

2008 Technical Submission/Project Revision - Common to All Program Types			
<p><b>NOTE: This is a list of data elements to be included in 2008 technical submission/project revision in e-snaps. New SHP and SRO projects must complete a Technical Submission and New S+C, Renewal SHP and Renewal S+C complete project revision prior to grant execution. The order in which data elements appear on the screens in e-snaps may differ from the order presented here. Whenever possible, information will be brought forward from the SF-424 and Exhibit 2 submitted during the 2008 competition so that selectees will update information already provided.</b></p>			
Data Element/Question	Response Categories/Type	Sub-elements	Response Categories/Type
<b>Project Summary</b>			
<b>Project Information -- brought forward from Exhibit 2 application</b>			
<b>CoC Number and Name</b>			
<b>Project Name</b> <b>Project Number</b> <b>Program Type</b> <b>Grant Term</b>	SHP S+C Section 8 SRO 1 2 3 5 10 years	<b>Component Type</b>	PH/SH/TH/HMIS/SSO TRA/SRA/PRAR/PRA/SRO SRO
<b>Applicant/Selectee &amp; Sponsor Information -- brought forward from SF-424 and Exhibit 2 application</b>			
<b>Applicant Name</b> <b>DUNS #</b>		Does the applicant information need to be updated/corrected before grant agreement?	Yes / No
Applicant/Selectee Contact Person	First Name Last Name Title Phone Fax E-mail Address Street Address City, State, Zip	Does the applicant information need to be updated/corrected before grant agreement?	Yes / No If yes, enter updated information
Applicant Authorized Representative	First Name Last Name Title Phone	Does the applicant information need to be updated before grant agreement?	Yes / No If yes, enter updated information

	Fax E-mail Address Street Address City, State, Zip		
<b>Sponsor Name</b> <b>DUNS #</b>		Does the sponsor information need to be updated/corrected before grant agreement?	Yes / No / Not applicable If yes, enter updated information
Sponsor Contact Person	First Name Last Name Title Phone Fax E-mail Address Street Address City, State, Zip	Does the sponsor information need to be updated/corrected before grant agreement?	Yes / No / Not applicable  If yes, enter updated information
<b>Assisted Number of Beds and Participants -- brought forward from Exhibit 2</b>			
<b>Housing Type and Scale</b>	Barracks Dormitory Shared Housing SRO Units Clustered apartments Scattered-site apartments Single family homes/ townhouses/duplexes	Number of Units Number of Bedrooms Number of Beds  Does the housing information need to be updated/corrected before grant agreement?	Yes / No / Not applicable  If yes, enter updated information
<b>Assisted Participants</b> Households without Dependent Children	Current Level Effort	Number of Disabled Adults Number of Non-disabled Adults	Chronically Homeless Severely Mentally Ill

Households with Dependent Children	Current Level Effort	Number of Disabled Unaccompanied Youth Number of Non-disabled Unaccompanied Youth  Number of Disabled Adults Number of Non-disabled Adults Number of Disabled Unaccompanied Youth Number of Non-disabled Unaccompanied Youth	Chronic Substance Abuse  Veterans Persons with HIV/AIDS Domestic Violence  Chronically Homeless Severely Mentally Ill  Chronic Substance Abuse  Veterans Persons with HIV/AIDS Domestic Violence
Does the Assisted Participants information need to be update before grant agreement?	Yes / No	If yes, enteer updated information	
<b>Site Control Summary</b>			
<b>Site Information &amp; Schedule (for each site)</b>			
<b>Address(es) of Structure(s)</b>	Site Name Street Address City, State, Zip		
Do you need to update the site address before grant agreement?	Yes/No	If yes, complete threshold review.	
<b>Site Owner</b>	Applicant? Sponsor? Other?		
<b>Site Contact</b>	Contact Person Phone FAX E-mail Address Street Address City, State, Zip		

