

## Before Starting Technical Submission

HUD strongly encourages ALL grant recipients to review the following information BEFORE beginning Technical Submission.

### Technical Submission

Congratulations on your FY 2018 Continuum of Care (CoC) Program conditional New, CoC Planning or UFA Costs Project award. All conditionally selected New, CoC Planning, and UFA Costs grant recipients must go through a "Technical Submission" process before HUD can execute a grant agreement. This process includes the acknowledgment and resolution of Issues and Conditions, the submission of additional project detail concerning administration costs and project milestones, and in some cases, minor adjustments to project information.

Completing the Technical Submission process in e-snaps ensures that accurate and current project information is available to HUD and the recipient at all times and that it will be correct for the next competition in which the grant is eligible for renewal. The screens in e-snaps that follow are very similar to the screens from the Project Application, and so should be easy to navigate.

Communication between HUD and recipients is essential to the proper and timely completion of the Technical Submission process. If you have questions about the specific information that you need to provide, contact your local HUD CPD field office for guidance. If you have technical questions about completing this form in e-snaps, please submit a question to the HUD Exchange via Ask A Question, which is accessible online at <https://hudexchange.info/ask-a-question/>.

#### Grant Agreements

HUD will enter into a grant agreement with the recipient who applied for and was conditionally awarded funding once the information provided at this step is received and approved by the local HUD CPD field office.

#### Things to Remember

- Only adjustments to project information submitted with the project application that resolve issues and conditions, reconcile budget changes or indirect cost information made by HUD are allowed before grant agreement. Open conversation with the local HUD CPD field office is key to quickly addressing required adjustments and completing the technical submission. Adjustment requests must be addressed with HUD before submitting this form to make sure that the requests are eligible.

- Throughout the Technical Submission you will see frequent reference to the following terms:

- Form: The word "form" is used to describe the entire submission - e.g. The Technical Submission Form

- Screen: The word "screen" is used to describe each screen within a Form - e.g. The Attachments Screen

- Additional training resources can be found on the HUD Resource Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>.

- Program policy questions and problems related to completing the Technical Submission in e-snaps may be directed to HUD through the HUD Exchange via Ask A Question, which is accessible online at <https://hudexchange.info/ask-a-question/>.

- To ensure that this form is completed correctly, refer to 24 CFR 578, the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.

- All grant recipients should verify the accuracy of their applicant profile in e-snaps before submitting this form.

- HUD reserves the right to reject any New, CoC Planning, or UFA Costs Project that fails to acknowledge and then satisfy Issues and Conditions as listed on this form, or that fails to satisfy the requirements detailed in this technical submission request.

## Recipient Acknowledgement

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

**This text box presents comments and alerts, recorded by HUD, that do not qualify as issues or conditions.**

**Additional alert(s) for recipients:**

**Recipients must submit match documentation to HUD before grant agreement. Upload match commitments using the Attachments Screen.**

HUD Award	Recipient Acknowledgement	Conditions Applicable to ALL Projects
<input type="checkbox"/>	<input type="checkbox"/>	1. SAM - No active record in the System of Award Management.
<input type="checkbox"/>	<input type="checkbox"/>	2. Code of Conduct not on file with HUD or does not comply with 2 CFR part 200.
<input type="checkbox"/>	<input type="checkbox"/>	3. HUD SF 2880 - Incomplete Recipient Disclosure/Update Report
<input type="checkbox"/>	<input type="checkbox"/>	4. Match amount update needed in e-snaps and/or match documentation required.
<input type="checkbox"/>	<input type="checkbox"/>	a. Additional match commitment amount is required to be added to the esnaps Match Screen due to a budget adjustment.
<input type="checkbox"/>	<input type="checkbox"/>	b. All new and renewal projects that indicated match commitments from in-kind contributions provided by a third party must attach MOU documentation in esnaps.
<input type="checkbox"/>	<input type="checkbox"/>	c. Match commitment documentation for this new conditionally awarded project must be attached in e-snaps.
<input type="checkbox"/>	<input type="checkbox"/>	5. Performance or capacity concern(s). The applicant must provide a written management plan addressing the capacity concern(s) identified below.
<input type="checkbox"/>	<input type="checkbox"/>	a. APRs have been consistently submitted late.
<input type="checkbox"/>	<input type="checkbox"/>	b. Applicant has a history of poor financial management /drawdown issues.
<input type="checkbox"/>	<input type="checkbox"/>	c. Applicant has unresolved HUD monitoring or audit findings.
<input type="checkbox"/>	<input type="checkbox"/>	d. Applicant has outstanding obligation to HUD that is in arrears or no repayment schedule established.

