

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

OMB Approval No. (exp.)

2007 Technical Submission

for the

Supportive Housing Program

To be completed by conditionally selected grantees

Public reporting burden for this collection of information is estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

As described in the Continuum of Care Homeless Assistance Notice of Funding Availability (NOFA), conditionally selected applicants will be requested to submit additional project information, which may include documentation to show the project is feasible; documentation of firm commitments for cash match; documentation showing site control; information necessary for HUD to perform an environmental review, where applicable; and such other documentation as specified by HUD in writing to the applicant, that confirms or clarifies information provided in the application.

If the conditionally selected applicant is unable to meet any conditions for fund award within the specified timeframe, HUD reserves the right not to award funds to the applicant.

Technical Submission

General Instructions

Submission Process

The 2007 Supportive Housing Program (SHP) application process has two essential phases. First, eligible organizations submit applications for SHP projects in response to the Continuum of Care Homeless Assistance Notice of Funding Availability (NOFA). An applicant that is successful in the competition (called a “conditionally selected grantee” or “selectee”) then completes a second phase by providing more detailed technical information not contained in the original application. This Technical Submission document contains all of the information HUD requires for the second (and final) phase prior to grant execution. All selectees, whether funded for a new SHP project, an expansion of an existing effort, or for a renewal project will complete this document. The McKinney-Vento Act gives HUD authority to renew the assistance that was awarded, therefore, please note that a technical submission is not required for renewal projects. Amendments to the renewal grant must be done at the grant agreement phase. (Contact your Field Office for more details.)

There is a cover page and eight Exhibits, two of which are for Renewals Only as outlined below. Exhibit 1, Project Summary, should be completed by all selectees, including renewals, according to the specific instructions contained in each section. For all other Exhibits, selectees should fill out only the Exhibits which correspond to the activities in their 2007 application to HUD. In reviewing your submission, your local HUD Field Office may find activities that are ineligible or simply misclassified, which would reduce your award or shift funding to another activity. HUD cannot, however, increase funding to a project because of the competitive nature of these awards.

A Technical Submission must be completed for each conditionally selected project. The selectee may have a project sponsor (the organization that will carry out the daily operation of the project) complete a Technical Submission for each project and submit it to the selectee when the project sponsor is not the same organization as the selectee. The selectee, however, is responsible for ensuring that the Field Office receives the Technical Submission by the deadline.

The following information must be submitted, as applicable:

Renewals Only

Cover Page: Table of Contents and Certification.

Exhibit 1: Project Summary - Selectee and project sponsor information, and project budget

Exhibit 2: Real Property Leasing, Supportive Services, Operations and HMIS – to be used for documentation of site control, match and certification for leasing, supportive services, and operations.

New Projects

Cover Page: Table of Contents and Certification.

Exhibit 1: Project Summary - Selectee and project sponsor information, project budget and milestones.

Exhibit 2: Acquisition, Rehabilitation, New Construction and Project Feasibility - Cost, site control, and zoning information. A separate exhibit must be submitted for each structure within a project. For project feasibility, total amount of cash needed to do acquisition, rehabilitation, or new construction.

Exhibit 3: Real Property Leasing - Leasing costs for supportive housing and/or supportive service facilities.

Exhibit 4: Supportive Services - Types, quantities, and costs of services, and site control for sites operated by the project sponsor.

Exhibit 5: Operating Budget - Types and costs for each SHP-funded operating cost, and site control.

Exhibit 6: HMIS Dedicated Project – Types, quantities, resources, costs of an HMIS, operations and match.

Exhibit 7: Administration - Distribution plan for administrative funds.

Exhibit 8: Leveraging - Leveraging documentation.

Grant Agreements

HUD will enter into a grant agreement with the selectee once the Technical Submission is completed and approved. When a project sponsor is not the selectee organization, the project sponsor will be a subrecipient to the selectee.

A selectee awarded funding for multiple projects will enter into a separate grant agreement for each project, thereby accommodating projects that are ready to begin operation at varying times.

**Technical
Submission
(cont.)****General Instructions**

Environmental Review

(1) No recipient is permitted to enter into a contract or otherwise commit HUD or local funds for acquisition, rehabilitation, leasing (except scattered-site tenant based rental assistance), conversion, repair, or construction of the property to provide housing under the program prior to completion of the environmental review process and approval of either HUD 7015.15 or HUD-4128 by the HUD Field Office CPD Director.

(2) For recipients who are private nonprofit organizations or public housing authorities (PHA), the environmental review is to be performed by responsible entities (units of general local government in whose jurisdiction the activity is located or States) in accordance with 24 CFR Part 58 – “Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities”- whether or not the grantee is itself a unit of local government or State. Previously, the review was required to be performed by HUD for PHA and nonprofit grantees in accordance with 24 CFR Part 50 – “Protection and Enhancement of Environmental Quality.” If a responsible entity is either unwilling or unable to perform an environmental review for grantees who are public housing agencies or private nonprofit organizations (Section 58.11), or if HUD determines that the responsible entity should not perform the environmental review on the basis of performance, timing or compatibility of objectives, HUD may designate another responsible entity to conduct the review under Part 58 or may itself conduct the environmental review under Part 50.

Recording Restrictive Use and Repayment Covenants in CPD’s Supportive Housing Program

The Supportive Housing Program (SHP) is authorized by Subtitle C of the McKinney-Vento Act. The use restriction and repayment requirements are found at section 423(b) and (c), § 42USC 11383(b) and (c). These requirements apply to projects receiving SHP funds for acquisition, rehabilitation, and/or new construction. Conforming regulations are located at 24 CFR§ 583.305. Please contact your local HUD Field Office to discuss the recordation requirements for your jurisdiction.

Site Control

By law, a project sponsor must have site control within one year after HUD notified the selectee of its conditionally selected award if SHP funds will be used for: (a) acquisition, rehabilitation and/or new construction; (b) operating costs for supportive housing; (c) supportive services at a site it also operates; and (d) leasing of units that participants will not eventually control and SHP supportive services will be provided at the site. Exhibits 2, 3, 4, and 5 describe the acceptable forms of site control. If site control is not obtained within one year, HUD will withdraw its offer to enter into a grant agreement and the project will not receive funding.

Site control is not needed, however, when grant funds will be used solely to provide services at a site not operated by the project sponsor, to be used solely for leasing, or when the lease will be given to the project participants. For a renewal project, the sponsor organization may sign the statement at the bottom of page 10 indicating that it still controls the project site to fulfill the site control requirement.

**Technical
Submission
(cont.)**

General Instructions

Assembly

To help HUD expedite the review of your submission, please assemble it in the order as outlined under the Submission Process heading in these instructions. If an Exhibit is not applicable, please label it as such. Use tabs to mark each Exhibit and number all pages sequentially. Supporting documentation, such as cost estimates, may be referenced in the appropriate Exhibit and attached as an appendix.

Deadline and Questions

The deadline for the Technical Submission is no later than one month from the date of the letter from the selectee's HUD Field Office requesting the submission. Selectees may submit Exhibits as they complete them; however, the entire submission must be submitted by the deadline. The HUD Reform Act provisions that prohibited application-related contact during the application phase do not apply during this Technical Submission phase, so you may call your HUD Field Office if you have specific questions about this document.

RENEWAL
PROJECTS
SECTION

**Technical
Submission**

Project Number: _____
Project Identifier: _____
(RENEWALS ONLY)

Recipient's Name:

HUD Project Number:

Check the program component/type that classifies your project:

- Transitional Housing (TH)
- Permanent Housing for Homeless Persons with Disabilities (PH)
- Supportive Services Only (SSO)
- Safe Haven/Transitional Housing (SH/TH) – Characteristics of TH/participant **not required** to execute a lease
- Safe Haven/Permanent Housing (SH/PH) – Characteristics of PH/participant **required** to execute a lease
- Homeless Management Information System (HMIS)
- Innovative Supportive Housing (ISH)

Table Of Contents

(Enter the page number for each Exhibit in the space provided below.)