<p><b>Site Control &amp; Review</b></p> <p>Does the selectee or project sponsor have site control at this time</p> <p>Documentation attachment (NEW) Certification attachment (Renewal)</p> <p>Does the project meet the site and neighborhood standards detailed at 24 CFR 882.803(b)(2)?</p> <p>Does the project exceed the per unit rehabilitation cost limitation?</p> <p>Does the project require the minimum \$3,000 rehab per unit?</p>	<p>Yes/No</p> <p>Yes/No/Not Applicable</p> <p>Yes/No/Not Applicable</p> <p>Yes/No/Not Applicable</p>	<p>If yes, check the appropriate box to indicate the form of site control that the project sponsor has now</p> <p>If no, 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.</p> <p>If no, provide brief explanation</p> <p>If no, provide brief explanation</p> <p>If no, provide brief explanation</p>	<p>Deed or other proof of ownership</p> <p>Executed contract of sale</p> <p>Pre-lease agreement</p> <p>Executed lease agreement</p> <p>Executed option to purchase land</p> <p>List of potential units</p>
<p><b>Site Control Documentation</b></p>	<p>Attachment of Site Control Documentation Complete and attach form</p>		
<p><b>Environmental Review</b></p>	<p>HUD 7015.15 or HUD 4128 or equivalent</p>		
<p><b>Certification and Disclosure</b></p>			

<p><b>Certification/Authentication of Responsible Entity</b></p>	<p>Name, Title, Date</p>	<p>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)</p>	<p>check box indicating certification</p>
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<p>Do you need to update form HUD 2880 before ACC/grant agreement?</p>	<p>Attachment of Certification</p>	
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2008 Technical Submission/Project Revision for the Supportive Housing Program (SHP)			
<p><b>NOTE: This is a list of data elements to be included in 2008 technical submission/project revision in e-snaps. New SHP projects must complete a Technical Submission and Renewal SHP projects complete project revision prior to grant execution. The order in which data elements appear on the screens in e-snaps may differ from the order presented here. Whenever possible, information will be brought forward from the SF-424 and Exhibit 2 submitted during the 2008 competition so that selectees will update information already provided.</b></p>			
Data Element/Question	Response Categories/Type	Sub-elements	Response Categories/Type
<b>Project Summary</b>			
<b>Project Milestones</b>	Expected completion date from execution of grant agreement		
Closing on Purchase of land, structure, or execution of lease Last unit leased (leasing scattered units) Rehabilitation started Rehabilitation completed New construction started New construction completed Operations staff hired Residents begin to occupy Supportive services begin Facility near 100% occupied Enrollment in supportive services near 100% capacity Implementation of your HMIS project			
<b>Program Goals</b>	Objectives to meet program goals	Timeframe for meeting program objectives	
Obtain and remain in permanent housing Increase their skills and/or income Achieve greater self-determination			
<b>Budget Information (brought forward from Exhibit 2)</b>			
<b>Acquisition/New Construction/Rehabilitation</b>		Does the budget need to be updated before grant execution?	Yes/No If yes, enter update data
<b>Real Property Leasing</b>			
FMR Area	Leased Units	Does the budget for Real Property Leasing need to be updated before grant execution?	Yes/No If yes, enter update data
	Leased Structures		
Indicate rent reasonable rent based on comparables listed	Dollar Amount		

Reasonable Rent Certification	Attachment		
<b>Supportive Services Budget</b>			
	Outreach Case Management Life Skills (outside of Case Mngmt) Alcohol & Drug Abuse Services Mental Health & Counseling Svcs. HIV/AIDS Services Health Related & Home Health Education and Instruction Employment Services Child Care Transportation Other (specify) Other (specify) Other (specify)	Quantity Yearly amount Yearly cash match amount	
<b>HMIS Budget</b>  Quantity Yearly Amount Yearly cash match amount	Equipment  Software  Services  Personnel HMIS Space and Operations	Central Server(s), Personal Computers and Printers, Networking, Security  Software/User Licensing, Software Installations, Support and Maintenance, Supporting Software Tools  Training by Third Parties, Hosting/Technical Services, Programming: Customization, Programming: System Interrface, Programming, Data Conversion, Security Assessment and Setup, On-line Connectivity, Facilitation, Disaster and Recovery  Project Management/Coordination, Data Analysis, Programming, Technical Assistance and Training, Administrative Support Staff Space Costs, Operational Costs	
<b>Operations Budget</b>	Maintenance/Repar Staff Utilities Equipment	Quantity Yearly amount Yearly cash match amount	

