
Exhibit 2: HUD Homeless Programs Project Application

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB Approval No. Pending
(exp. _____)

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to 30 hours including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

2007 Continuum of Care Application: Exhibit 2

Instructions

New in 2006, Exhibit 2 serves as the universal application for all projects applying under the Continuum of Care—including new and renewal Supportive Housing Program (SHP), new and renewal Shelter Plus Care (S+C), and new Section 8 Single-Room Occupancy (SRO) program applications. Former Exhibits 2, 2R, 3, 3R, and 4 have been consolidated into this single exhibit. The application is divided into four sections:

- **Section I: Project Summary Information**
- **Section II: Project Budget Information**
- **Section III: New Project Narrative**
- **Section IV: Applicant Certification**

Applicants should carefully read these instructions and complete only the charts applicable to the projects for which they are requesting funding.

Section I: Project Summary Information

Part A: General Project Information

All projects must complete the chart.

Part B: Project Summary Budget

B1. Supportive Housing Program (SHP) (All SHP Projects)

All Supportive Housing Program projects must complete this chart. If your project contains one structure or no structures, this is the only budget you need to fill out. If your project contains multiple *structures* (projects that request funds for acquisition, rehabilitation or new construction), please add up the SHP structure budgets (from [Section 1, Part I4](#)) and include those totals in column e of this chart. HUD will review this chart in relation to the proposed activities and the number of persons to be served to determine whether the project is cost-effective.

In **section c.**, “Grant Term,” enter the [number of years of supportive services, operations and/or leasing assistance](#) desired. All new SHP projects may request funding for two or three years (dedicated HMIS may request one, two or three years). For new projects **without** funding for acquisition, rehabilitation or new construction, the grant term will be 1, 2 or 3 years. For new projects **with** funding for acquisition, rehabilitation or new construction, the grant term will be the 2 or 3 years, plus the time to acquire the property, complete construction activities and begin operating the project, which can be no longer than 39 months (for the full requirements of the timeliness standards refer to the NOFA, section III.C.3.i.).

A renewal of a SHP project may request funding for one, two, or three years. The [period](#) you select must be the same for supportive services, operations and leasing.

In **column e**, “SHP Dollars Request,” enter the amount of SHP funds requested by line item. **Please note:**

- By law, SHP funds can provide no more than 50% of the **total** acquisition, rehabilitation, and new construction budget for the project.
- By law, SHP funds can provide no more than 80% of the **total** supportive services and HMIS budget.
- By law, SHP can pay no more than 75% of the **total** operating budget.
- Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. State and local government applicants and project sponsors must work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different). **Please refer to section III.C.3.c(2)(b) of the NOFA.** If selected for funding, all applicants will be required to submit a plan for distributing administrative funds as part of the technical submission.

In **column f**, “Cash Match,” enter the amount of other cash match that will be contributed to the project for each proposed activity.

In **column g**, for each row, enter the sum of columns e and f. *The required cash match amount plus the SHP request must equal the “Total Budget” amount for the project, as shown in the last column, “Totals.”*

In **row 11, column e**, enter the total of lines 9 and 10. In **row 11, column f**, the amount in the “Total Cash Match” box should be the sum of items 4f and 6f through 8f. In **row 11, column g**, the “Total Budget” amount should be the sum total of 11e and 11f.

B2. Shelter Plus Care (S+C) (All S+C Projects)

All Shelter Plus Care projects applying for funding must complete this chart. Enter the component (only one component should be selected), the appropriate grant term, and the requested Rental Assistance Amount. See the “S+C Component Comparisons” chart below for guidance on component types.

S+C Component Comparisons

Element	TRA (Tenant-Based Rental Assistance)	SRA (Sponsor-Based Rental Assistance)	PRA (Project-Based Rental Assistance)	SRO (Single-Room Occupancy)
Entity Administering Rental Assistance	Recipient or other entity under contract to recipient	Recipient, nonprofit sponsor or other entity under contract to recipient	Recipient, other entity under contract to recipient	Public Housing Agency (PHA)
Type of Housing	Variety of types ranging from group homes to independent living units	Variety of types ranging from group homes to independent living units	Variety of types ranging from group homes to independent living units	SRO dwelling units
Living Requirements	Participants choose; recipient may require participant to live in a particular structure in first year and within a particular area in all years	Must live in structure owned or leased by sponsor	Must live in unit in particular property that is assisted	Must live in SRO structure
Eligible Participants	Homeless adults with disabilities and their families, if any	Homeless adults with disabilities and their families, if any	Homeless adults with disabilities and their families, if any	Homeless individuals with disabilities
Housing Quality Standards	24 CFR 982.401	24 CFR 982.401	24 CFR 982.401	24 CFR 882.803(b)
Rehabilitation	Not required	Not required	\$3,000 minimum per unit for 10 years of assistance	\$3,000 minimum per unit required
Term of Assistance	5 Years	5 Years	5 Years without rehabilitation; 10 Years with rehabilitation	10 Years

B3. Section 8 Single Room Occupancy (SRO) (All Section 8 SRO Projects)

All Section 8 SRO projects applying for funding must complete this section. Enter the requested SRO rental assistance amount. This should be the same as the total listed on the SRO budget chart.

Part C: Point in Time Housing and Participants Chart

(All Projects Except Dedicated HMIS Projects)

This chart is for recording the housing type, number of units, and number of beds/bedrooms and participants in the project. Information on **all** housing projects should be entered in these sections.

Section 1: Check the appropriate box to identify the housing type and if scattered site or project based. Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).

Sections 2 and 3:

- In **column a.**, Current Level, enter the requested information for all items at a point in time (a given night).
- In **column b.**, New Effort or Change in Effort, enter the new number of beds and persons that will be served at a point in time if this project is funded.
- In **column c.**, Projected Level, enter the projected number of units, bedrooms, beds, or participants served that your project will attain at a point in time. Add columns 1 and 2 together and enter this amount in column e for each row.

Note: If your project is funded you will be responsible for achieving the numbers submitted.