- _____ Exhibit 1 Project Summary
- _____ Exhibit 2 Real Property Leasing, Supportive Services, HMIS and Operating Budget

Certification:

Name & Title of the Person who can answer questions about this document:

Phone (include area code):

Address:

I hereby certify that all the information stated herein is true and accurate.

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)

Name & Title of Authorized Official:

Signature & Date:

**Technical
Submission**
(cont.)

Project Number: _____
Project Identifier: _____
Exhibit 1: Project Summary
(RENEWALS ONLY)

A. Selectee, and Sponsor Information - Fill in the information requested below. For HMIS projects fill in the HMIS Lead. When the selectee is the same organization as the project sponsor, complete only the selectee information.

| | | | |
|----------------------|--|---------------------|--|
| Selectee Name | | Sponsor Name | |
| Contact Person | | Contact Person | |
| Phone | | Phone | |
| FAX Number | | FAX Number | |
| E-Mail Address | | E-Mail Address | |
| Street Address | | Street Address | |
| City, State, Zip | | City, State, Zip | |
| HMIS Lead | | Contact Person | |
| Street Address | | Phone | |
| City, State, Zip | | E-Mail Address | |

B. Project Budget - This section must be completed by all renewal selectees.

1. Chart 1 - Summary Project Budget

To complete Chart 1, Summary Project Budget, enter the amount of SHP funds requested by line-item in the first column. For leasing, supportive services, operations, and HMIS, the amount entered should be for the SHP grant term selected. In the second column, enter the amount of other cash that will be contributed to the project. This amount plus the SHP request must equal the total budget amount for the project. Note that match requirements for supportive services, operating costs and HMIS apply to renewal projects. The amounts you enter are for all structures in your project. Each line item amount in this chart should match the amounts shown in your original application as approved or Exhibits 3, 4, 5 and 6 in this document's New Projects Section.

Requested grant term (1, 2, or 3 years): _____

Chart 1 - Summary Project Budget

| | SHP Request | Applicant Cash | Total Project Budget |
|--|-------------|----------------|----------------------|
| 1. Real Property Leasing | | | |
| 2. Supportive Services* | | | |
| 3. Operations** | | | |
| 4. HMIS* | | | |
| 5. SHP Request (subtotal lines 1 thru 4) | | | |
| 6. Administration*** (up to 5% of line 5) | | | |
| 7. Total SHP Request (total lines 5 and 6) | | | |

*By law, SHP can pay no more than 80% of the total supportive services or total HMIS budget.

**By law, SHP can pay no more than 75% of the total operating budget.

***By law, SHP can pay no more than 5% of the total SHP request.

**Technical
Submission**
HUD-40090-3a

Project Number: _____
Project Identifier: _____
Exhibit 1: Project Summary

(RENEWALS ONLY)

C. Program Goals - The goals for SHP are to help program participants (a) obtain and remain in permanent housing, (b) increase their skills and/or income, and (c) achieve greater self-determination. In order to meet these program goals, each project should develop specific performance measures. Performance measures have three major components. First, they must relate to the outcomes (e.g., the program participant will successfully complete substance abuse treatment), rather than inputs (e.g., the program participant will attend 25 substance abuse sessions). Second, they must have a time frame for achievement and, third, they must have a percentage/number indicating a level of achievement.

If your project's goals have changed, in a separate narrative, which should be submitted as an attachment to this exhibit, please describe the performance measures that will be used for each of the SHP goals and how success in meeting each of the goals will be measured. Please include both housing and services in your discussion. At least one performance measure for the skills/income goal must address accessing mainstream health and human service programs. You will be reporting on your success in meeting the performance measures in your Annual Progress Report.

Examples of performance measures for each of the SHP goals are:

Goal: Obtain and remain in permanent housing

- 70% of those families entering the program will receive Section 8 certificates **when exiting the program.**

Goal: Increase skills and income

- 80% of the participants who receive no benefits upon entry will receive entitlement benefits within 6 months.

Goal: Achieve greater self-determination

- 85% of clients will meet at least one goal on their Individual Service Plan.

D. Number of Units, Beds, Participants and Supportive Services

These charts need to be included only if they were incomplete, inaccurate or blank at the time of the original application submission. Please complete these charts if your local HUD Field Office has notified you that they are required. Submit only those that apply. The charts can be found in the New Projects Section of the Technical Submission.

**Technical
Submission**

Project Number: _____

Project Identifier: _____

**Exhibit 2. Real Property Leasing, Supportive
Services, Operations and HMIS (RENEWALS ONLY)**

This exhibit covers Real Property Leasing, Supportive Services, Operations, HMIS as it pertains to Site Control, Match Documentation and other applicable Certifications. Please refer to the narrative under the New Projects Section of the Technical Submission for a more detailed explanation of each of the exhibits. Other sections in this exhibit may need to be completed if required by your local HUD Field Office.

ALL RENEWAL GRANTEES/PROJECT SPONSORS MUST COMPLETE SITE CONTROL, MATCH DOCUMENTATION AND JOB AND ADMINISTRATION CERTIFICATIONS.

If you are required to resubmit or complete the real property leasing, supportive services, operations or HMIS exhibits, use the charts from the pages of the New Projects Section of this technical submission that apply. For leasing use Exhibit 3 charts, supportive services use Exhibit 4 charts, operations use Exhibit 5 charts and HMIS use Exhibit 6 charts. You do not have to complete the leveraging and administration exhibits for renewals.

A. Site Control

Check the appropriate box(es):

Leasing Supportive Services Operations

A project sponsor requesting renewal funding for an existing SHP project must complete the information below. No other site documentation is required for renewal projects.

As a recipient of SHP funds, the _____
_____(sponsor organization) currently has an executed lease agreement, or a deed or other proof of ownership for the property(ies) in use to house and/or provide services to homeless persons under HUD's existing grant number. In addition, sponsor organizations using SHP funds for leasing activities (project sponsor, the conditional grantee, or their parent organizations -fill in the appropriate one-) do not own these leased site(s). This includes organizations that are members of a general partnership where the general partnership owns the structure(s), both parties are parts of the same governmental unit or the governmental unit creates an authority or similar entity to acquire and lease the facilities to the governmental unit and other parties, and no operating grant funds will be used for the payment of utilities, maintenance and repairs, or management fees associated with the leased site(s), under HUD's existing grant number _____.
Signature of authorized representative _____
Name _____
Title _____ Date _____

**Technical
Submission**

**Project Number: _____
Project Identifier: _____
Exhibit 2. Real Property Leasing,
Supportive Services, Operations and HMIS
(RENEWALS ONLY)**

B. Documentation of Match for Year 1

Supportive Services

Operations

HMIS

A selectee must currently have firm commitments for its cash resources for Year 1 for supportive services, operating costs and HMIS and must submit documentation of those resources as an attachment to this Exhibit. These firm commitments must be documented on letterhead stationery, signed and dated by an authorized representative, and attached to this Exhibit. Each letter must, at a minimum, contain the following elements:

1. The name of the organization providing the cash resource;
2. The amount;
3. The type of activity for which the funds will be used (e.g., case management, child care, education);
4. The name of the project sponsor organization to which the cash will be contributed and/or the name of the project; and
5. The date the funds will be available.

C. Certification of Match for Year 2 and Year 3, if applicable (Mark all that apply)

Supportive Services

Operations

HMIS

The following certification must be completed for Year 2, and Year 3 if applicable, of your grant term to certify that non-SHP cash resources will be used to meet your supportive services, operations and HMIS match requirement in each of these years.

The amount specified in this certification for **supportive services** must match the amount shown in the Supportive Services Chart submitted with your original application **OR** Line 10 of the Supportive Services Budget from Exhibit 4 of the New Projects Section. No other documentation regarding the supportive services match requirement for Year 2 and Year 3 of your grant term is required at this time. However, match commitment for Years 2 and 3 will be identified at time of submission of Annual Progress Reports for those years.