	Supplies Insurance Furnishings Relocation Other (specify)		
	Other (specify)		
	Other (specify)		
<b>Administration</b>			
	Administrative Activity/Activities	Yearly Amount	
	Total Amount Requested	Amount for selectee	Amount for Project Sponsor
Distribution Plan for Admin Funds	Brief narrative attachment (NEW) Certification attachment (Renewal)		
<b>Summary Project Budget and Cash Match -- populates from sub-budgets</b>			
	Acquisition Rehabilitation New Construction Real Property Leasing Supportive Services Operations HMIS Administration		
<b>Acquisition, Rehabilitation, New Construction, and Project Feasibility</b>			
<b>Address of Structure</b>	Street Address City, State, Zip	Is this the same address provided in your original application to HUD	yes/no
<b>Site Control</b> Does the project sponsor have site control at this time	yes/no	If yes, select type of site control documentation	Executed option to purchase Deed or other proof of ownership Executed contract of sale
Site Control Documentation	Attachment		
Zoning	Attachment of Zoning Documentation		



<b>Acquisition Cost</b>	yes/no	If Yes, cost of real property to be acquired from a person or entity other than the selectee or project sponsor	Dollar amount
		If Yes, cost of paying off the selectee or project sponsor's outstanding debt on a loan on real property to be used in the SHP project	Dollar amount
Acquisition Cost Attachment			
Rehabilitation and New Construction Cost	yes/no	Total Rehabilitation or construction cost for the structure/building based on the cost estimate -- brought forward from budget  For construction of a structure/building, describe how construction costs are substantially less than rehabilitating the structure/building  The total in-kind contributions (non-cash) to be made towards the rehabilitation or construction of the structure/building -- brought forward from budget	
<b>Rehabilitation and New Construction Cost Attachment</b>	Brief narrative		
	Attach a copy of the detailed construction budget, if applicable.		
	Rehabilitation and new construction cost estimate attachment		
<b>Project Feasibility</b>	Total Cash Needed to complete acquisition, rehabilitation or construction of all structures/buildings in project		
	Cash Resources	Name of the Organization providing the cash resource Amount of resource Type of Activity for which the funds are being requested	

		Name of the project sponsor organization that the resource will be contributed to and/or the name of the project The date the funds will be available	
<b>Attachment of Restrictive Covenant</b>			
<b>Cash Match</b>			
<b>Cash Match Documentation for Year 1</b>	Name Amount Type of activity for which funds will be used  The name of the project sponsor to which the cash will be contributed and/or the name of the project The date the funds will be available	Documentation attachment(s)	
<b>Job Descriptions</b>			
Narrative/Job Description attachment (s) (NEW) Certification attachment (Renewal)			
<b>HMIS Dedicated Projects</b>			
<b>List of CoC Shelter Resources and Schedule for Participation</b>	<b>Types of Shelter Resources</b>		
	Emergency	Beds/Unit Capacity	
	Transitional		
	McKinney Vento Permanent Hsg.	Schedule for participation in HMIS	
<b>HMIS Software</b>	Vendor System Type Types of Activities to be performed		
<b>Leveraging</b>			
<b>Leveraged Resources</b>	Copy of Written Agreement Type and Value of Contribution Name of the Project Sponsor Organization Name of Project for which the Resource will be Contributed		

<b>Leveraging Documentation</b>	Attachment of Leveraging Documentation		
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**2008 Project Revision for the Shelter Plus Care program - except the SRO component.**

**NOTE: This is a list of data elements to be included in 2008 project revision in e-snaps. New and renewal S+C projects (except New SRO component) complete a project revision prior to grant execution. The order in which data elements appear on the screens in e-snaps may differ from the order presented here. Whenever possible, information will be brought forward from the SF-424 and Exhibit 2 submitted during the 2008 competition so that selectees will update information already provided.**