<input type="checkbox"/>	<input type="checkbox"/>	e. Other capacity concerns (details specified below in #22).
		6. Homeless Eligibility - Clarification is needed in the project application to confirm homeless eligibility of proposed project participants.
<input type="checkbox"/>	<input type="checkbox"/>	a. Update(s) needed to Project Description on Screen 3A and/or Project Outreach Plan on Screen 5C.
<input type="checkbox"/>	<input type="checkbox"/>	b. The project application identified 100% Dedicated to CH but Screen 5B tables did not identify a sufficient number of CH persons to equal the number of Dedicated CH Beds on Screen 4B.
<input type="checkbox"/>	<input type="checkbox"/>	c. PH-PSH or SH project application is unclear if proposing to serve program participants with an eligible disability. Updates must be made to the disability category numbers in the tables on Screen 5B. If this is a Safe Haven component project; Screen 5B numbers under "SMI" must match the household count from 5A.
		7. Services - Clarification(s) is needed about services to be provided to participants or updates are needed to the described plan for participant's independence. Screen 4A question(s) are identified below.
<input type="checkbox"/>	<input type="checkbox"/>	a. #2 Describe how participants will be assisted to obtain and remain in permanent housing.
<input type="checkbox"/>	<input type="checkbox"/>	b. #3 Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.
<input type="checkbox"/>	<input type="checkbox"/>	c. #4 For all supportive services available to participants, indicate who will provide them and how often they will be provided.
<input type="checkbox"/>	<input type="checkbox"/>	d. #5a Transportation assistance to clients to attend mainstream benefit appointments, employment training, or Jobs.
<input type="checkbox"/>	<input type="checkbox"/>	e. #5b At least annual follow-ups with participants to ensure mainstream benefits are received and renewed.
<input type="checkbox"/>	<input type="checkbox"/>	f. #6 Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?
<input type="checkbox"/>	<input type="checkbox"/>	8. Unit/Bed Counts - Clarification is needed to unit and/or bed counts on Screen 4B and /or updates are needed to other numbers in the project application for a general correlation between Screens 4B, 5A, or 5B tables.
		9. Transition Projects
<input type="checkbox"/>	<input type="checkbox"/>	a. Applicant and CPD Field Office must agree on a final budget for the 1-year transition grant term.
<input type="checkbox"/>	<input type="checkbox"/>	b. Applicant must clarify the description how it will transition the eliminated component within 1-year.
<input type="checkbox"/>	<input type="checkbox"/>	c. Applicant must attach a copy of the most recent renewal application (e-snaps PDF) for the project being eliminated.
		11. Expansion Project
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	a. The applicant of this CoC Program funded expansion of a renewal must update the project information to reflect expanded project.
<input type="checkbox"/>	<input type="checkbox"/>	b. The applicant must clarify this non-CoC Program funded expansion project as the project application does not clearly or sufficiently explain the expansion of an existing non-CoC funded project.
		a. This project application was conditionally awarded as an expansion of a CoC Program funded renewal project. The applicant must either add sufficient cost quantity and details or adjust the eligible budget line items. Applicants should refer to the "FY 2018 CoC Program Recipient's Post-Award Users Guide" for detailed e-snaps processing procedures.
		b. The applicant must clearly indicate how the non-CoC Program expansion project will increase units, beds, services, persons served, or in the case of HMIS projects, how the current HMIS grant activities will be expanded for the CoC's geographic area, as required by section V.B.3.a.(6) (a) (ii) of the FY 2018 CoC Program Competition NOFA.
		12. Joint TH & PH-RRH component project application needs updating for:

<input type="checkbox"/>	<input type="checkbox"/>	a. Screen 3B questions identifying a commitment to a housing first model must be updated to "Yes."
<input type="checkbox"/>	<input type="checkbox"/>	b. This project application requested rental assistance funds for the TH portion of the project, instead of leasing funds. HUD edited the budget and the applicant must confirm its agreement with the revised budget.
		<b>13. Housing Type - Clarification is needed for the Housing Type selection(s) on Screen 4B for the component type identified below.</b>
<input type="checkbox"/>	<input type="checkbox"/>	a. Joint TH/PH-RRH component project (details specified below in #22).
<input type="checkbox"/>	<input type="checkbox"/>	b. PH- PSH component project.
<input type="checkbox"/>	<input type="checkbox"/>	c. PH-RRH component project.
		<b>15. Eligible Costs</b>
<input type="checkbox"/>	<input type="checkbox"/>	a. One or multiple budget line item (BLI) cost requests lacks sufficient detail necessary for HUD to determine the cost's eligibility; clarification required.
<input type="checkbox"/>	<input type="checkbox"/>	b. One or multiple budget line item (BLI) cost requests has been determined to be ineligible. The requested cost has been removed from the project application and the amount requested has been reduced from the conditional award. Applicant must confirm agreement with the revised budget.
<input type="checkbox"/>	<input type="checkbox"/>	<b>16a. Coordinated Entry - The project application indicated on Screen 3B that the project will not participate in coordinated entry and it is unclear if the applicant is a victim service provider using an equivalent system.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>19. HMIS Lead in the project application does not match the HMIS Lead listed in the CoC's Applicant Profile in esnaps; update required.</b>
		<b>22. Other policy and program related conditions:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Other 1
<input type="checkbox"/>	<input type="checkbox"/>	Other 2
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other 3
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other 4
<input type="checkbox"/>	<input type="checkbox"/>	Other 5
<input type="checkbox"/>	<input type="checkbox"/>	Other 6

Other 3  
wedd

Other 4  
wedwed

## Attachments

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

**NOTE\_TO\_DEV: Match Doc must be mandatory before going live**

Document Type	Required?	Document Description	Date Attached
01) Match Documentation	No		
02) Site Control 1	No		
03) Site Control 2	No		
04) Site Control 3	No		
05) Environmental Review 1	No		
06) Environmental Review 2	No		
07) Environmental Review 3	No		
08) Documentation of Financial Feasibility (New Construction, Acquisition, Rehabilitation)	No		
09) Restrictive Covenant	No		
10) Zoning Documentation	No		
11) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

Applicant Technical Submission	Page 7	10/25/2019
--------------------------------	--------	------------

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**



## Adjustments

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

**Has HUD required that you adjust information submitted with your application to resolve Issues and Conditions, to reconcile budget changes made by HUD or are you requesting to update/add indirect cost information?** Yes

**Adjustments can only be made to resolve issues and conditions, to reconcile budget changes made by HUD or to update/add indirect cost information. No other requests for changes to your project may be initiated using this Post Award step unless requested by HUD. All adjustments will be reviewed by HUD before grant agreement and may be rejected.**

**Briefly describe the adjustments being requested.**

wrfwrf

## 1A. Application Type

**This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.**

**1. Type of Submission:**

**2. Type of Application:** New Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 12/20/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** AK0018L0C011856

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. Legal Applicant

**This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.**

### 8. Applicant

**a. Legal Name:** Interior Alaska Center for Non-Violent Living

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 92-0063639

	<b>c. Organizational DUNS:</b>	102866829	<b>PLUS 4:</b>	
--	--------------------------------	-----------	----------------	--

### d. Address

**Street 1:** 726 26th Avenue, Suite 1

**Street 2:**

**City:** Fairbanks

**County:**

**State:** Alaska

**Country:** United States

**Zip / Postal Code:** 99701

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

### f. Name and contact information of person to be contacted on matters involving this application

**Prefix:** Ms.

**First Name:** Brenda

**Middle Name:**

**Last Name:** Stanfill

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Interior Alaska Center for Non-Violent Living

**Telephone Number:** (907) 452-2293

**Extension:**

**Fax Number:** (907) 452-2613

**Email:** interior2293@yahoo.com

## 1C. Application Details

**This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.**

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**If "Other" please specify:**