The amount specified in this certification for **operations costs** must match the amount shown in the Operations Cost Chart submitted with your original application **OR** Line 12 of the Operations Budget from Exhibit 5 of the New Projects Section. No other documentation regarding the operations match requirement for Year 2 and Year 3 of your grant term is required at this time. However, match commitment for Years 2 and 3 will be identified at time of submission of Annual Progress Reports for those years.

The amount specified in this certification for HMIS must match the amount shown on the “Total Cash Match” on the last line of the HMIS Chart submitted with your original application **OR** at the bottom of the HMIS Budget from Exhibit 6 of the New Projects Section. No other documentation regarding the HMIS match requirement for Year 2 and Year 3 of your grant term is required at this time. However, match commitment for Years 2 and 3 will be identified at time of submission of Annual Progress Reports for those years.

Technical

Project Number: _____

Submission

Project Identifier: _____

**Exhibit 2. Real Property Leasing,
Supportive Services, Operations and HMIS**

(RENEWALS ONLY)

D. Match Certification (continued)

The _____ (selectee organization) certifies that it will provide cash resources in the amount of \$_____ from non-SHP funding sources for Year(s)_____ of this grant term to be used to provide HMIS, services and/or for operating costs of housing for homeless persons under HUD’s grant number _____.

Signature of authorized representative: _____

Name (Print): _____

Title: _____

Date: _____

E. Job Description Certification

The _____ (selectee organization) certifies that the job responsibilities of each position as it relates to the project are the same as those indicated on the **2007** application budget chart(s). If the position or responsibilities have changed, submit a new position description for the new or added position.

Signature of authorized representative: _____

Name (Print): _____

Title: _____

Date: _____

F. Administration Certification

The _____ (selectee organization) certifies that funds are being used for eligible administrative costs. If the Distribution of Funds is not the same, a new/revised plan is submitted.

Signature of authorized representative: _____

Name (Print): _____

Title: _____

Date: _____

NEW
PROJECTS
SECTION

Technical
Submission

Project Number: _____
Project Identifier: _____

Cover Page

| | |
|-------------------|---------------------|
| Recipient's Name: | HUD Project Number: |
|-------------------|---------------------|

Check the program component/type that classifies your project:

- Transitional Housing (TH)
- Permanent Housing for Homeless Persons with Disabilities (PH)
- Supportive Services Only (SSO)
- Safe Haven/Transitional Housing (SH/TH) – Characteristics of TH/participant **not required** to execute a lease
- Safe Haven/Permanent Housing (SH/PH) – Characteristics of PH/participant **required** to execute a lease
- Homeless Management Information System (HMIS)
- Innovative Supportive Housing (ISH)

Table Of Contents

(Enter the page number for each Exhibit in the space provided below.)

- _____ Exhibit 1 Project Summary
- _____ Exhibit 2 Acquisition, Rehabilitation, New Construction, and Project Feasibility
- _____ Exhibit 3 Real Property Leasing
- _____ Exhibit 4 Supportive Services
- _____ Exhibit 5 Operating Budget
- _____ Exhibit 6 Homeless Management Information System
- _____ Exhibit 7 Administration
- _____ Exhibit 8 Leveraging

Certification:

| | |
|--|----------------------------|
| Name & Title of the Person who can answer questions about this document: | Phone (include area code): |
|--|----------------------------|

Address:

I hereby certify that all the information stated herein is true and accurate.

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)

| | |
|--------------------------------------|-------------------|
| Name & Title of Authorized Official: | Signature & Date: |
|--------------------------------------|-------------------|

Technical Project Number: _____

Submission

Project Identifier: _____

Exhibit 1: Project Summary

Exhibit 1 consists of Sections A-D which request selectee and sponsor information, project budget and milestones, program goals, and number of beds, participants and supportive services.

A. Selectee, and Sponsor Information - Fill in the information requested below. Fill in the HMIS Lead for HMIS projects. When the selectee is the same organization as the project sponsor, complete only the selectee information.

| | | | |
|----------------------|--|---------------------|--|
| Selectee Name | | Sponsor Name | |
| Contact Person | | Contact Person | |
| Phone | | Phone | |
| FAX Number | | FAX Number | |
| E-Mail Address | | E-Mail Address | |
| Street Address | | Street Address | |
| City, State, Zip | | City, State, Zip | |
| HMIS Lead | | Contact Person | |
| Street Address | | Phone | |
| City, State, Zip | | E-Mail Address | |

B. Project Budget and Milestones - This section must be completed by all new selectees.

1. Chart 1 - Summary Project Budget

To complete Chart 1, Summary Project Budget, enter the amount of SHP funds requested by line-item in the first column. For leasing, supportive services, and operations, the amount entered should be for the SHP grant term selected. In the second column, enter the amount of other cash that will be contributed to the project. This amount plus the SHP request must equal the total budget amount for the project. The amounts you enter are for all structures in your project. Each line-item amount in this chart should match the amounts shown in Exhibits 2 through 8, as appropriate.

Requested grant term (1, 2, or 3 years): _____

Chart 1 - Summary Project Budget

| | SHP Request | Applicant Cash | Total Project Budget |
|---|-------------|----------------|----------------------|
| 1. Acquisition | | | |
| 2. Rehabilitation | | | |
| 3. New Construction | | | |
| 4. Subtotal (lines 1 thru 3)* | | | |
| 5. Real Property Leasing | | | |
| 6. Supportive Services** | | | |
| 7. Operations*** | | | |
| 8. HMIS** | | | |
| 9. SHP Request (subtotal lines 4 thru 8) | | | |
| 10. Administration (up to 5% of line 9) | | | |
| 11. Total SHP Request (total lines 9 and 10) | | | |

* By law SHP request for these activities cannot be more than 50% of the total acquisition, rehabilitation, and new construction budget.

** By law, SHP funds can be no more than 80% of the total supportive services or total HMIS budget.

***By law, SHP can pay no more than 75% of the total operating budget.

**Technical
Submission**

Project Number: _____

Project Identifier: _____

Exhibit 1: Project Summary

2. Chart 2 - Project Milestones

To complete Chart 2, Project Milestones, enter the number of days from the execution of the grant agreement that each of the following milestones will occur, for each structure in your project. If your project has only one structure or no structures, complete only column A. Enter "N/A" if the event is not applicable.

Please note that the milestones you enter will become part of the selectee's grant agreement and, therefore, it is important that the milestones are appropriate given the scope of the project and achievable by the SHP prescribed timeframes in the regulation at Section 583.410 and timeliness standards listed on page 11749 of the 2007 NOFA published on March 13, 2007.

Establish the major milestones for implementation of your HMIS project and enter the number of days from execution of the grant that each milestone will occur.

Chart 2 - Project Milestones

| | Days from Execution of Grant Agreement Structure | | | |
|--|---|---|---|---|
| | A | B | C | D |
| 1. Closing on purchase of land, structure, or execution of lease | | | | |
| 2. Last unit leased, if leasing scattered units | | | | |
| 3. Rehabilitation started | | | | |
| 4. Rehabilitation completed | | | | |
| 5. New construction started | | | | |
| 6. New construction completed | | | | |
| 7. Operations staff hired | | | | |
| 8. Residents begin to occupy | | | | |
| 9. Supportive services begin | | | | |
| 10. Facility near 100% occupied | | | | |
| 11. Enrollment in supportive services near 100% capacity | | | | |
| 12. Implementation of your HMIS project | | | | |

C. Program Goals - The goals for SHP are to help program participants (a) obtain and remain in permanent housing, (b) increase their skills and/or income, and (c) achieve greater self-determination. In order to meet these program goals, each project should develop specific performance measures. Performance measures have three major components. First, they must relate to the outcomes (e.g., the program participant will successfully complete substance abuse treatment), rather than inputs (e.g., the program participant will attend 25 substance abuse sessions). Second, they must have a time frame for achievement and, third, they must have a percentage/number indicating a level of achievement.