CoC Competition (Technical Submission)	Response Categories/Type	Sub-elements	Response Categories/Type
<b>Site Control Summary</b>			
Is selectee the PHA?	Yes / No	If no, attachment of formal agreement	
		If yes, PHA contact information brought forward from Exhibit 2	
PHA Contact Person	First Name Last Name Title Phone Fax E-mail Address Street Address City, State, Zip	Does the PHA information need to be updated before grant agreement?	Yes/No/Not applicable
List PHA Information	Name of PHA PHA #		
<b>Timeline</b>			
Inspection of units and final feasibility analysis detailed work write-ups and cost estimates	Date completed from award announcement		
Firm commitments of financing and loan closing	Date completed from award announcement		
Project Revision Approval	Date completed from award announcement		
Execution of grant agreement	Date completed from award announcement		
Start of rehabilitation activities	Date completed from award announcement		
Completion of rehabilitation activities	Date completed from award announcement		
Supportive services begin	Date completed from operating start		
Enrollment in supportive services near 100% capacity	Date completed from operating start		
Last unit leased, if leasing scattered units	Date completed from operating start		
Facility near 100% occupied	Date completed from operating start		
<b>Matching Requirements for Supportive Services</b>			
Documentation of Match for Year 1	Name of the Source Source Type Total Dollar Amount Amount available for HUD Use Only The date the funds will be available Attachment of Source Documentation	Loans, Grants, Owner's Cash, Tax Credit, Other	

Rehabilitation and Financing Costs (for each site)			
<b>Rehabilitation Description</b>	Brief narrative		
Do you need to update this description before grant agreement?	Yes/No		
<b>Cost of Rehabilitation</b>	Total Dollar Amount		
Rehabilitation and Financing Documentation (for each site)			
<b>Source of Rehabilitation Funds Documentation</b> (multiple sources allowed)	Attachment of Source Documentation		
	Name of the Organization		
	Source Type	Loans, Grants, Owner's Cash, Tax Credit, Other	
	Type of Activity for which the funds will be used		
	The date the funds will be available		
Total Dollar Amount			
Amount available for HUD Use Only			
Rent Reasonableness Documentation (for each site)			
<b>Indicate rent reasonable rent based on comparables listed</b>		Dollar Amount	
<b>Attachment of reasonable comparable</b>			

<b>Rental Assistance Budget (for each site)</b>			
<b>Indicate FMR Area</b>	Area names from FMR table		
<b>Units to be Assisted</b>	Indicate number of units by unit size and rent amount	SRO 0 bedroom units 1 bedroom units 2 bedroom units 3 bedroom units 4 bedroom units 5 bedroom units 6 bedroom units 7 bedroom units 8 bedroom units Total Units	Current New effort or change
<b>Other Technical Submission Requirements (when HUD is approving)</b>			
<b>Schedule of Allowances for Tenant Furnished Utilities and Other Services</b>	Attachment of form HUD 52667		
<b>Proposed variations to the acceptability criteria of the Physical Condition Standards (PCS)</b>	Attachment of variations		
<b>Fire and building codes applicable to each project</b>	Attachment codes		
<b>Administrative Plan</b>	Provide description	Procedures for establishing tenant outreach; A mechanism to monitor the provision of supportive services; and A HUD approved policy governing relocation.	
<b>Environmental Review</b>	Attach HUD Form 7015.15		

2008 Technical Submission for the Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program and S+C SRO projects			
<p><b>NOTE: This is a list of data elements to be included in 2008 project revision in e-snaps. New S+C SRO and SRO projects must complete a technical submission prior to grant execution. The order in which data elements appear on the screens in e-snaps may differ from the order presented here. Whenever possible, information will be brought forward from the SF-424 and Exhibit 2 submitted during the 2008 competition so that selectees will update information already provided.</b></p>			
CoC Competition (Technical Submission)	Response Categories/Type	Sub-elements	Response Categories/Type
Is selectee the PHA?	Yes / No	If no, attachment of formal agreement	
		If yes, PHA contact information brought forward from Exhibit 2	
List PHA Information PHA Contact Person	Name of PHA PHA # First Name Last Name Title Phone Fax E-mail Address Street Address City, State, Zip	Does the PHA information need to be updated before grant agreement?	Yes / No If yes, enter updated information
Inspection of units and final feasibility analysis detailed work write-ups and cost estimates	Date completed from award announcement		
Determination of initial base and contract rents	Date completed from award announcement		
Firm commitments of financing and loan closing	Date completed from award announcement		
Technical Submission Approval	Date completed from award announcement		
Execution of Annual Contributions Contract (ACC)	Date completed from award announcement		
Execution of Agreement to Enter Into a Housing Assistance Payments Contract (AHAP)	Date completed from execution of ACC		
Start of rehabilitation activities	Date completed from execution of ACC		
Completion of rehabilitation activities			
Execution of HAP contract (not to exceed 365 days after ACC execution)	Date completed from execution of ACC		