Part D: Targeted Subpopulations

(All Projects Except Dedicated HMIS Projects)

HUD needs the information in this chart to respond to public and Congressional inquiries about program benefit. Responses from this section will also be used to measure compliance with the requirement that no less than 10 percent of the funds awarded are for projects predominantly serving individuals experiencing chronic homelessness. A project defined as one predominantly serving the chronically homeless is one in which at least 70 percent of the persons served meet HUD's definition of chronic homelessness. If this is a #1 priority project, in order to receive permanent housing bonus funds, it must serve 100% chronically homeless persons, and you must indicate this in the chart.

Part E: Discharge Policy (Only State & Local Government Applicants)

Applicants who are state and local government entities must check "yes" or "no" in response to the question.

Part F: Project Leveraging Chart (All Projects)

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including state and local appropriated funds, to address homeless needs. The total of the leveraging amounts contained in this project will be added to that of all other projects and the grand total will be included in Exhibit 1.

Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**. A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are **one-time only** and cannot be claimed by more than one project (e.g., the value of donated land, buildings or equipment claimed in 2005 and prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions). The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated **and** in your possession prior to the deadline for submitting your application, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available. If you **do not** have a written agreement in hand at the time of application submission, **do not** enter the contribution. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).**

- Identify the **type of contribution** being leveraged by the proposed project. Types of contributions could include cash, buildings, equipment, materials, and services, such as transportation, health care, and mental health counseling.
- Enter the name of the **source of the contribution**, including mainstream housing and social service programs. Among many others, these can include: CDBG, HOME, United Way, Fannie Mae, Federal Home Loan Bank, and local or state general revenue funds.

- Identify whether the contribution comes from **government or private sources**.
- You must provide the **date of the written commitment letter**.
- Enter the **value of the contribution**. Donated professional services should be valued at the customary rate; volunteer time should be valued at \$10 per hour. Donated buildings should be valued at their fair market value or fair rental value minus any charge to the SHP, S+C, or SRO program.
- Fill in the **total amount** (if multiple pages are being submitted, provide only a grand total at the end of the last page.)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

Part G: Project Participation in Homeless Management Information Systems (HMIS) (All Projects Except Dedicated HMIS Projects)

No additional instructions.

Part H: Renewal Performance (All Renewal Projects)

Questions 1 and 2: No additional instructions.

Renewal Performance (Continued). All S+C, SHP-PH, SHP-TH, SSO, and SHP-Safe Haven renewals should complete questions 3, 4, and 5 as applicable.

The charts in this section will assess your project's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. For each applicable chart, provide information from the most recently submitted Annual Progress Report (APR) for the RENEWAL project. **Note:** If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions.

Section II: Project Budgets

Part I: SHP Project Budgets

I1. SHP Leasing Budget (All SHP Projects with Leasing)

SHP funds may be used to lease space for supportive housing or supportive services. If you are requesting SHP leasing funds, fill out the appropriate part of the leasing chart. Housing and service space may be in the form of scattered-site leased units, or within a structure. The structures to be leased may be structures currently configured for, or structures to be converted to provide, supportive housing and/or supportive services. Please note that HUD will not award rehab funds to be used on leased space.

Leased Unit(s) for Housing and/or Services

This section should be filled out only if you will lease individual units or structures that are currently configured for housing and/or services. If your project proposes to lease units in more than one metropolitan or non-metropolitan area, complete one chart for each area with a different FMR or actual rent. You can reproduce this chart as needed to accommodate projects using more than one FMR or actual rent. ***If you have negotiated an actual rent(s) that is lower than the Fair Market Rent (FMR) in your area, please use that amount instead of the FMR. The actual rent may not exceed the FMR.***

Renewal grant charts should be filled out using the actual rent or HUD paid amount. Since a renewal grant for leasing does not receive an annual increase, the amounts entered should not exceed the Annual Renewal Amount.

Under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the selectee), the project sponsor, or their parent organizations. This includes organizations that are members of a general partnership where the general partnership owns the structure.

Items a, b, and column c. No additional instructions.

Columns d, e, and f. Enter the number of unit(s) by the bedroom size to be leased, the lower of the actual rent, **HUD paid amount or FMR (if applicable)** as published in the Federal Register on or about **October 1, 2006**, and the number of months of the grant term. FMRs may be found using this web site: <http://www.huduser.org/datasets/fmr.html>. The space to be leased may be scattered-site (e.g., one-bedroom apartments in five different apartment complexes) or contained within a structure (e.g., a group home with six bedrooms).

Column g. Multiply the number of units by the FMR or actual rent, whichever is lower, by the length of the grant (# of units x FMR or actual rent x months based on grant term) and enter the result in the total column. For example, if your project were leasing 10 SRO units at \$500/month for a 12-month grant term, you would enter \$60,000 in the first row of column g.

Please note:

- The FMR for a single room occupancy (SRO) unit is equal to 75% (0.75) of the 0-bedroom FMR. The FMRs for unit sizes larger than 4-bedrooms are calculated by adding 15% to the 4-bedroom FMR for each extra bedroom. For example, the FMR for a 5-bedroom unit is 1.15 times the 4-bedroom FMR, and the FMR for a 6-bedroom unit is 1.30 times the 4-bedroom FMR.
- If your project has been approved for exception rents, use those amounts when completing this chart. Your current approval letter **must** be submitted with this document.

Item h. Enter the total for each column in the space given.

Leased Structure(s) for Housing and/or Services - No Applicable FMR. This section should be filled out only if you will lease a structure or portion of a structure for which an FMR is not applicable.

If you will lease a structure or portion of a structure for housing and/or services, fill out **Leased Structure(s) for Housing and/or Services** using a monthly leasing cost that is comparable to and no more than the rents being charged for similar space in the area. This applies to structures already configured for housing and for those that will be converted. **If your project has more than two structures, add rows or reproduce the chart and fill it out starting with structure 3.**

Multiply the monthly leasing costs by the number of months requested for funding and enter the result in the total column.

I2. SHP Supportive Services Budget (All SHP Projects as Applicable)

If your project is requesting the use of SHP funds for any supportive services, please complete the supportive services budget. Supportive services are designed to address the special needs of the homeless persons to be served by the project. Services may be provided directly by the project grantee or sponsor and/or through an arrangement with public or private service providers.