In a separate narrative, which should be submitted as an attachment to this Exhibit, please describe the performance measures that will be used for each of the SHP goals and how success in meeting each of the goals will be measured. Please include both housing and services in your discussion. At least one performance measure for the skills/income goal must address accessing mainstream health and human service programs. You will be reporting on your success in meeting the performance measures in your Annual Progress Report.

Examples of performance measures for each of the SHP goals are:

- Goal: Obtain and remain in permanent housing
 - 70% of those families entering the program will receive Section 8 certificates **when exiting the program.**
- Goal: Increase skills and income
 - 80% of the participants who receive no benefits upon entry will receive entitlement benefits within 6 months.
- Goal: Achieve greater self-determination
 - 85% of clients will meet at least one goal on their Individual Service Plan.

Technical
Submission

Project Number: _____
Project Identifier: _____
Exhibit 1: Project Summary

Please indicate below the number of persons you have committed to serve as indicated in your application or as modified by your Field Office (i.e., change due to funds being reduced).

D. Number of Beds, Participants, and Supportive Services (Does not apply to HMIS projects)

Section D is composed of three charts.

Chart 1 is for recording the housing type.

Chart 2 is for recording the number of units/beds/bedrooms in the project. Do not complete Chart 2 if the project is for supportive services only (SSO).

Chart 3 is for recording the number of participants to be served. Information on *all* projects should be entered in this section except for HMIS activities.

| | | |
|--|--|---|
| Chart 1: Housing Type (Check all that apply) | 1a. <input type="checkbox"/> Multi-family | 1b. <input type="checkbox"/> Scattered Site |
| | <input type="checkbox"/> Single-family | <input type="checkbox"/> Project Based |
| | <input type="checkbox"/> Congregate Facility | |

Complete Chart 2 and Chart 3 based on the following instructions.

- In *column a.*, please enter the requested information for all items at a point in time. You should fill out this column only if you checked “Yes” in Section III, Part K, #9 or you are proposing a renewal project. If you checked “No” in section E enter “N/A” in this column.
- In *column b.*, enter the new number of beds and persons served at a point in time if this project is funded
- In *column c.*, enter the projected level (columns a and b added together) that your project will attain at a point-in-time.

| Chart 2: Units, Bedrooms, Beds * | a. Current Level (Point-in-Time) | b. New Effort or Change in Effort (If Applicable) | c. Projected Level (col. a + col. b) |
|---|-------------------------------------|--|---|
| Number of Units | | | |
| Number of Bedrooms | | | |
| Number of Beds | | | |

*Do not complete information on the number of units, bedrooms and beds for Supportive Services Only (SSO) projects. In those instances, enter “N/A” in the appropriate cells.

| Chart 3: Participants | a. Current Level (Point-in-Time) | b. New Effort or Change in Effort (If Applicable) | c. Projected Level (col. a + col. b) |
|---|-------------------------------------|--|---|
| a. Number of Families with Children (Family Households) | | | |
| i. Number of adults in families | | | |
| ii. Number of children in families | | | |
| iii. Number of disabled in families | | | |
| b. Number of Single Individuals and Other Households w/o Children | | | |
| i. Number of disabled individuals | | | |
| ii. Number of chronically homeless | | | |

Technical
Project Number: _____
Project Identifier: _____

Submission

Exhibit 2: Acquisition, Rehabilitation, New Construction, and Project Feasibility (new or expansion projects only)

Exhibit 2 consists of Sections A-G which request information on the structure address, cost, site control, zoning, and total amount of cash needed for SHP funded acquisition, rehabilitation, or new construction. Please complete a separate Exhibit 2 **for each SHP-funded structure** to be assisted within your project. In addition, for Section E.4.b., attach a narrative describing in-kind contributions (if any) directly related to the rehabilitation or new construction.

Please note that all projects requesting funding for acquisition, rehabilitation, and/or new construction activities are subject to environmental review requirements (see General Instructions).

A. Address of Structure

Street _____
 City _____
 State/Zip _____

Is this the same address provided in your original application to HUD? Yes No

If “No,” attach a narrative describing why a different structure is proposed, including any implications for acquisition, rehabilitation, or new construction costs.

B. Site Control A project sponsor must have control of any structure that will receive SHP funding for acquisition for supportive housing or a supportive services facility, or new construction for supportive housing.

1. Does the project sponsor have site control at this time?
 - Yes (complete question 2)
 - No (The project sponsor has one year from the date of HUD’s letter to the selectee notifying it that it was conditionally selected to gain site control.)

2. Check the appropriate box below to indicate the form of site control that the project sponsor has now **and attach a copy of the document. These are the acceptable forms of site control:**
 - Deed or other proof of ownership Executed lease agreement
 - Executed contract of sale Executed option to purchase or lease

C. Zoning Attach **one** of the following sources of zoning documentation:

1. A statement on letterhead stationery from the unit of general local government (in which the structure is located) indicating that the proposed use of the structure is permissible under the applicable zoning ordinances and regulations; **or**
2. If the structure is zoned for a use other than that intended by the project, submit documentation that the zoning will be changed within one year from the date of HUD’s letter to the selectee notifying it of its conditionally selectee status; **or**
3. Documentation that a lawsuit or a HUD complaint related to the proposed site has been filed, or a commitment that it will be filed three months (of initial notification of award), challenging the legality of the current zoning ordinance or regulations under the Fair Housing Act.

**Technical
Submission**

Project Number: _____

Project Identifier: _____

**Exhibit 2: Acquisition, Rehabilitation, New Construction, and
Project Feasibility (new or expansion projects only)**

**D. Acquisition
Cost**

If you are requesting SHP funds to acquire real property (land and/or a structure), enter the **total** acquisition cost in the applicable line below. Attach a photograph of the property.

1. Cost of real property is to be acquired from a person or entity other than the project sponsor.

\$ _____ **or**

2. Cost of paying off the project sponsor's outstanding debt on a loan on real property to be used in the SHP project. Please note that SHP funds may only pay debt on property **not currently** used as supportive housing or for supportive services for homeless persons.

\$ _____

- a. Attach to this Exhibit documentation indicating the balance owned on the loan, mortgage or deed of trust.
- b. To avoid potential conflict of interest (see the SHP rule at Section 583.330(e)), describe in a narrative the current owner's proposed involvement in the SHP project.

**E. Rehabilitation
and New
Construction
Cost**

If you are requesting SHP funds for rehabilitation or new construction of a structure, provide the following information:

1. Attach a thorough description of the nature, scope and square footage of the proposed work.
2. If new construction is proposed, attach a narrative describing how the costs associated with the construction are substantially less than rehabilitating the structure and/or that there is a lack of available structures to rehabilitate at a cost less than new construction.
3. Attach a cost estimate prepared by a qualified person in the field (such as an architect, contractor or engineer) that describes the labor and materials costs by major trade headings (such as plumbing, electrical and landscaping), and indicates all fees, taxes, builder's overhead and profit, contingency amounts and other items appropriate for the work to be completed. **Please note that SHP funds cannot be used to pay developer's fees or to establish working capital or operating deficit funds.**
4.
 - a. The total rehabilitation or construction cost for the structure based on the cost estimate: \$ _____
 - b. The total in-kind contributions (non-cash) to be made towards the rehabilitation or construction of the structure (such as materials, labor):

- \$ _____
- c. The total cash needed for rehabilitating or constructing the structure (4a minus 4b). \$ _____

**Technical
Submission**

Project Number: _____

Project Identifier: _____

**Exhibit 2: Acquisition, Rehabilitation, New Construction, and
Project Feasibility (new or expansion projects only)**

**F. SHP Funding
Request**

1. Enter the total SHP request for acquisition, rehabilitation and new construction for the structure:

summary

\$ _____ (Please ensure that this amount matches project budget amounts in Exhibit 1, Chart B.1., for these activities.)