Rehabilitation and Financing Costs (for each site)			
<b>Rehabilitation Description</b>	Brief narrative		
Do you need to update this description before ACC?	Yes/No		
<b>Use of Funds - Acquisition/Rehabilitation Budget</b>	Acquisition Costs Hard Costs Soft Costs PROJECT COSTS	Total Ineligible Eligible Prorated	
<b>Project Budget</b>	Attach a copy of the detailed project budget.		
<b>Construction Budget</b>	CONSTRUCTION COSTS	Total Ineligible Eligible Prorated	
<b>Construction Budget</b>	Attach a copy of the detailed construction budget, if applicable.		

Rehabilitation and Financing Documentation (for each site)			
<b>Source of Rehabilitation Funds Documentation</b> <small>(multiple sources allowed)</small>	Attachment of Source Documentation Name of the Organization  Source Type Type of Activity for which the funds will be used The date the funds will be available Total Dollar Amount Amount available for HUD Use Only	Loans, Grants, Owner's Cash, Tax Credit, Other	

Rent Reasonableness Documentation (for each site)			
	Reasonable rent certification		
<b>Indicate rent reasonable rent based on comparables listed</b>		Dollar Amount	
<b>Reasonable Rent Certification</b>	Attachment of Certification		



<b>Rental Assistance Budget (for each site)</b>			
FMR Area	Rental Assistance budget brought forward from Exhibit 2		
Units to be Assisted		Does the rental assistance budget need to be updated before grant execution?	Yes/No If yes, enter updated information
Units in the Property	Indicate number of units by unit size and rent amount	SRO 0 bedroom units 1 bedroom units 2 bedroom units 3 bedroom units 4 or more bedroom units Total Units	
	Purpose of the Calculations	Agreement Rents, HAP Contract Rents, Other (specify), Preliminary Feasibility (application 2nd submission)	
<b>Base and Contract Rent Calculation (for each site)</b>			
<b>Base rent Calculation</b>	Calculate monthly base rent	1. Reasonable rent (based on Rent Reasonableness Documentation) 2. Tenant-paid utility allowance 3. Total (line 1 minus line 2) 4. OBR FMR X .75 minus tenant paid utilities, if any 5. Monthly Base Rent for Assisted units (lesser amount of line 3 or 4)	
<b>Maximum Contract Rent Calculation</b>	Calculate maximum monthly contract rent	6. OBR FMR X .75 7. Multiply line 6 X 1.2 8. Tenant-paid utilities, if any 9. Line 7 minus 8 (The "Monthly Contract Rent for Assisted Units" may not exceed this amount)	
<b>Actual Contract Rent Calculation</b>	Calculate actual monthly contract rent	10. Total Eligible Rehab Costs including soft costs (from Rehabilitation and Financing Costs section) 11. Sources of Funds for Eligible Rehab Costs and Monthly Debt Service. Complete the chart below to indicate the total amount, rate, term, and monthly debt service for each source of funding for eligible rehabilitation costs.	

	Indicate the total amount, rate, term, and monthly debt service for each source of funding for eligible rehabilitation costs.		
		12. Total Monthly Debt Service per month (11b divided by the number of assisted units)	
		13. Monthly Contract Rent for Assisted Units a. Monthly Base Rent (from line C5)	
		b. Monthly Debt Service per unit (from line 12)	
		c. Monthly Contract Rent for Assisted Units (line 13a + 13b) This amount may not exceed the amount on line D9	
<b>HUD field office Public Housing Certification for More than 50 unit Structure</b>	Attachment of Certification		

**SRO Disclosure Requirements**

Do you need to update form HUD 2880 before ACC? Attachment of Certification

<b>Pecuniary Interest and Identity of Interest</b>	Disclose any pecuniary interest and any identity of interest relationship	Name Title  Role Street Address City, State, Zip Amount Earning for Project	developer, contractor, subcontractor, consultant, management agent, tax credit investor, equity interest (individual), equity interest (entity), material supplier, lender, or other
<b>Pecuniary Interest Non-Disclosure</b>			
<b>Tax Credit Certification (Non-Use of LIHTC or HTC programs)</b>	Yes/No	Name of person certifying	

**Other Technical Submission Requirements (when HUD is approving)**

<b>Schedule of Allowances for Tenant Furnished Utilities and Other Services</b>	Attachment of form HUD 52667		
<b>Proposed variations to the acceptability criteria of the Physical Condition Standards (PCS)</b>	Attachment of variations		
<b>Fire and building codes applicable to each project</b>	Attachment codes		
<b>Administrative Plan</b>	Provide description	Procedures for establishing tenant outreach; A mechanism to monitor the provision of supportive services; and A HUD approved policy governing relocation.	