In the **first column**, the supportive service activity is given. Please enter the quantity of each supportive service in your project (see example below).

In the **Year 1 column**, enter the total amount of SHP dollars requested to pay for each eligible supportive service in the first year. If the grant is multi-year, also enter the amount of SHP funds needed for the second and third years in the **Year 2** and **Year 3 columns**.

In the **last column**, enter the **total** amount of funds needed to pay for the full grant term for each supportive service. For each row, the amount entered in the “Total” column should be equal to Year 1 + Year 2 + Year 3.

Line 14. Total SHP supportive services dollars requested. Enter the total SHP request amounts for each year of the grant term.

Line 15. Total cash match to be spent on SHP eligible supportive service activities. Enter the cash match to be contributed for each year of the grant term. The cash match must be at least 20 percent of the total supportive services costs for each grant year that you request SHP funds.

Line 16. Total supportive services costs. Enter the total supportive services costs (SHP supportive services dollars (line 14) plus cash match (line 15) equals the total supportive services costs).

Please note:

- By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 20% of the project’s total supportive services budget annually.
- Identify any staff funding requests in terms of FTE (Full Time Equivalent) employees. If you are proposing a new project, you may use percentages to estimate the staff time associated with an SHP grant position. However, once the project becomes operational, the staff salary payments that you enter should be based on actual/incurred costs that are supported by signed and dated timesheets.
- If a project sponsor’s staff will deliver a service, only the staff time directly related to the delivery of that service to the project is eligible for SHP funds. For example, if sponsor, ABC, Inc., will use 25% of its substance abuse counselor’s time for recovery planning for TH residents, then only 25% of the counselor’s salary may be paid for with SHP supportive service funds.

Example of a Supportive Services Budget:

Supportive Services Costs	Eligible SHP Costs			
	Year 1	Year 2	Year 3	Total
8. Education and Instruction – job training Quantity: 20 slots per year	\$40,000	\$40,000	\$40,000	\$120,000
11. Transportation Quantity: 1 Fifteen-Passenger Van @ \$37,500 SS Van Driver .5 FTE @ \$20,000/annual x 3 years = \$60,000	\$46,000	\$16,000	\$16,000	\$ 78,000
Total SHP Request	86,000	56,000	56,000	198,000
Total Cash Match	21,500	14,000	14,000	49,500
Total Supportive Services Costs	107,500	70,000	70,000	247,500

I3. SHP Operating Budget (All SHP Projects with Operating Costs)

Complete the Operating Costs Chart for your project’s total operations budget. Operating costs support the day-to-day operations of the supportive housing project. ***Please remember that operating costs are ineligible for Supportive Services Only projects.***

In the **first column**, the operating cost activity is given. Please enter the quantity (if applicable) for each operating item that will be paid for using SHP funds. For staff positions please include the job title, salary, % of time allocated for the position, and fringe benefits.

In the **Year 1 column**, enter the total amount needed to pay for each eligible operating cost in the first year. If the grant is multi-year, also enter the amount of SHP funds needed for the second and third years in the **Year 2** and **Year 3** columns.

In the **last column**, enter the **total** amount of funds needed to pay for the full grant term. For each row, the amount entered in the “Total” column should be equal to Year 1 + Year 2 + Year 3.

Line 11. Total SHP operating dollars requested. Enter the total SHP request amounts for each year of the grant term.

Line 12. Total cash match to be spent on SHP eligible operations activities. Enter the cash match to be contributed for each year of the grant term. The cash match must be at least 25 percent of the total operating costs for each grant year that you request SHP funds.

Line 13. Total operating costs. Enter the total operating costs (SHP operating dollars (line 11) plus cash match (line 12) equals the total operating costs).

Please note:

- SHP funds can be used to pay up to 75% of the total operations budget for the housing project. This means that the project sponsor must make cash payment for 25% of the project’s operating budget annually.
- Only the portion of the costs directly related to the operation of the housing project are eligible. For example, in cases of shared utilities, SHP operating funds may pay only for the portion of the utilities associated with the housing project, based on the square footage of the project’s space. If the housing project occupies 25% of the building’s space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds.
- Please identify any staffing funding requests in terms of FTE (Full Time Equivalent) employees. If you are proposing a new project, you may use percentages to estimate the staff time associated with an SHP grant position. However, once the project becomes operational, the staff salary payments that you enter should be based on actual/incurred costs that are supported by signed and dated timesheets.

SHP operating funds **may not** be used to pay for the following costs:

- Operating costs of a supportive services only facility;
- Administrative expenses such as audits and preparing HUD reports;
- Rent of space for supportive housing and/or supportive services;
- The payment of principal and interest on a loan for a facility currently being used as supportive housing and/or for the delivery of services; and
- Depreciation, because it does not constitute an incurred cost that requires a cash outlay.

Example of an Operating Budget:

Operating Costs	Eligible SHP Costs			
	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair - Maintenance Engineer (salary, % time, fringe benefits) Quantity: \$40,000/annually x .20 x 1.15 fringe benefits x 2 years = \$18,400	\$13,800			\$13,800
3. Utilities Quantity: electric = \$950/month; gas = \$800/month; water = \$2750/3 months	\$24,000			\$24,000
Total SHP Request	\$37,800			\$37,800
Total Cash Match	\$12,600			\$12,600
Total Operating Costs	\$50,400			\$50,400

I4. SHP New Project Multiple Structures Budget (All New SHP Projects as Applicable)

If the project contains only one structure or no structures, do not fill out the form. Please use the Project Summary Budget (Section I, Chart B) for these types of projects. However, if your project contains more than one structure (a project that requests funds for acquisition, rehabilitation or new construction), fill out the information requested on the SHP Multiple Structure Budgets Form for the number of structures proposed in your project. Do not fill out structure budgets for scattered site leasing projects. Please note that HUD will not award rehab funds to be used on leased space.

In the **first column**, the SHP activity is given.

In the **second column (SHP Request)**, for each structure budget enter the amount of SHP funds requested, by line item. For leasing, supportive services, operations, and HMIS, the amounts you enter should be for two (2) or three (3) years, which is the SHP, grant term. The term you select must be the same for leasing, supportive services, operations, and HMIS.