**G. Project
Feasibility**

By completing Exhibit 2 a project sponsor will demonstrate that it has enough documented cash resources to carry out these activities and meet the SHP match requirement, and that the resources will be available to meet the structure milestones schedule in Exhibit 1.

**a. Cash
Requirements**

Enter the total cash needed to complete acquisition, rehabilitation, and/or new construction of **all structures** in your project. (Total of all structures in Ex. 2)

\$ _____

**b. Cash
Resources**

Fill in the following table with new cash resources to be used for acquisition, rehabilitation or new construction. Do not include the cost of non-cash contributions or enter cash resources already committed to existing projects. Cash resources may be provided by the project sponsor, Federal, State and local governments, or private sources.

| Sources of Cash for Acquisition/ Rehabilitation/New Construction | Page Nos. of Documentation | Amount \$ | HUD Use Only |
|---|-------------------------------|--------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |

| | | | |
|-----------------------|---|--|--|
| c. Total Cash | Total cash resources excluding SHP request (add Lines 1 thru 7 above) | | |
| d. SHP Request | SHP request (line a. minus line c.) (SHP request may not be greater than line c.) | | |

e. Documentation of Feasibility Cash resources listed above in Part b. must be documented on letterhead stationery, signed and dated by an authorized representative, and attached to this Exhibit. Each letter must, at a minimum, contain the following elements:

1. The name of the organization providing the cash resource;
2. The amount;
3. The type of activity for which the funds will be used (e.g., acquisition, rehabilitation, or new construction);
4. The name of the project sponsor organization that the resource will be contributed to and/or the name of the project; and
5. The date the funds will be available.

**Technical
Submission**

Project Number: _____

Project Identifier: _____

Exhibit 3: Real Property Leasing

(all new projects requesting leasing funds)

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

Chart A should be filled out only if you will lease units or structures that are currently configured for housing and/or services and, therefore, a FMR or actual rent can be used. **If you have negotiated an actual rent (s), which is lower than the FMR, please use that amount instead of the FMR. Please note that FMR's are gross rent amounts that include shelter rent and the cost of utilities, except telephone. Therefore, if you use an actual rent amount, you should include a utility allowance. Your local Public Housing Authority should be contacted for a schedule of utility allowances. The actual rent plus utility allowance may not exceed the FMR.** Fill out Chart B only if you will lease a structure that will be converted into space for housing and/or services and for which an FMR is not applicable. The Chart in Section C is a summary of your total SHP request for each year of the grant term for all units and/or structures in your project.

**Technical
Submission**

Project Number: _____
Project Identifier: _____
Exhibit 3: Real Property Leasing
 (all new projects requesting leasing funds)

A. Leased Unit(s) or Structure(s) Configured for Housing and/or Services

If you proposed to lease units or structures in more than one metropolitan or non-metropolitan area, fill in the appropriate number of tables for each area with a different FMR or actual rent. Please reproduce this Exhibit as needed to accommodate projects using more than one FMR or actual rent.

Enter the number of unit(s)/structure(s) by the bedroom size to be leased and the lower of the actual rent or the FMR as published in the Federal Register on **September 27, 2006**. 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).

Multiply the number of units/structures by the FMR or actual rent, whichever is lower, by 12 months (# of units x FMR or actual rent x 12) and enter the result in the Year 1 column and the total column. If you will have a multi-year lease (e.g., the grant term is for 2 or 3 years), enter the Years 2 and 3 costs, as applicable, and then total.

Please note that 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.

FMRs may be found at the following WEB site:

<http://www.huduser.org/datasets/fmr.html>

If your project has been approved for exception rents, use those amounts when completing this Exhibit and submit your Public Housing Authority approval letter with this document.

Chart A:

Name of metropolitan or non-metropolitan FMR area: _____

Address (if scattered site, indicate so): _____

| Size of units | No. of units/ structures | FMR or HUD rent paid | No. of Mos. | Year 1 (a) | Year 2 (b) | Year 3 (c) | Total (d) |
|---------------|--------------------------|----------------------|-------------|------------|------------|------------|-----------|
| 1. SRO | x | x | 12 = | | | | \$ |
| 2. 0 bdrm | x | x | 12 = | | | | \$ |
| 3. 1 bdrm | x | x | 12 = | | | | \$ |
| 4. 2 bdrm | x | x | 12 = | | | | \$ |
| 5. 3 bdrm | x | x | 12 = | | | | \$ |
| 6. 4 bdrm | x | x | 12 = | | | | \$ |
| 7. 5 bdrm | x | x | 12 = | | | | \$ |
| 8. 6 bdrm | x | x | 12 = | | | | \$ |
| 9. Other | x | x | 12 = | | | | \$ |
| 10. Totals | | | | \$ | \$ | \$ | \$ |

Project Number: _____

**Technical
Submission**

Project Identifier: _____
Exhibit 3: Real Property Leasing
 (all new projects requesting leasing funds)

B. Leased Unit(s) Structure(s) – No Applicable FMR

If you will lease a structure or portion of a structure that will be converted into space for housing and/or services, fill out Chart B below using a monthly leasing cost that is comparable to and no more than the rents being charged for similar space in the area. **If your project has more than one structure, reproduce Chart B and fill it out starting with structure 2.**

Multiply the monthly leasing costs by 12 months and enter the result in the Year 1 column. If you will have a multi-year lease (e.g., the grant term is for 2 or 3 years), enter the Years 2 and 3 costs, as applicable, and then total.

Chart B:

| Structure 1 | Monthly Leasing Cost | No. of Mos. | Year 1 (a) | Year 2 (b) | Year 3 (c) | Total (d) |
|--------------------|----------------------|-------------|------------|------------|------------|-----------|
| | \$ x | 12 = | \$ | \$ | \$ | \$ |

Address:

| | Year 1 (a) | Year 2 (b) | Year 3 (c) | Total (d) |
|---------------|------------|------------|------------|-----------|
| Totals | \$ | \$ | \$ | \$ |

C. SHP Leasing Request

Transfer the Year 1, 2, 3, (as applicable, depending on the grant term) and total figures from Tables A and/or B to the chart below.

| | Year 1 (a) | Year 2 (b) | Year 3 (c) | Total (d) |
|------------------------|------------|------------|------------|-----------|
| 1. Total Budget | \$ | \$ | \$ | \$ |
| 2. SHP Request | \$ | \$ | \$ | \$ |

Please ensure that the dollar amounts you enter in 1(d) and 2(d) match those you entered in the project Summary Budget in Exhibit 1, as applicable.

Project Number: _____

Technical
Submission

Project Identifier: _____
Exhibit 3: Real Property Leasing
(all new projects requesting leasing funds)

D. Site Control

A project sponsor is not required to document site control if: (1) during the grant term, the lease will be given to the project participants (e.g., the homeless persons will eventually control the units); and/or (2) the SHP request is just for leasing (e.g., the request is not also for other SHP-related activities for which site control is needed). If one or both of these situations is applicable to your project, check the "N/A" (i.e., not applicable) box in #1 below and proceed to the next Exhibit.

- 1. Does the project sponsor have site control at this time? Yes No N/A

If the answer to this question is "yes", complete question 2 below.

If the answer to this question is "no", the project sponsor has one year from the date of HUD's conditional award letter to the selectee to obtain site control.

- 2. Check the appropriate box below to indicate the form of site control that the project sponsor has now and **attach a copy of the document. These are the acceptable forms of site control:**

- Executed lease agreement
- Executed option to lease

Technical
Submission

Project Number: _____
Project Identifier: _____
Exhibit 4: Supportive Services

(all new projects requesting service funds)

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 sponsor and/or through arrangement with public or private service providers, including the selectee. SHP supportive service funds may be used to pay for the actual costs of supportive services and other costs directly associated with providing such services (see SHP rule at Section 583.120).