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance** CoC Program

**Title:**

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-5900-N-18B

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

**For help in completing Post Award steps, please take a look at the FY2017 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

**14. Area(s) affected by the project (State(s) only):** Alaska  
**(for multiple selections hold CTRL key)**

**15. Descriptive Title of Applicant's Project:** FY2018\_New\_PA\_Test13

**16. Congressional District(s):**

**a. Applicant:** AK-000

**b. Project:** AK-000

**(for multiple selections hold CTRL key)**

**17. Proposed Project**

**a. Start Date:** 12/01/2018

**b. End Date:** 12/31/2018

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. Compliance

**This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.**

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

- 20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

## 1F. Declaration

**This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.**

**By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**I AGREE:**

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Brenda

**Middle Name:** K

**Last Name:** Stanfill

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (907) 452-2293  
**(Format: 123-456-7890)**

**Fax Number:** (907) 452-2613  
**(Format: 123-456-7890)**



**Email:** brendakays@yahoo.com

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 12/20/2018



## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

**Total Expected Sub-Awards:** \$0

**Number of Subrecipients:** 0

Organization	Type	Sub-Award Amount
This list contains no items		

## **2B. Experience of Applicant, Subrecipient(s), and Other Partners**

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

**1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.**

2b test 1

**2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.**

2b test 2

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

2b test 3

**4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?** No

### 3A. Project Detail

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

**1a. CoC Number and Name:** AK-500 - Anchorage CoC

**2. Project Name:** FY2018\_New\_PA\_Test13

**3. Project Status:** Standard

	<b>New Submission</b>	<b>HUD Award</b>	<b>Adjustment</b>
<b>4. Component Type:</b>	Joint TH & PH-RRH	Joint TH & PH-RRH	Joint TH & PH-RRH

**5. Does this project use one or more properties that have been conveyed through the Title V process?** No

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).** No

### 3B. Project Description

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

**1a. Application description that addresses the entire scope of the proposed project.**

3b test 1

**1b. Provide changes, if required, to the description that addresses the entire scope of the proposed project.**

3b test 1

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	1	1	1	1
Participant enrollment in project begins?				
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes

**(Select ALL that apply)**

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**5. Housing First**

**a. Will the project quickly move participants into permanent housing?** No

**b. Does the project ensure that participants are screened out based on the following items? Select all that apply.**

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of seperation from abuser, or law enforcement involvement)	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

**c. Will the project remove the following as reasons for program termination?**

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

**d. Will the project follow a "Housing First" approach?** No

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

3b test 6

**7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** Yes

**Explain how and why the project will implement this requirement.**

why

**8. Will more than 16 persons live in one structure?** No

### 3C. Project Expansion Information

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: ak1234

Eligible Renewal Grant Project Name: ak1234

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Replace the loss of nonrenewable funding (private, federal, other excluding state/local government)

#### Replace the loss of non-renewable funding

Indicate how the project is proposing to "replace the loss of non-renewable funding from private, federal, and/or other (excluding state/local government)."

Is the source of non-renewable funding controlled by the state or local government?

## 4A. Supportive Services for Participants

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

X
---

**2. Describe how participants will be assisted to obtain and remain in permanent housing.**

4a test 2

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

4a test 3

**4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.**

**Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Daily
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services		



Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits


**5. Please identify whether the project will include the following activities:**



**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

**6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Yes

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** No

## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

	TH	RRH	Total
<b>Total Units:</b>	2	0	2
<b>Total Beds:</b>	10	0	10
Housing Type	Housing Type (JOINT)		Units
---	Barracks		10

## 4B. Housing Type and Location Detail

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? No

2. Housing Type: Barracks

3. What is the funding source for these units and beds? Section 8  
(If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 2

b. Beds: 10

### 5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 15 main st

Street 2:

City: anchorage

State: Alaska

ZIP Code: 12345

**6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

029158 Kusilvak Census Area, 029013 Aleutians East Borough, 029016 Aleutians West Census Area, 029050 Bethel Census Area, 029060 Bristol Bay Borough, 029068 Denali Borough, 029070 Dillingham Census Area, 029090 Fairbanks North Star Borough, 029100 Haines Borough, 029105 Hoonah-Angoon Census Area, 029110 Juneau City and Borough, 029122 Kenai Peninsula Borough, 029130 Ketchikan Gateway Borough, 029150 Kodiak Island Borough, 029164 Lake and Peninsula Borough, 029170 Matanuska-Susitna Borough, 029180 Nome Census Area, 029185 North Slope Borough, 029188 Northwest Arctic Borough, 029195 Petersburg Borough, 029198 Prince of Wales-Hyder Census Area, 029220 Sitka City and Borough, 029230 Skagway Municipality, 029240 Southeast Fairbanks Census Area, 029261 Valdez-Cordova Census Area, 029275 Wrangell City and Borough, 029282 Yakutat City and Borough, 029290 Yukon-Koyukuk Census Area, 020078 Anchorage

## 5A. Project Participants - Households

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		2		2

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24		10		10
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
<b>Total Persons</b>	0	10	0	10

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	10									
Adults ages 18-24										
<b>Total Persons</b>	10	0	0	0	0	0	0	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 5C. Outreach for Participants

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

**1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.**

10%	Directly from the street or other locations not meant for human habitation.
10%	Directly from emergency shelters.
20%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.
10%	Directly from safe havens.
10%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
40%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

**2. Describe the outreach plan to bring these homeless participants into the project.**

5c test 2

## 6A. Funding Request

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

**1. Will it be feasible for the project to be under grant agreement by September 30, 2020?** Yes

**2. What type of CoC funding is this project applying for in the 2018 CoC Competition?** Reallocation + Bonus

	New Submission	HUD Award	Adjustment
<b>3. Does this project propose to allocate funds according to an indirect cost rate?</b>	No	No	No

	New Submission	HUD Award	Adjustment
<b>4. Select a grant term:</b>	1 Year	1 Year	1 Year

**5. Select the costs for which funding is being requested:**

<b>Leased Units</b>	X
<b>Leased Structures</b>	
<b>Rental Assistance</b>	
<b>Supportive Services</b>	X
<b>Operations</b>	
<b>HMIS</b>	



## 6C. Leased Units Budget

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

**The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.**

	New Submission	HUD Award	Adjustment
<b>Total Annual Assistance Requested:</b>	\$22,080	\$22,080	\$22,080
<b>Grant Term:</b>	1 Year	1 Year	1 Year
<b>Total Request for Grant Term:</b>	\$22,080	\$22,080	\$22,080
<b>Total Units:</b>	2	2	2
<b>Total Units Requested</b>	<b>Total Annual Budget Requested</b>		<b>Total Budget Requested</b>
2	\$22,080		\$22,080

## Leased Units Budget Detail

**For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.**

	FMR Area
<b>New Submission</b>	AK - Aleutians East Borough, AK (0201399999)
<b>HUD Award</b>	AK - Aleutians East Borough, AK (0201399999)
<b>Adjustment</b>	AK - Aleutians East Borough, AK (0201399999)

### Leased Units Annual Budget

Size of Units	# of Units (New Submission)	# of Units (HUD Award)	# of Units (Adjustment)	Total Request (New Submission)	Total Request (HUD Award)	Total Request (Adjustment)
SRO						
0 Bedroom						
1 Bedroom	2	2	2			
2 Bedroom						
3 Bedroom						
4 Bedroom						
5 Bedroom						
6 Bedroom						
7 Bedroom						
8 Bedroom						
9 Bedroom						
<b>Total Units</b>	2	2	2			
<b>Grant Term</b>				1 Year	1 Year	1 Year
<b>Total Request for Grant Term</b>				\$22,080	\$22,080	\$22,080

**Click the 'Save' button to automatically calculate Total Units.**

## 6F. Supportive Services Budget

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

**A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters) (New Submission)	Annual Assistance Requested (New Submission)	Annual Assistance Requested (HUD Award)	Quantity AND Description (max 400 characters) (Adjustment)	Annual Assistance Requested (Adjustment)
1. Assessment of Service Needs	ss	\$45,000		ss	\$45,000
2. Assistance with Moving Costs					
3. Case Management					
4. Child Care					
5. Education Services					
6. Employment Assistance					
7. Food					
8. Housing/Counseling Services					
9. Legal Services					
10. Life Skills					
11. Mental Health Services					
12. Outpatient Health Services					
13. Outreach Services					
14. Substance Abuse Treatment Services					
15. Transportation					
16. Utility Deposits					
17. Operating Costs					
<b>Total Annual Assistance Requested</b>		\$45,000	\$45,000		\$45,000
<b>Grant Term</b>		1 Year	1 Year		1 Year
<b>Total Request for Grant Term</b>		\$45,000	\$45,000		\$45,000