In the **third column (Total Budget)**, enter the total cost for each line item, which is the SHP request **plus** all other funds needed to pay for each line item, again, for **two or three years**. For your convenience, two structure budgets are provided. You may reproduce the chart if your project will have three or more structures; however, please attach the additional structure budgets to the chart and label them appropriately, starting with structure C. Enter administrative costs only on the Project Summary Budget (Section I, Chart B).

When developing your budget(s), please keep in mind that each structure can receive the maximum amount of funds according to the following per-structure limits:

For acquisition and/or rehabilitation, the SHP request for these activities **combined** is limited by law to between \$200,000 and \$400,000, depending on whether the structure is in a HUD-identified high-cost area for acquisition and rehabilitation. Contact your local HUD Field Office to determine if your project is in a high-cost area, and, if so, which of the following percentages or limits apply:

- 100% to 119%, the limit is \$200,000
- 120% to 139%, the limit is \$250,000
- 140% to 159%, the limit is \$300,000
- 160% to 174%, the limit is \$350,000
- 175% and up, the limit is \$400,000

For new construction, the SHP request is limited by law to \$400,000 per structure, regardless of where the structure is located. If you propose to acquire land in tandem with new construction, the \$400,000 limit applies to both activities combined. Please note that you can apply for funding to construct and/or operate supportive housing; however, by law you cannot request either of these activities for supportive services only projects.

If you request funds for acquisition, rehabilitation, or new construction, the law requires that you match the requested amount with an equal amount of cash for the activities. Documentation of matching funds is not required in this application; however, you will be asked to submit it at a later date.

15. SHP HMIS Budget (All SHP Projects with HMIS Costs)

Complete the entire HMIS Budget Chart for a dedicated HMIS project. A project for shared HMIS costs with other projects need *only* complete the “Subtotal” lines of the chart. HMIS costs are those costs associated with the implementation of an HMIS. If requesting SHP HMIS funds, only the portion of the costs directly related to the HMIS is eligible. In the personnel section, the number of

staff positions in Full-Time Equivalents (FTEs) should be present for each category that your project has staff HMIS costs.

Example of Personnel Section of HMIS Budget:

Personnel	Year 1	Year 2	Year 3	Total
18. Project Management/Coordination 1- .5 FTE @\$56,000/annual x 3 years = \$84,000	\$22,400	\$22,400	\$22,400	\$67,200
19. Data Analysis 1- .25 FTE @\$28,000/annual x 3 years = \$21,000	\$5,600	\$5,600	\$5,600	\$16,800
22. Administrative Support Staff 1- .5 FTE @\$16,000/annual x 3 years = \$24,000	\$6,400	\$6,400	\$6,400	\$19,200
Total SHP Request	\$34,400	\$34,400	\$34,400	\$103,200
Total Cash Match	\$8,600	\$8,600	\$8,600	\$25,800
Total HMIS Costs	\$43,000	\$43,000	\$43,000	\$129,000

In the **Year 1 column**, enter the total amount of funds to be used to pay for the first year expenses. If the grant is a multi-year grant, also enter the total funds to be used for the second and third years in the **Year 2 and Year 3 columns**.

In the **last column (Total)**, enter the total amount of funds needed to help pay for the identified HMIS expenses for the full grant term. For each row, the amount entered in the “Total” column should be equal to Year 1 + Year 2 + Year 3.

Line 25. Total SHP HMIS dollars requested. Enter the total SHP request for each year of the grant term.

Line 26. Total cash match to be spent on SHP eligible HMIS activities. Enter the cash match to be contributed for each year of the grant term. The cash match must be at least 20 percent of the total HMIS costs for each grant year that you request SHP funds.

Line 27. Total HMIS costs. Enter the total HMIS costs (SHP HMIS dollars requested (line 25) plus cash match (line 26) equals the total HMIS costs).

Documentation of firm commitments of the cash resources for year 1 of your grant term will be required prior to grant execution. **Please note that the match requirement for Year 2 and Year 3, if applicable, must be met by the end of each of those years.**

Part J: Shelter Plus Care and Section 8 SRO Project Budgets

(All New and Renewal S+C or New SRO Projects as Applicable)

J1. Shelter Plus Care and Section 8 SRO Rental Assistance Budget

If you propose to provide rental assistance in more than one metropolitan or non-metropolitan area, complete the appropriate number of charts for each area with a different FMR. You can reproduce this chart as needed to accommodate projects using more than one FMR.

Items a, b and column d. Self-explanatory.

Item c. Please note that the amount you request cannot exceed the current FMR unless an Exception Rent approval letter is attached. Requests for rents above 100% but no more than 110% must be accompanied by a statement from the PHA that they have exercised their authority to set rents above the published amount. The PHA statement must cite at what level the rents are set, up to 110% of the FMR. Requests for rents exceeding 110% must be accompanied by an exception rent approval letter from HUD.

Columns e and f. Enter the number of units expected to be used in your program and the applicable existing fair market rents. Use either the FMRs as published in the Federal Register on or about [October 1, 2006](#) or the actual rent requested. See preceding paragraph for documentation requirements for rents exceeding the FMR. Rents requested below the FMR will be awarded as such without any subsequent adjustment. FMRs may be found using this web site: <http://www.huduser.org/datasets/fmr.html>.

Columns g and h. Multiply the number of units by the FMR/actual rent by the length of the grant (# of units x FMR x months based on grant term) and enter the result in the total column.

- Term for one-year S+C renewals = 12 months
- Term for 5-year new S+C grants = 60 months
- Term for new S+C PRA w/rehab and SRO = 120 months
- Term for new SRO = 120 months

For example, a new S+C project proposal with 10 1-bedroom units at \$750 each would enter: $10 \times \$750 \times 60 = \$450,000$

Item i. Sum columns f, g, and h and enter in row i.

Please note:

- For **(S+C) Renewals**, the amount of rental assistance requested for a renewal may not exceed the number of S+C units currently under lease at the time of application times the applicable FMR times 12 months, except that for S+C grants having been awarded one-year of renewal funding in [2006](#), the number of units requested for renewal this year may not exceed the number of units funded in [2006](#). If you received a one-year S+C renewal grant in [2006](#), please provide the number of units approved for funding that year. For first-time S+C/SRO renewals, the number of units must not exceed the number of units under grant agreement and Housing Assistance Payment (HAP) contract.

