ Fill in the **Provide a more detailed description of this budget item** field. ☐ Enter the amount you are requesting in the Grant Funds Requested from State and Funds from Other Sources (if applicable) fields. ☐ Click **Save** ☐ Continue adding Budget Items until you have added all the items for this component of your program You can check your budget for this component by clicking the **Budget Detail** or **Budget Summary** tab. If you have more than one **Program Component**— ☐ Click Go to Budget Overview at the top left of the page ☐ Select another Budget Component hyperlink and create its budget, following the instruction above. ☐ Continue this process until you have created the Budget for each Program Component

☐ For major rehabilitation, use the budget category **Program-Development: Rehab-Residential** for rehabilitation work. For renovation work, use the budget category **Program- Development: Renovations**.

☐ For equipment such as appliances, close circuit security systems etc. use the budget category **Program-Operating Cost: Equipment**.

☐ For furniture or furnishings, use the budget category **Program-Operating Cost: Furniture**.

☐ For a new passenger van (to transport residents/clients of an emergency shelter or transitional housing facility) use the budget category **Program-Operating Cost: Purchase New Van**. The maximum allowable use of Shelter Support Program funds for this budget item is $40,000

Submission Requirements	The following Attachments must be uploaded into Sage—
	☐ Tax map (for each project location)
	☐ Street map (showing each project location)
	☐ Commitment Letters – Other Sources of Funding
	☐ Commitment Letters – Operating Budget Part II
	☐ Deed of Ownership or 10-year lease
	☐ Environmental – Exterior photographs (for historic review)
	☐ Environmental – Letter from local or county historic preservation official
	☐ Environmental – Flood Insurance Rate Map
	☐ Environmental – Wetlands Map
	☐ Environmental – Hazardous conditions
	☐ Environmental – Noise
	☐ Permits
	☐ Verification of zoning approval (for Conversion)
	☐ Certification of Incorporation
	☐ Bylaws
	☐ Staff resumes
	☐ Letter of Support – CoC Committee
	☐ Letter from HMIS provider
	☐ Copy of valid residential license from state regulatory agency.
	All attachments must be uploaded into Sage. If any documents cannot be uploaded, contact the Application Manager. Their contact information may be found on the left-hand side of the Application Menu under the application number.

Printing the Application	☐ Click ![PDF] **Application PDF** (lower left of the Application screen)
	☐ Click **Generate Full PDF**
	A full version of the application will be produced overnight, which can be printed or saved for your records. You will receive an email when the file is ready, and you can retrieve it from the same screen. Go to http://www.adobe.com if you need Adobe Acrobat instructions.
Printing the Application Cover Sheet	☐ Click ![PDF] **Application PDF** (lower left of the Application screen)
	☐ Click **Generate Coverpage PDF**
	☐ **Print** the document
Where to Send the Attachments	Upload all attachments into Sage.
Submitting the Application	When you have completed all the Application Forms, Certifications, and Budget, click on the **Submit Application** button on the upper right side of the Application Menu.
	The system will alert you if you have omitted required information in any of the forms.
	Be sure to turn pop-up blockers OFF in your Internet browser or you may not be able to see the explanations of the errors.

After you submit…	After you submit an application, it disappears from your Task List. To access a submitted application, in **Quick Links**—
	☐ Click **View All Agency Applications**
	☐ At the **Search** screen, click **Clear** to erase any previously entered criteria
	☐ If desired, enter or select criteria to narrow down your search
	☐ Click **Search**
	☐ Scroll down to see your results at the bottom of the page
	☐ To access an application, click on its magnifying glass 🔍
	You cannot modify and application once it is submitted, unless your Application Managers sends it back to you (in SAGE) as "Modifications Required." If you think you've made a mistake or omitted important information, contact your Application Manger.