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 selectee must make a cash payment for 20% of the project’s total supportive services budget annually. For Year 1 of your grant term, documentation of firm commitments of the cash resources must be submitted as an attachment to Exhibit 4. The form and content requirements of these commitments are explained in Section D of this Exhibit. For Years 2 and 3, a selectee needs only to certify that cash resources will be provided using the certification in Section E of this Exhibit. This certification must be completed and submitted as an attachment to this Exhibit. **Please note that, although selectees are not required to have the firm commitment for the cash resources for Year 2 and Year 3 at this time, the match requirement for Year 2 and Year 3 must be met by the end of each of those years and identified at the time of submission of the APRs for those years..**

Technical Submission
Submission

Project Number: _____
Project Identifier: _____
Exhibit 4: Supportive Services

A. Supportive Services Budget

Please complete the chart below for your project’s total supportive services budget. If you need additional space for more services, you may reproduce this chart and label it Exhibit 4A.

In the first column, fill in the supportive service expenses. For staff positions, please include the job title and quantity (or FTE-full time equivalent); for supportive services, such as transportation services, please include the type (e.g., bus tokens) and quantity. In the Year 1 column, enter the amount needed to pay for the service in the first year. If the grant is multi-year, enter the funds needed for Year 2, and if applicable, Year 3. In the last column, total the amount of funds needed for the full grant term. **Please ensure that the total supportive services request on Line 11, column (d) below, matches the amount you entered in your project’s Summary Budget in Exhibit 1 of this document.**

Example:

| Supportive Service Expense | Year 1 (a) | Year 2 (b) | Year 3 (c) | Total (d) |
|--|---------------|---------------|---------------|--------------|
| Service Activity: Mental Health Counseling Quantity: 0.25 FTE | \$10,000 | \$10,300 | \$10,609 | \$30,909 |
| Service Activity: Transportation (Bus Tokens) Quantity: 500/mo. @\$2.00 ea. | 12,000 | 12,360 | 12,731 | 37,091 |
| SHP Request | 17,600 | 18,128 | 18,672 | 54,400 |
| Total Supportive Services Costs | \$22,000 | \$22,660 | \$23,340 | \$68,000 |

Chart 4A:

| Supportive Service Expense | Year 1 (a) | Year 2 (b) | Year 3 (c) | Total (d) |
|--|---------------|---------------|---------------|--------------|
| 1. Service Activity: Quantity: | | | | |
| 2. Service Activity: Quantity: | | | | |
| 3. Service Activity: Quantity: | | | | |
| 4. Service Activity: Quantity: | | | | |
| 5. Service Activity Quantity: | | | | |
| 6. Service Activity Quantity: | | | | |
| 7. Service Activity: Quantity: | | | | |
| 8. Service Activity: Quantity: | | | | |
| 9. SHP REQUEST* | | | | |
| 10. Selectee’s Match (Line 11 minus Line 9) | | | | |
| 11. Total Supportive Services Budget | | | | |

*The SHP request cannot be more than 80% of the total supportive services budget in Line 11.

**Technical
Submission**

Project Number: _____
Project Identifier: _____
Exhibit 4: Supportive Services
 (all new projects requesting service funds)

B. Job Descriptions

Attach to Exhibit 4 narrative statement(s) indicating the job title(s) for each position to be funded. For each position describe the job responsibilities as they relate to the project.

C. Site Control

A project sponsor must have site control when SHP funds are requested for supportive services **at a site operated by the project sponsor**. If the project sponsor does not operate this site (e.g., another organization does), check the "N/A" (i.e., not applicable) box in #1 below and proceed to the next applicable Exhibit.

- 1. Does the project sponsor have site control at this time? Yes No N/A

If the answer to this question is "yes", complete question 2.

If the answer to this question is "no", the project sponsor has one year from the date of HUD's conditional award letter to the selectee to obtain site control.

- 2. Check the appropriate box below to indicate the form of site control that the project sponsor has now and **attach a copy of the document. These are the acceptable forms of site control:**

- Executed lease agreement Deed or other proof of ownership
- Executed option to purchase or lease Executed contract of sale

**Technical
Submission**

Project Number: _____
Project Identifier: _____
Exhibit 4: Supportive Services
(all new projects requesting service funds)

D. Documentation of Match for Year 1

A selectee must currently have firm commitments for its cash resources for Year 1 and must submit documentation of those resources as an attachment to this Exhibit. These firm commitments must be documented on letterhead stationery, signed and dated by an authorized representative, and attached to this Exhibit. Each letter must, at a minimum, contain the following elements:

- 1. The name of the organization providing the cash resource;
- 2. The amount;
- 3. The type of activity for which the funds will be used (e.g., case management, child care, education);
- 4. The name of the project sponsor organization to which the cash will be contributed and/or the name of the project; and
- 5. The date the funds will be available.

E. Certification of Match for Year 2 and Year 3, if applicable

The following certification must be completed for Year 2, and Year 3 if applicable, of your grant term to certify that non-SHP cash resources will be used to meet your supportive services match requirement in each of these years. The amount specified in this certification must match the amount shown in Chart 4A, Line 10, of this Exhibit. No other documentation regarding the supportive services match requirement for Year 2 and Year 3 of your grant term is required at this time. However, match commitment for Years 2 and 3 will be identified at time of submission of Annual Progress Reports for those years.

The _____ (selectee organization) certifies that it will provide cash resources in the amount of \$_____ from non-SHP funding sources for Year(s)_____ of this grant term to be used to provide services to homeless persons under HUD’s grant number _____.

Signature of authorized representative: _____

Name (Print): _____

Title: _____

Date: _____

Technical Submission

Project Number: _____
Project Identifier: _____
Exhibit 5: Operations
 (all new projects requesting operating funds)

Operating costs are those costs associated with the day-to-day operation of supportive housing and for which cash payment is needed. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project.

If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, if a project sponsor's executive director will spend 10% of his/her time providing management to the housing project, then (up to) 10% of his/her salary can be charged as an SHP operating expense. Additionally, for example, in cases of shared utilities, SHP operating funds may only pay 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. If the building to be used is new, the project sponsor should contact its local utility company for an estimate of the monthly bill.

Relocation expenses are also eligible SHP operating costs. Because relocation requirements are complex, selectees should contact their local HUD Field Office as soon as possible to determine if the relocation requirements are triggered and if so, the procedures to follow and the cost of the relocation assistance.

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

- a. Operating costs of a supportive services only facility;
- b. Administrative expenses such as audits and preparing HUD reports (see Exhibit 7: Administration);
- c. Rent of space for supportive housing and/or supportive services (see Exhibit 3: Real Property Leasing);
- d. The payment of principal and interest on a loan on a facility not currently being used as supportive housing and/or for the delivery of services (see Exhibit 2: Acquisition, Rehabilitation, New Construction, and Project Feasibility); and
- e. Depreciation because it does not constitute an incurred cost that requires a cash outlay.

SHP funds can be used to pay up to 75% of the total operations budget for the housing project in Years 1, 2 and 3. This means that the project sponsor must make a cash payment for 25% of the project's operating budget annually. For Year 1 of your grant term, documentation of firm commitments of the cash resources must be submitted as an attachment to this Exhibit. The form and content requirements of these commitments are explained in Section D of this Exhibit. However, if there is more than one year in your grant term, a selectee needs only to certify that cash resources will be provided in Year 2 and Year 3 using the certification in Section E of this Exhibit. This certification must be completed and submitted as an attachment to this Exhibit. **Please note that, although selectees are not required to have the firm commitment for the cash resources for Year 2 and Year 3 at this time, the match requirement for Year 2 and Year 3 must be met by the end of each of those years.**

As part of the grantee's annual progress report, a project sponsor must report the amount of SHP operating funds received during the operating year and the sources of project sponsor cash used during the year to meet the match requirement. The operating year begins after development activities of acquisition, rehabilitation and new construction are complete. An operating start date should be established by the grantee in LOCCS* when the first draw down is made for leasing, supportive services, or operating costs. The operating start date should be the date costs are first incurred for one of these activities. The operating start date may **NOT** precede the SHP grant agreement execution date.