- The FMR for each new S+C/SRO or SRO unit is equal to 75 percent of the 0-bedroom FMR times 120 percent (0-bedroom FMR x 0.75 x 1.20). **Note:** This year, for renewal of S+C/SRO, the FMR is equal to 75 percent of the 0-bedroom FMR. The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months (if 0.5 or above, round to the next higher whole number).
- Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved, and may be higher or lower than those found in the Federal Register Notice.
- For S+C/SRO & Section 8 SRO (SRO) you may not request assistance for more than 100 units per project.
- For S+C/SRO & Section 8 SRO (SRO) Certification Requirement for Non-PHA Applicants. For Non-PHA applicants you must submit a certification letter from the Public Housing Agency (PHA) that will administer the rental assistance. Please follow the letter format below:

(Date)

I, (name and title), authorized to act on behalf of (name of PHA), certify that this agency qualifies as a Public Housing Agency as specified in 24 CFR 882.802, is legally qualified and authorized to carry out this proposed project, and that if (name of applicant) is selected for an Shelter Plus Care SRO (or Section 8 SRO) award, this agency will administer the rental assistance.

(Signature of PHA official) (PHA number)

J2. New Shelter Plus Care Single Room Occupancy (S+C/SRO) and New Section 8 Single Room Occupancy (SRO) Project Budget

No additional instructions. **Please see section III.C.3.e.(5)(c), Program-Specific Requirements, of the NOFA** for information about the \$3000 per unit rehab requirement.

- a. In the rows provided, estimate your costs in developing the project.
- b. In the rows provided, list the source and amount of commitments from public and private sources that will help cover the costs of developing the project.

Section III: New Project Narratives

Part K: General Project Narrative Information

All new projects should answer the applicable questions in this section.

Part L: Supportive Services the Participants Will Receive

(All new projects except Dedicated HMIS Projects)

No additional instructions needed.

Part M: Accessing Permanent Housing

No additional instructions needed.

Part N: Participant Self-Sufficiency

No additional instructions needed.

Part O: Experience Narrative

The experience narrative is a description of the experience of all the organizations involved in carrying out the proposed project. (Refer to section III of the program section of the NOFA for Project Applicant and Sponsor Eligibility and Capacity Standards.) **A project sponsor must meet the same eligibility standards as applicants.**

Part P: HMIS Narrative (Dedicated HMIS Projects Only)

No additional instructions needed.

HUD Homeless Programs Logic Model Instructions:

Use logic model form HUD-96010, which can be found at:

<http://www.hud.gov/offices/adm/grants/nofa06/grpcoc.cfm>. The logic model is a method for illustrating a CoC's goals and action steps planning. More information is available in the Logic Model Instructions included in the General NOFA and the CoC Questions and Answers Supplements on the HUD web site.

Complete the chart using the instructions found on the "Instructions" tab on the Excel spreadsheet.



Section I: Project Summary Information

Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): _____	2. <input type="checkbox"/> New Project	3. If renewal, list previous grant number & project identifier number (PIN):	Previous Grant Number:
<input type="checkbox"/> Check box if project is a #1 Priority Samaritan Bonus Project	<input type="checkbox"/> Renewal Project		PIN Number:
4. HUD-Defined CoC Name:		5. CoC Number:	
6. Applicant's Organization Name (Legal Name from SF-424)		8. Applicant's DUNS Number (From SF-424):	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: City: State: Zip:		10. Applicant's Employer Identification Number (EIN) (From SF-424):	
11. Contact person of Project Applicant: (From SF-424) Name: Phone number: Title: Fax number: Email Address:		12. <input type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Name:		14. Project's location 6-digit Geographic Code:	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: City: State: Zip:		18. <input type="checkbox"/> Check box if Energy Star is used in this project	
16. <input type="checkbox"/> Check box if project is located in a Rural Area 17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input type="checkbox"/> Owned?		19. Project Congressional District(s):	
20. Project Sponsor's Organization Name (If different from Applicant)		22. Sponsor's DUNS Number:	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: City: State: Zip:		24. Sponsor's Employer Identification Number (EIN):	
25. Contact person of Project Sponsor (if different from Applicant) Name: Phone number: Title: Fax number: Email Address:			

Part B: Project Summary Budget

B1. Supportive Housing Program (SHP) (All SHP Projects)

a. <input type="checkbox"/> SHP Program		c. Grant Term* (Check only one box)	
b. Component Types (Check only one box)			
<input type="checkbox"/> TH	<input type="checkbox"/> PH	<input type="checkbox"/> SSO	<input type="checkbox"/> HMIS
<input type="checkbox"/> Safe Haven/TH		<input type="checkbox"/> Safe Haven/PH	
		<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years
		<input type="checkbox"/> 3 Years	
d. Proposed SHP Activities	e. SHP Dollars Request	f. Cash Match	g. Totals (Col. e + Col. f)
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (Lines 1 through 3)			
5. Real Property Leasing From Leasing Budget Chart			
6. Supportive Services From Supportive Services Budget Chart			
7. Operations From Operating Budget Chart			
8. HMIS From HMIS Budget Chart			
9. SHP Request (Subtotal lines 4 through 8)		Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
10. Administrative Costs (Up to 5% of line 9)			
11. Total SHP Request (Total lines 9 and 10)			

*New projects must be 2 or 3 years; **New hold harmless reallocation projects can be 1, 2 or 3 years**; and renewals or HMIS projects can be 1, 2 or 3 years.

