

2008 Technical Submission/Project Revision - Common to All Program Types			
<p>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.</p>			
Data Element/Question	Response Categories/Type	Sub-elements	Response Categories/Type
Project Summary			
Project Information -- brought forward from Exhibit 2 application			
CoC Number and Name			
Project Name Project Number Program Type Grant Term	SHP S+C Section 8 SRO 1 2 3 5 10 years	Component Type	PH/SH/TH/HMIS/SSO TRA/SRA/PRAR/PRA/SRO SRO
Applicant/Selectee & Sponsor Information -- brought forward from SF-424 and Exhibit 2 application			
Applicant Name		Does the applicant information need to be updated/corrected before grant agreement?	Yes / No
DUNS #			
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		
Sponsor Name DUNS #		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
Assisted Number of Beds and Participants -- brought forward from Exhibit 2			
Housing Type and Scale	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
Assisted Participants 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	
Site Control Summary			
Site Information & Schedule (for each site)			
Address(es) of Structure(s)	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.	
Site Owner	Applicant? Sponsor? Other?		
Site Contact	Contact Person Phone FAX E-mail Address Street Address City, State, Zip		

<p>Site Control & Review</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>Site Control Documentation</p>	<p>Attachment of Site Control Documentation Complete and attach form</p>		
<p>Environmental Review</p>	<p>HUD 7015.15 or HUD 4128 or equivalent</p>		
<p>Certification and Disclosure</p>			

<p>Certification/Authentication of Responsible Entity</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>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.</p>			
Data Element/Question	Response Categories/Type	Sub-elements	Response Categories/Type
Project Summary			
Project Milestones	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			
Program Goals	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			
Budget Information (brought forward from Exhibit 2)			
Acquisition/New Construction/Rehabilitation		Does the budget need to be updated before grant execution?	Yes/No If yes, enter update data
Real Property Leasing			
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		

	Supplies Insurance Furnishings Relocation Other (specify)		
	Other (specify)		
	Other (specify)		
Administration			
	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)		
Summary Project Budget and Cash Match -- populates from sub-budgets			
	Acquisition Rehabilitation New Construction Real Property Leasing Supportive Services Operations HMIS Administration		
Acquisition, Rehabilitation, New Construction, and Project Feasibility			
Address of Structure	Street Address City, State, Zip	Is this the same address provided in your original application to HUD	yes/no
Site Control 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		

Acquisition Cost	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	
Rehabilitation and New Construction Cost Attachment	Brief narrative		
	Attach a copy of the detailed construction budget, if applicable.		
	Rehabilitation and new construction cost estimate attachment		
Project Feasibility	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	
Attachment of Restrictive Covenant			
Cash Match			
Cash Match Documentation for Year 1	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)	
Job Descriptions			
Narrative/Job Description attachment (s) (NEW) Certification attachment (Renewal)			
HMIS Dedicated Projects			
List of CoC Shelter Resources and Schedule for Participation	Types of Shelter Resources		
	Emergency	Beds/Unit Capacity	
	Transitional		
	McKinney Vento Permanent Hsg.	Schedule for participation in HMIS	
HMIS Software	Vendor System Type Types of Activities to be performed		
Leveraging			
Leveraged Resources	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		

Leveraging Documentation	Attachment of Leveraging Documentation		
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2008 Project Revision for the Shelter Plus Care program - except the SRO component.			
<p>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.</p>			
CoC Competition (Technical Submission)	Response Categories/Type	Sub-elements	Response Categories/Type
Site Control Summary			
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 #		
Timeline			
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		
Matching Requirements for Supportive Services			
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)			
Rehabilitation Description	Brief narrative		
Do you need to update this description before grant agreement?	Yes/No		
Cost of Rehabilitation	Total Dollar Amount		
Rehabilitation and Financing Documentation (for each site)			
Source of Rehabilitation Funds Documentation (multiple sources allowed)	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)			
Indicate rent reasonable rent based on comparables listed		Dollar Amount	
Attachment of reasonable comparable			

Rental Assistance Budget (for each site)			
Indicate FMR Area	Area names from FMR table		
Units to be Assisted	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
Other Technical Submission Requirements (when HUD is approving)			
Schedule of Allowances for Tenant Furnished Utilities and Other Services	Attachment of form HUD 52667		
Proposed variations to the acceptability criteria of the Physical Condition Standards (PCS)	Attachment of variations		
Fire and building codes applicable to each project	Attachment codes		
Administrative Plan	Provide description	Procedures for establishing tenant outreach; A mechanism to monitor the provision of supportive services; and A HUD approved policy governing relocation.	
Environmental Review	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>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.</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)			
Rehabilitation Description	Brief narrative		
Do you need to update this description before ACC?	Yes/No		
Use of Funds - Acquisition/Rehabilitation Budget	Acquisition Costs Hard Costs Soft Costs PROJECT COSTS	Total Ineligible Eligible Prorated	
Project Budget	Attach a copy of the detailed project budget.		
Construction Budget	CONSTRUCTION COSTS	Total Ineligible Eligible Prorated	
Construction Budget	Attach a copy of the detailed construction budget, if applicable.		

Rehabilitation and Financing Documentation (for each site)			
Source of Rehabilitation Funds Documentation <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		
Indicate rent reasonable rent based on comparables listed		Dollar Amount	
Reasonable Rent Certification	Attachment of Certification		

Rental Assistance Budget (for each site)			
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)	
Base and Contract Rent Calculation (for each site)			
Base rent Calculation	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)	
Maximum Contract Rent Calculation	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)	
Actual Contract Rent Calculation	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	
HUD field office Public Housing Certification for More than 50 unit Structure	Attachment of Certification		

SRO Disclosure Requirements

Do you need to update form HUD 2880 before ACC?			
		Attachment of Certification	
Pecuniary Interest and Identity of Interest	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
Pecuniary Interest Non-Disclosure			
Tax Credit Certification (Non-Use of LIHTC or HTC programs)	Yes/No	Name of person certifying	

Other Technical Submission Requirements (when HUD is approving)

Schedule of Allowances for Tenant Furnished Utilities and Other Services	Attachment of form HUD 52667		
Proposed variations to the acceptability criteria of the Physical Condition Standards (PCS)	Attachment of variations		
Fire and building codes applicable to each project	Attachment codes		
Administrative Plan	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
Acquisition				
Purchase Price				
Other expenses				
Total Acquisition Costs	0	0	0	0
Hard Costs				
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				
Total Hard Costs	0	0	0	0
Soft Costs				
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				
Total Soft Costs	0	0	0	0
TOTAL PROJECT COSTS	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