***Line of Credit Control System: the HUD accounting system from which SHP grantees withdraw awarded funds.**

**Technical
Submission**
(cont.)

Project Number: _____
Project Identifier: _____
Exhibit 5: Operations
 (all new projects requesting operating funds)

A. Operations Budget

Complete the chart below or reproduce it using available spreadsheet software. Only operating expenses for which a cash payment will be required for this project may be entered. Do not include the value of non-cash contributions, such as donated supplies.

In the first column under operating costs, enter the requested information including type of expense and other information where indicated (see example in chart below). In the Year 1 column, enter the total amount of funds to be used to pay for the expense the first year. If the grant is multi-year, enter the total funds to be used for the second and third years. In the last column, total the amount of funds needed to help pay for the identified operating expense for the grant term. **Please ensure that the total operations request on Line 13, column (d) below, matches the amount you entered in your project's Summary Budget in Exhibit 1.**

| Operating Costs | Year 1 (a) | Year 2 (b) | Year 3 (c) | Total (d) |
|--|-----------------------|-----------------------|-----------------------|----------------------|
| EXAMPLE: Grounds maintenance contract;\$75/mos, x no. of mos. | | | | |
| 1. Maintenance/Repair | | | | |
| 1. Staff (position, % time, fringe benefits, salary) | | | | |
| 1. Utilities | | | | |
| 1. Equipment (lease/buy) | | | | |
| 1. Supplies (quantity) | | | | |
| 6. Insurance | | | | |
| 6. Furnishings (quantity) | | | | |
| 6. Relocation (no. of persons) | | | | |
| 6. Food (perishable/non-perishable, quantity) | | | | |
| 6. Other Operating Costs (amounts/quantities) | | | | |
| 6. SHP REQUEST** | | | | |
| 6. Selectee's Match *** (Line 13 minus line 11) | | | | |
| 6. Total Operating Budget | | | | |

** The SHP request for Years 1, 2, and 3 cannot be more than 75% of the total operating budget for those years.

***See page 33 for information regarding documenting match.

Technical
Submission
(cont.)

Project Number: _____
Project Identifier: _____
Exhibit 5: Operations
(all new projects requesting operating funds)

B. Job Descriptions

Attach to this Exhibit narrative statement(s) indicating the job title(s) for each position to be funded. For each position describe the job responsibilities as they relate to the project for each position.

C. Site Control

A project sponsor must have site control when SHP funds are requested for operating costs for supportive housing. If you have already responded to site control requirements in Exhibits 2, 3, and/or 4, you may skip this section and proceed to the next Exhibit.

- 1. Does the project sponsor have site control at this time? Yes No

If the answer to this question is “yes”, complete question 2.

If the answer to this question is “no”, the project sponsor has one year from the date of HUD’s conditional award letter to the selectee to obtain site control.

- 2. Check the appropriate box below to indicate the form of site control that the project sponsor has now and **attach a copy of the document. These are the acceptable forms of site control:**

- Executed lease agreement Deed or other proof of ownership
- Executed option to purchase or lease Executed contract of sale

Technical
Submission
(cont.)

Project Number: _____
Project Identifier: _____
Exhibit 5: Operations
(all new projects requesting operating funds)

D Documentation of Match for Year 1

A selectee must currently have firm commitments for its cash resources for Year 1 and must submit documentation of those resources as an attachment to this Exhibit. These firm commitments must be documented on letterhead stationery, signed and dated by an authorized representative, and attached to this Exhibit. Each letter must, at a minimum, contain the following elements:

1. The name of the organization providing the cash resource;
2. The amount;
3. The type of activity for which the funds will be used (e.g., case management, child care, education);
4. The name of the project sponsor organization to which the cash will be contributed and/or the name of the project; and
5. The date the funds will be available.

E Certification of Match for Year 2 and Year 3, if applicable

The following certification must be completed for Year 2, and Year 3 if applicable, of your grant term to certify that non-SHP cash resources will be used to meet your operating costs match requirement in each of these years. The amount specified in this certification must match the amount shown in Section A, Line 12, of this Exhibit. No other documentation regarding the operating costs match requirement for Year 2 and Year 3 of your grant term is required at this time. However, match commitment for Years 2 and 3 will be identified at time of submission of Annual Progress Reports for those years.

The _____ (selectee organization) certifies that it will provide cash resources in the amount of \$_____ from non-SHP funding sources for Year(s)_____ of this grant term to be used for operating costs of housing for homeless persons under HUD’s grant number _____.

Signature of authorized representative: _____

Name (Print): _____

Title: _____

Date: _____

Technical
Submission

Project Number: _____
Project Identifier: _____
Exhibit 6: HMIS Dedicated Projects

(all new HMIS dedicated projects)

SHP funds may be used to pay for up to 80% of the total HMIS budget for each year of the grant term. This means that the selectee must make a cash payment for 20% of the project's total HMIS budget annually. For Year 1 of your grant term, documentation of firm commitments of the cash resources must be submitted as an attachment to this Exhibit. The format and requirements for these commitments are explained in Section B of this Exhibit. For Years 2 and 3, if applicable, a selectee needs only to certify that cash resources will be provided using the certification in Section C of this Exhibit. This certification must be completed and submitted as an attachment to this Exhibit. **Please note that, although selectees are not required to have the firm commitment for the cash resources for Years 2 and 3 at this time, the cash match requirement for Years 2 and 3 must be met by the end of each of those years and identified at time of submission of Annual Reports for those years.**

The 2001 HUD Appropriations Act added homeless management information systems as a new eligible activity. Section 423 (a)(7) of the McKinney-Vento Act provides that HUD may make "a grant for the costs of implementing and operating management information systems for purposes of collecting unduplicated counts of homeless people and analyzing patterns of use of assistance funded under this Act." The Technical Submission breaks these costs into 5 major cost categories: Equipment, Software, Services, Personnel, and Space/Operations.

If a project sponsor's staff will perform an HMIS function, only the staff time directly related to the delivery of that HMIS function for the project is eligible for SHP funding. For example, the project sponsor - Harmony House - will use 25% of 1 FTE staff for a HMIS task and the remainder of the staff's time will be spent conducting non-HMIS tasks. Using this example, only 25% of the staff's salary may be paid for with SHP HMIS funds. Likewise, where the HMIS system serves non-homeless clients and provides reporting on those clients, a proration of costs must be made.

A. HMIS Dedicated Project: Narratives and Budget Chart

1. List of Continuum of Care Shelter Resources and Schedule for Participation

List by category all emergency and transitional shelters and McKinney-Vento-assisted permanent housing projects that were identified in the 2007 Exhibit 1 Continuum of Care Plan. Shelters not included in the Continuum of Care Plan may also be included. Indicate next to each shelter or site:

1. Their beds/unit capacity.
2. Schedule of participation in the HMIS. If shelter or site is currently participating, list as (C), if planned enter (P--1/08), or if it does not plan on entering the system use (NP) and state the reason.

2. HMIS Software

List the name/vendor of the software program, system type (i.e., web-based client/server, other), and types of activities that can be performed. Potential types of activities include: Intake and Exit (IE); Assessment and Goals Setting (AS); Service Planning (SP); Tracking Supportive Services and Outcomes (TS); Information & Referral (IR); Outreach (OU).

Technical
Submission
(cont.)

Project Number: _____
Project Identifier: _____
Exhibit 6: HMIS Dedicated Project
(all new HMIS dedicated projects)

3. HMIS Budget Narrative

Briefly describe each category of costs that apply to your project. Applicants may benefit from reviewing a HUD- funded Technical Assistance document entitled, Homeless Management Information Systems (HMIS) Cost Estimation Guidelines: Cost Framework and Submission Recommendations. The document can be viewed and down loaded from: <http://www.hud.gov/offices/cpd/homeless/hmis/index.cfm>

Please complete the HMIS Budget Chart on the next page for your project’s *total* HMIS budget. Include both SHP funds and selectee’s match when completing HMIS Budget.