B2. Shelter Plus Care (S+C) (All S+C Projects)

a. <input type="checkbox"/> S+C Program	c. Grant Term (Renewals are 1 year only) (Check only one box)
b. Component Types (Check only one box)	
<input type="checkbox"/> TRA	<input type="checkbox"/> Renewal 1 Year
<input type="checkbox"/> SRA	<input type="checkbox"/> New 5 Years
<input type="checkbox"/> PRA	<input type="checkbox"/> New 10 Years
<input type="checkbox"/> PRAR	
<input type="checkbox"/> S+C/SRO	
1. Total S+C Rental Assistance Amount from S+C and SRO Budget Chart	\$

B3. Section 8 Single Room Occupancy (SRO) (All Section 8 SRO Projects)

a. <input type="checkbox"/> SRO Program	c. Grant Term <input type="checkbox"/> 10 Years
b. Component Type <input type="checkbox"/> (SRO)	
1. Total SRO Rental Assistance Amount from SRO Budget Chart	\$

Part C: Point in Time Housing and Participants Chart

(All Projects Except Dedicated HMIS Projects)

1. Housing Type* (Check all that apply)	1a. <input type="checkbox"/> Multi-family <input type="checkbox"/> Single-family <input type="checkbox"/> Congregate Facility	1b. <input type="checkbox"/> Scattered Site <input type="checkbox"/> Project Based	
2. Units, Bedrooms, Beds	a. Current Level (Point-in-Time)	b. New Effort or Change in Effort (If Applicable)	c. Projected Level (column a + col. b)
Number of Units			
Number of Bedrooms			
Number of Beds			
3. Participants			
a. Number of Households with Dependent Children			
i. Number of adults			
ii. Number of children			
iii. Number of disabled persons			
b. Number of Households without Dependent Children			
i. Number of disabled persons			
ii. Number of chronically homeless			
*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).			

Part D: Targeted Subpopulations

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Severely Mentally Ill Persons with Chronic Substance Abuse), you may place overlapping approximate percentages on the appropriate lines. ***If this is a #1 priority project, it must serve 100% chronically homeless persons to receive the Samaritan bonus.***

1. Homeless Subpopulations	2. Approximate Percentages (%)
Chronically Homeless (as defined by HUD)	
Severely Mentally Ill	
Chronic Substance Abusers	
Veterans	
Persons with HIV/AIDS	
Victims of Domestic Violence	
Unaccompanied Youth (Under 18 years of age)	

Part E: Discharge Policy (Only State & Local Government Applicants)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring homeless assistance for such persons in your jurisdiction?
--	---

Part F: Project Leveraging Chart (All Projects)

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including state and local appropriated funds, to address homeless needs. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).** For further instructions for filling out this section, see the Instructions section.

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Child Care</i>	CDBG	G	2/15/06	\$10,000
*Government sources are appropriated dollars.			TOTAL:	\$

Part G: Project Participation and Data Coverage in Homeless Management Information System (HMIS)

(All Projects Except Dedicated HMIS Projects)

<p>1. Is this project providing client level data to the HMIS either through direct data entry or data upload/integration at least annually? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>a. If no, when does the project anticipate providing client level data to the HMIS? _____ (mm/yyyy)</p>	<p>b. If yes, is the client level data collected on all persons served by the project provided to the HMIS? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Part H: Renewal Performance (All Renewal Projects)

<p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If “Yes,” briefly describe.</p> <hr/>
<p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are there any significant changes in the project since the last funding approval? Check all that apply:</p> <p><input type="checkbox"/> Number of persons served: from _____ to _____.</p> <p><input type="checkbox"/> Number of units: from _____ to _____.</p> <p><input type="checkbox"/> Location of project sites.</p> <p><input type="checkbox"/> Line item or cost category budget changes more than 10%.</p> <p><input type="checkbox"/> Change in target population.</p> <p><input type="checkbox"/> Change in project sponsor.</p> <p><input type="checkbox"/> Change in component type.</p> <p><input type="checkbox"/> Other: _____</p> <p>Please explain changes: _____</p> <hr/>

H: Renewal Performance (Continued)

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions. N/A

3. Permanent Housing (PH) Performance (To be filled out by all SHP and S+C renewal permanent housing projects, including both SHP-PH and SHP-Safe Haven permanent housing).

Complete the following chart using data based on the **most recently submitted** APR Questions 12(a) and 12(b):

a. Number of participants who exited PH project(s)—APR Question 12(a)	
b. Number of participants who did not leave the project(s)—APR Question 12 (b)	
c. Of those who exited , how many stayed 7 months or longer in PH—APR Question 12(a)	
d. Of those who did not leave , how many stayed 7 months or longer in PH—APR question 12(b)	
e. Percentage of all participants in PH projects staying 7 months or longer [(c + d) divided by (a + b)] x 100 = e. Example: [(16 + 15) divided by (20 + 20)] x 100 = 77.5%	%

4. Transitional Housing (TH) Performance (To be filled out by all SHP renewal transitional housing projects, including both SHP-TH and SHP-Safe Haven transitional housing).

Complete the following chart using data based on the **most recently submitted** APR Question 14:

a. Number of participants who exited TH project(s)—including unknown destination	
b. Number of participants who moved to PH —from any destination identified as permanent housing	
c. Of the number of participants who left TH, what percentage moved to PH? (b divided by a) x 100 = c Example: (14 / 18) x 100 = 77.7%.	%

H: Renewal Performance (Continued)

5. Supportive Services - Mainstream Programs and Employment Chart
(To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)

HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
Example: 105	a. Social Security Insurance (SSI)	40	38.1%
105	b. Social Security Disability Insurance (SSDI)	35	33.3%
105	c. Social Security	25	23.8%
	a. SSI		
	b. SSDI		
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
	h. Employment Income		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
	n. No Financial Resources		

Section II: Project Budgets

Part I: SHP Project Budgets (All SHP Projects as Applicable)

I1. SHP Leasing Budget (All SHP Projects with Leasing)

Leased Unit(s) for Housing and/or Services				
a. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:				
b. New Projects Only , check the appropriate box that relates your rent to the published FMR. For Renewal Projects, skip to items c-g.				
<input type="checkbox"/> 1% to 99% of FMR				
<input type="checkbox"/> 100% of FMR				
<input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached).				
<input type="checkbox"/> Greater than 110% (HUD approval letter must be attached).				
c. Size of Units	d. Number of Units	e. HUD Paid Amount	f. Number of Months	g. Totals
SRO	x	x	=	\$
0 Bedroom	x	x	=	\$
1 Bedroom	x	x	=	\$
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other: _____	x	x	=	\$
h. Totals:	x	x	=	\$
Leased Structure(s) for Housing and/or Services - No Applicable FMR				
Structure 1		x	=	\$
Address:	Street: _____			
	City: _____		State: _____	Zip: _____
Structure 2		x	=	\$
Address:	Street: _____			
	City: _____		State: _____	Zip: _____