**Click the 'Save' button to automatically calculate totals.**

## 6J. Sources of Match

The following list summarizes the funds that will be used as match for the project. To add a matching source to the list, select the icon. To view or update a matching source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$11,250
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$11,250

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	abc	12/19/2018	\$11,250

## Sources of Match

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

**1. Will this commitment be used towards Match ?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Government

**4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)** abc

**5. Date of Written Commitment:** 12/19/2018

**6. Value of Written Commitment:** \$11,250

## 6K. Summary Budget

**For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.**

**The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.**

**Note that it may be necessary to manually adjust the budget values in the individual budget formlets, to match the budget values awarded by HUD, if the budgets do not match in the HUD Award and Adjustment columns on this screen. Budgets affected include: Leased Structures, Operating.**

Eligible Costs							Total Assistance Requested for Grant Term (New Submission)	Total Assistance Requested for Grant Term (HUD Award)	Total Assistance Requested for Grant Term (Adjustment)
1a. Acquisition							\$0	\$0	\$0
1b. Rehabilitation							\$0	\$0	\$0
1c. New Construction							\$0	\$0	\$0
	Annual Assistance Requested (New Submission)	Annual Assistance Requested (HUD Award)	Annual Assistance Requested (Adjustment)	Grant Term (New Submission)	Grant Term (HUD Award)	Grant Term (Adjustment)			
2a. Leased Units	\$22,080	\$22,080	\$22,080	1 Year	1 Year	1 Year	\$22,080	\$22,080	\$22,080
2b. Leased Structures	\$0	\$0	\$0	1 Year	1 Year	1 Year	\$0	\$0	\$0
3. Rental Assistance	\$0	\$0	\$0	1 Year	1 Year	1 Year	\$0	\$0	\$0
4. Supportive Services	\$45,000	\$45,000	\$45,000	1 Year	1 Year	1 Year	\$45,000	\$45,000	\$45,000
5. Operating	\$0	\$0	\$0	1 Year	1 Year	1 Year	\$0	\$0	\$0
6. HMIS	\$0	\$0	\$0	1 Year	1 Year	1 Year	\$0	\$0	\$0
7. Sub-total Costs Requested							\$67,080	\$67,080	\$67,080
8. Admin (Up to 10%)									
9. Total Assistance plus Admin Requested							\$67,080	\$67,080	\$67,080
10. Cash Match							\$11,250	\$11,250	\$11,250
11. In-Kind Match							\$0	\$0	\$0
12. Total Match							\$11,250	\$11,250	\$11,250

13. Total Budget	\$78,330	\$78,330	\$78,330	
------------------	----------	----------	----------	--

## Submission Summary

Page	Last Updated
<b>Acknowledgement</b>	12/20/2018
<b>Attachments</b>	No Input Required
<b>Adjustments</b>	12/20/2018
<b>1A. Application Type</b>	No Input Required
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required



<b>1D. Congressional District(s)</b>	12/20/2018
<b>1E. Compliance</b>	No Input Required
<b>1F. Declaration</b>	No Input Required
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	12/20/2018
<b>3A. Project Detail</b>	12/20/2018
<b>3B. Description</b>	12/20/2018
<b>3C. Expansion</b>	12/20/2018
<b>4A. Services</b>	12/20/2018
<b>4B. Housing Type</b>	12/20/2018
<b>5A. Households</b>	12/20/2018
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	12/20/2018
<b>6A. Funding Request</b>	12/20/2018
<b>6C. Leased Units</b>	No Input Required
<b>6F. Supp. Srvcs. Budget</b>	No Input Required
<b>6J. Match</b>	12/20/2018
<b>6K. Summary Budget</b>	No Input Required