DESCRIPTION OF COSTS	TOTAL	INELIGIBLE	ELIGIBLE	PRORATED
<b>Acquisition</b>				
Purchase Price				
Other expenses				
<b>Total Acquisition Costs</b>	0	0	0	0
<b>Hard Costs</b>				
Demolition				
Site work (including landscaping)				
Off-site improvements				
Construction costs (including equipment)				
Hard cost contingency				
Builder's overhead				
Builder's profit				
General requirements				
Bond premium				
<b>Total Hard Costs</b>	0	0	0	0
<b>Soft Costs</b>				
Architect				
Engineering				
Construction interest				
Insurance (construction)				
Taxes (construction)				
Title and recording				
Permits and fees				
Consultant				
Soft cost contingency				
Legal (specify)				
Relocation				
Developer's fee				
Operating reserve				
Marketing/lease-up				
Working capital reserve				
Syndication expenses (legal, accounting, fees)				
Furniture				
<b>Total Soft Costs</b>	0	0	0	0
<b>TOTAL PROJECT COSTS</b>	0	0	0	0

SUBCONTRACT FOR THE ADMINISTRATION OF RENTAL ASSISTANCE  
FOR THE RECIPIENT OF THE  
SECTION 8 MODERATE REHABILITATION PROGRAM FOR  
SINGLE ROOM OCCUPANCY DWELLINGS FOR HOMELESS INDIVIDUALS

Project Number \_\_\_\_\_

This Agreement dated \_\_\_\_\_, entered into by and between \_\_\_\_\_ (Name of Recipient) and  
\_\_\_\_\_ (Name of Housing Authority).

WHEREAS, the United States Department of Housing and Urban Development (HUD) has awarded funds to the Recipient for rental assistance under the Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) program, and

WHEREAS, the PHA has agreed to administer the rental assistance award approved by HUD for the Recipient's SRO grant.

NOW, THEREFORE, the parties agree as follows:

1. The PHA will receive an administrative fee not to exceed an amount specified by HUD to administer the rental assistance for the SRO program.
2. The PHA will administer the rental assistance under the SRO program in accordance with HUD requirements.
3. The PHA will enter into an Annual Contributions Contract with HUD to administer the rental assistance under the SRO program for the Recipient in accordance with the Recipient's application for the SRO program and HUD requirements.

Recipient

By  
Signature and Title of Authorized Official

Date

PHA

By  
Signature and Title of Authorized Official

Date

SUBGRANT FOR THE ADMINISTRATION OF RENTAL ASSISTANCE

SHELTER PLUS CARE/SECTION 8 MODERATE REHABILITATION FOR SINGLE ROOM OCCUPANCY DWELLINGTS COMPONENT

Project Number \_\_\_\_\_

This Agreement dated \_\_\_\_\_, entered into by and between \_\_\_\_\_ (Name of Recipient) and \_\_\_\_\_ (Name of Housing Authority).

WHEREAS, the United States Department of Housing and Urban Development (HUD) has awarded funds to the Recipient for rental assistance under the Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings component of the Shelter Plus Care (S+C/SRO) program; and

WHEREAS, HUD requires states and units of general local government to enter into an agreement with a public housing authority to administer the rental assistance and PHA is willing to administer the rental assistance.

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

1. The PHA will receive an administrative fee not to exceed an amount specified by HUD to administer the rental assistance for the S+C/SRO program.
2. The PHA will administer the rental assistance grant under the S+C/SRO program in accordance with HUD requirements.
3. The PHA will enter into an ACC with HUD to administer the rental assistance for the Recipient in accordance with Recipient's application for assistance and HUD requirements.

Recipient	PHA
BY	BY
Authorized Official	Authorized Official
Title	Title
Date	Date