I2. SHP Supportive Services Budget (All SHP Projects as Applicable)

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Outreach Quantity:				
2. Case Management Quantity:				
3. Life Skills (outside of case management) Quantity:				
4. Alcohol and Drug Abuse Services Quantity:				
5. Mental Health and Counseling Services Quantity:				
6. HIV/AIDS Services Quantity:				
7. Health Related & Home Health Services Quantity:				
8. Education and Instruction Quantity:				
9. Employment Services Quantity:				
10. Child Care Quantity:				
11. Transportation Quantity:				
12. Transitional Living Services Quantity:				
13. Other (must specify *) Quantity:				
14. Total SHP dollars requested:** (lines 1 to 13)				
<p><i>*If not specified, the costs will be removed from the budget.</i></p> <p><i>**Total of Line 14 must match line 6, column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 80 percent of the Total Supportive Services Costs entered on Line 16.</i></p>				
15. Total cash match to be spent on SHP eligible supportive service activities:				
16. Total supportive services costs: ***				
<p><i>*** The Total Supportive Services Costs includes the cash match entered on line 15, and the SHP dollars requested on line 14. The total of Line 16 must match line 6, column g., on the Project Summary Budget.</i></p>				

I3. SHP Operating Budget (All SHP Projects with Operating Costs)

Operating Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair Quantity:				
2. Staff (position, salary, % time, fringe benefits)				
3. Utilities Quantity:				
4. Equipment (lease/buy) Quantity:				
5. Supplies Quantity:				
6. Insurance Quantity:				
7. Furnishings Quantity:				
8. Relocation Quantity: (number of persons)				
9. Food Quantity:				
10. Other Operating Activity: * Quantity:				
11. Total SHP Operating Dollars Requested (lines 1 to 10): **				
<i>*If not specified, the costs will be removed from the budget. **Total of Line 11 must match line 7 column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 75 percent of the Total Operating Costs entered on Line 12.</i>				
12. Total cash match to be spent on SHP eligible operations activities:				
13. Total Operating Costs: ***				
*** The Total Operating Costs includes the cash match entered on line 12 and the SHP dollars requested on line 11. The total of Line 13 must match line 7, column g., on the Project Summary Budget.				

I4. SHP New Project Multiple Structures Budget (All New SHP Projects as Applicable) To be used only for projects with multiple structures with acquisition, rehabilitation or new construction funds. Fill out an additional chart for each structure.

Structure A			Structure B		
Address:			Address:		
City, State, Zip:			City, State, Zip:		
	SHP Request	Total Budget		SHP Request	Total Budget
1. Acquisition			1. Acquisition		
2. Rehabilitation			2. Rehabilitation		
3. New Construction			3. New Construction		
4. Real Property Leasing			4. Real Property Leasing		
5. Supportive Services			5. Supportive Services		
6. Operations			6. Operations		
7. HMIS			7. HMIS		
8. Total			8. Total		

15. SHP HMIS Budget (All SHP Projects with HMIS Costs)

HMIS Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
Equipment				
1. Central Server(s)				
2. Personal Computers and Printers				
3. Networking				
4. Security				
Subtotal:				
Software				
5. Software/User Licensing				
6. Software Installation				
7. Support and Maintenance				
8. Supporting Software Tools				
Subtotal:				
Services				
9. Training by Third Parties				
10. Hosting/Technical Services				
11. Programming: Customization				
12. Programming: System Interface				
13. Programming: Data Conversion				
14. Security Assessment and Setup				
15. On-line Connectivity (Internet Access)				
16. Facilitation				
17. Disaster and Recovery				
Subtotal:				
Personnel				
18. Project Management/Coordination				
19. Data Analysis				
20. Programming				
21. Technical Assistance and Training				
22. Administrative Support Staff				
Subtotal:				
HMIS Space and Operations				
23. Space Costs				
24. Operational Costs				
Subtotal:				
25. Total SHP HMIS dollars requested: *				
<i>* Total of Line 25 must be no more than 80 percent of the Total HMIS Costs entered on Line 27.</i>				
26. Total cash match to be spent on SHP eligible HMIS activities:				
27. Total HMIS Costs**				
<i>**The Total HMIS Costs includes the SHP dollars requested on line 25 and the cash match entered on line 26. The total on line 27 must match line 8, column g., on the Project Summary Budget.</i>				

Part J: Shelter Plus Care and Section 8 SRO Project Budgets

(All S+C and SRO Projects as Applicable)

J1. Shelter Plus Care and Section 8 SRO Rental Assistance Budget

a. Check the box to indicate the type of program: <input type="checkbox"/> S+C <input type="checkbox"/> Section 8 SRO				
b. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:				
c. Check the appropriate box that relates your rent to the published FMR*:				
<input type="checkbox"/> 1% to 99% of FMR				
<input type="checkbox"/> 100% of FMR				
<input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached).				
<input type="checkbox"/> Greater than 110% (HUD approval letter must be attached).				
d. Size of Units	e. Number Of Units	f. FMR or Actual Rent**	g. Number of Months	h. Total
SRO	x	x	=	\$
0 Bedroom	x	x	=	\$
1 Bedroom	x	x	=	\$
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other: _____	x	x	=	\$
i. Totals:	x	x	=	\$

**Please be advised that the actual FMRs used in calculating your S+C or SRO grant will be those in effect at the time the grants are conditionally approved, which may be higher or lower than the FMRs listed above.*

***If requested rent is other than the published FMR, your project will be funded at the requested amount and will not receive an FMR update.*

J2. New Shelter Plus Care Single Room Occupancy (S+C/SRO) and New Section 8 Single Room Occupancy (SRO) Project Budget

a. List below an estimate of the total costs of developing the S+C/SRO project:	
Type	Amount
Total Rehabilitation Costs (Eligible and Ineligible):	
Acquisition:	
Other Costs (Eligible & Ineligible, e.g., furniture):	
Total:	\$
b. List any commitments from public and private sources that you are able to provide at this time to help cover the costs of developing the project:	
Source	Amount
Total:	\$