In the first column, fill in the HMIS expenses (Cost Item) that apply to your project. In the Year 1 column, enter the amount needed to pay for the HMIS in the first year. If the grant is multi-year, enter the funds needed for Year 2, and if applicable, Year 3. In the last column, total the amount of funds needed for the full grant term. **Please ensure that the Total SHP Request from the chart on the next page is equal to the amount entered in the project’s Summary Budget in Exhibit 1 on page 15 for new projects and page 8 for renewal projects. (This is identified by asterisks in both charts.)**

Please note that the selectee’s match for the first year of the grant term must be documented as described in the introduction to this Exhibit; for projects with grant terms exceeding one year, the certification at Section C of this Exhibit must be completed for Year 2 and Year 3 of the grant term.

**Technical
Submission**

Project Number: _____

Project Identifier: _____

Exhibit 6: HMIS Dedicated and Shared Projects
(all new HMIS Dedicated and Shared projects)

| Cost Item | Year 1 | Year 2 | Year 3 | Total |
|--|--------|--------|--------|-------|
| Equipment | | | | |
| Central Server(s) | | | | |
| Personal Computers and Printers | | | | |
| Networking | | | | |
| Security | | | | |
| Subtotal | | | | |
| Software | | | | |
| Software / User Licensing | | | | |
| Software Installation | | | | |
| Support and Maintenance | | | | |
| Supporting Software Tools | | | | |
| Subtotal | | | | |
| Services | | | | |
| Training by Third Parties | | | | |
| Hosting / Technical Services | | | | |
| Programming: Customization | | | | |
| Programming: System Interface | | | | |
| Programming: Data Conversion | | | | |
| Security Assessment and Setup | | | | |
| On-line Connectivity (Internet Access) | | | | |
| Facilitation | | | | |
| Disaster and Recovery | | | | |
| Subtotal | | | | |
| Personnel | | | | |
| Project Management / Coordination | | | | |
| Data Analysis | | | | |
| Programming | | | | |
| Technical Assistance and Training | | | | |
| Administrative Support Staff | | | | |
| Subtotal | | | | |
| HMIS Space and Operations | | | | |
| Space Costs | | | | |
| Operational Costs | | | | |
| Subtotal | | | | |
| SHP Request* | | | | |
| Selectee's Match | | | | |
| Total HMIS | | | | |
| Budget | | | | |

*The SHP request cannot be more than 80% of the Total HMIS Budget.

**Technical
Submission**

Project Number: _____
Project Identifier: _____
Exhibit 6: HMIS Dedicated and Shared Projects
(all new HMIS Dedicated and Shared projects)

A. Documentation of Match for Year 1

A selectee must currently have firm commitments for its cash resources for Year 1 and must submit documentation of those resources as an attachment to this Exhibit. These firm commitments must be documented on letterhead stationery, signed and dated by an authorized representative, and attached to this Exhibit. Each letter must, at a minimum, contain the following elements:

- 1. The name of the organization providing the cash resource;
- 2. The amount;
- 3. The type of activity for which the funds will be used (e.g., equipment, software, services, personnel and HMIS space and operations);
- 4. The name of the project sponsor organization to which the cash will be contributed and/or the name of the project; and
- 5. The date the funds will be available.

B. Certification of Match for Year 2 and Year 3, if applicable

The following certification must be completed for Year 2 and Year 3, if applicable, of your grant term to certify that non-SHP cash resources will be used to meet your supportive services match requirement in each of these years. The amount specified in this certification must match the amount shown in the selectee’s match on page 36 of this Exhibit. No other documentation regarding the supportive services match requirement for Years 2 and 3 of your grant term is required at this time. However, match commitment for Years 2 and 3 will be identified at time of submission of Annual Progress Reports for those years.

The _____ (selectee organization) certifies that it will provide cash resources in the amount of \$_____ from non-SHP funding sources for Year(s)_____ of this grant term to be used to provide services to homeless persons under HUD’s grant number _____.

Signature of authorized representative: _____

Name (Print): _____

Title: _____

Date: _____

**Technical
Submission**

Project Number: _____
Project Identifier: _____
Exhibit 7: Administration
(all new projects requesting administration funds)

The selectee should work in partnership with its project sponsor(s) (if a different organization than the selectee) in responding to Section A, and provide a narrative description of how this was done in Section B.

Up to 5% of each project award may be used for administrative costs. Eligible administrative costs include accounting for the use of the grant funds, preparing HUD reports, obtaining audits and similar administrative costs (see the SHP rule at Section 583.135).

For projects in which the project sponsor is not the same organization as the grantee, the project sponsor performs administrative functions necessary for the proper management of the grant. For example, though a grantee is responsible for ensuring the completion and submission of an Annual Progress Report to HUD, the project sponsor will, in many cases, complete the report itself. It is prudent, therefore, for the grantee to pass-through administrative funds to the project sponsor to cover the reporting costs.

As required by the Congressional committees' report accompanying the FY2003 HUD Appropriations Act, if SHP funds for administrative costs are awarded to a State or unit of local government where the projects will be operated by nonprofit organizations, some of these funds must be passed on to the nonprofit organization(s). These funds should be split with the nonprofit organization(s) in proportion to the administrative burden borne by them for the SHP project(s). HUD will consider States and units of general local government that pass on at least 50 percent of the administrative funds as having met this Congressionally-mandated requirement.

**Technical
Submission**
(cont.)

Project Number: _____
Project Identifier: _____
Exhibit 7: Administration
 (all new projects requesting administration funds)

A. Administrative Costs

Please complete the chart below for your administrative costs budget. If you are a selectee who will also be the project sponsor, complete Lines 1 through 6. If you are the selectee and a different organization will be the project sponsor, complete lines 1 through 8.

In the first column, fill in the administrative activity to be paid for using SHP funds. In the Year 1 column, enter the amount of SHP funds to be used to pay administrative costs in the first year. If the grant is multi-year, enter the amount of SHP funds to be used for Year 2, and if applicable, Year 3. In the last column, (d), total the amount of SHP funds requested for the full grant term. **Please ensure that the total requested for administrative costs for the entire grant term, Line 6, column (d), matches that which you entered in your project’s Summary Budget in Exhibit 1.**

| Administrative Costs | Year 1 (a) | Year 2 (b) | Year 3 (c) | Total (d) |
|--|---------------|---------------|---------------|--------------|
| 1. Administrative Activity: | | | | |
| 2. Administrative Activity: | | | | |
| 3. Administrative Activity: | | | | |
| 4. Administrative Activity: | | | | |
| 5. Administrative Activity: | | | | |
| 6. SHP REQUEST FOR ADMINISTRATIVE COSTS | | | | |
| 7. Amount for Selectee | | | | |
| 8. Amount for Project Sponsor | | | | |

B. Plan for Distribution of Administration Funds

If the selectee **is not the same** organization as the project sponsor, attach a description of the selectee’s plan for distributing its administrative funding to address all, or a portion of the project sponsor’s administrative needs. Include a description of how the project sponsor was consulted in formulating the plan.

Project Number: _____

**Technical
Submission**

Project Identifier: _____

Exhibit 8: Leveraging

If this project was identified as a project that will leverage resources (outside of SHP) in the selectee's original application to HUD (Exhibit 1: Continuum of Care Narrative, Project Leveraging Chart), the selectee is required to submit documentation of the leveraged commitment(s) during the Technical Submission phase. As described in the NOFA, page 11752, project leveraging includes funds requested under the 2007 NOFA with other resources, including private, other public and mainstream services, and housing programs for proposed projects and ongoing efforts. Please submit a copy of the written leveraging agreement in place at the time of application submission. The agreement must indicate:

If this project was identified as a project that will leverage resources, please submit:

- a) copy of a written leveraging agreement in place at the time of application submission that indicates:
- b) the type and value of the contribution;
- c) the name of the project sponsor organization and;
- d) the name of the project for which the resource will be contributed.

Acceptable documentation includes signed and dated letters, memorandums of agreement and similar documents.