Section III: New Project Narratives

Part K: General Project Narrative Information

(All New Projects Except Dedicated HMIS Projects)

<p>1. Provide a general description of the new project. (use less than one-half page).</p>
<p>2. Enter the percentage of homeless participants(s) that will be served (N/A for dedicated HMIS projects):</p> <p>____% Persons who came from the street or other locations not meant for human habitation.*</p> <p>____% Persons who came from Emergency Shelters.*</p> <p>____% Persons in TH who came directly from the street or Emergency Shelters.*</p> <p>____% Total of above percentages. If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition (use less than one-quarter page).</p> <p>*This includes persons who ordinarily sleep in one of the above places but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.</p>
<p>3. Describe the outreach plan to bring these homeless participants into the project.</p>
<p>4. Will basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) be readily accessible (e.g., walking distance, near bus line, etc.) to your clients?</p> <p><input type="checkbox"/> Yes, very accessible <input type="checkbox"/> Somewhat accessible <input type="checkbox"/> Not accessible</p>
<p>5. For transitional housing component only: List the program's maximum allowable length of stay: _____ months</p>
<p>6. For permanent housing for persons with disabilities component where more than 16 persons will reside in a structure: Describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood.</p>
<p>7. For Shelter Plus Care TRA projects only: Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation? <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No</p> <p>Explain how and why the project will implement this requirement (use less than one-half page).</p>
<p>8. For Section 8 SRO projects only:</p> <p>a. Describe the rehabilitation proposed for the property and the responsibility you and any other organizations will have in operating and maintaining the property.</p> <p>b. Include a photograph of the building to be assisted with the address (street, city, zip) on the photograph.</p> <p>c. For Non-PHA applicants you must submit a certification letter from the PHA that will administer the rental assistance. Please refer to the instructions for letter content.</p>

9. **(SHP ONLY)** Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing? Yes No

If Yes, check one or more of the activities below that describe your proposed project.

Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below.

My project will:

- Increase the number of homeless persons served.
- Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.
- Bring existing facilities up to a level that meets state and local government health and safety standards. Please explain.
- Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the state or local government), which will cease on or before the end of **2008**.

By law, no SHP funds may be used to replace state or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].

If this (fourth) box is checked, you must fully describe the following in order to be eligible for funding:

- a. The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
- b. Why it is nonrenewable.
- c. When it will cease.
- d. Document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

Part L: Supportive Services the Participants Will Receive

(All New Projects Except Dedicated HMIS Projects)

1. Indicate the type and frequency of the proposed supportive services that would fit the needs of the participants (regardless of the resources that will be used to pay for the services):

Supportive Service	Daily	Weekly	Bi-monthly	Monthly	Other
<input type="checkbox"/> Outreach					
<input type="checkbox"/> Case management					
<input type="checkbox"/> Life skills (outside of case management)					
<input type="checkbox"/> Job training					
<input type="checkbox"/> Alcohol and Drug Abuse Services					
<input type="checkbox"/> Mental Health and Counseling Services					
<input type="checkbox"/> HIV/AIDS Services					
<input type="checkbox"/> Health Related & Home Health Services					
<input type="checkbox"/> Education and Instruction					
<input type="checkbox"/> Employment Services					
<input type="checkbox"/> Child Care					
<input type="checkbox"/> Transportation					
<input type="checkbox"/> Transitional Living Services					
<input type="checkbox"/> Other – specify: _____					

Part M: Accessing Permanent Housing

(All New Projects Except Dedicated HMIS Projects)

1. Describe specifically how participants will be assisted both to **obtain and also remain in permanent housing**.

Part N: Participant Self-Sufficiency

(All New Projects Except Dedicated HMIS Projects)

1. Describe **specifically** how participants will be assisted both to increase their **employment** and/or income **and** to maximize their ability to **live independently**.

2. If you are proposing to serve persons with disabling conditions, please describe how this project will assist these persons to address their needs.

Part O: Experience Narrative (All New Projects)

1. List the specific type and length of experience of all organizations involved in implementing the

proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall experience working with homeless people. For projects contracting for and overseeing the construction or rehabilitation of housing or administering rental assistance, describe experience, as applicable. A project sponsor must meet the same eligibility standards as applicants.

2. Have you ever received a Federal grant either directly from a Federal Agency or through a state/local agency? Yes No

If Yes,

- a. List **all** HUD McKinney-Vento Act grants, other than ESG, received after 2001, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance. Add rows as needed.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
Example: 2002	CA16B200062	\$500,000	\$375,412

- b. Please explain any delays in implementing any of the grants listed in (2a) above which exceed the applicable timeliness standards described in the Notice of Funding Availability (NOFA).
- c. Identify any unresolved HUD monitoring findings, or outstanding audit findings related to any of the grants listed in (2a).

3. Is the applicant or sponsor a nonprofit organization (rather than a state or unit of local Government)? Yes No

If Yes, one of the following must be attached for each organization:

- a. IRS ruling, providing tax-exempt status under Section 501 C (3) of the IRS Code of 1986, as amended, or documentation of nonprofit status as described in the Glossary in Section I.A.7 of the program section of the NOFA.
- b. Public nonprofit community mental health centers must attach a letter or other document acceptable to HUD from an authorized official stating that the organization is a public nonprofit organization.

Part P: HMIS Narrative (Dedicated HMIS Projects ONLY)

1. Describe how the CoC's homeless needs will be assessed, resources allocated, and services coordinated more efficiently and effectively through the introduction of a new or expanded CoC-wide HMIS.
2. Demonstrate that at least 50 percent of the beds (emergency, transitional and McKinney-Vento permanent housing) listed in the "Current Inventory in 2007" categories in the Fundamental Components in the CoC System – Housing Inventory Chart will be included in the CoC-wide HMIS.
3. Name the lead agency designated to oversee the HMIS project.
4. Provide the timetable for implementing the new or expanded HMIS.
5. Demonstrate that no state or local government funds would be replaced with the funding being requested of HUD for this project.