



Request For Proposals

for

2015 CONTINUUM OF CARE PERMANENT SUPPORTIVE HOUSING BONUS

*DUE DATE FOR MANDATORY
ELECTRONIC SUBMISSION:
October 8, 2015 12:59 p.m. (PDT)*

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RFP - DBH 15-98

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I. OBJECTIVE

The County of San Bernardino Office of Homeless Services (OHS), acting on behalf of the San Bernardino County Homeless Partnership, is requesting proposals from nonprofit and local government organizations providing assistance to homeless populations within the County of San Bernardino. The County of San Bernardino is a “Housing First” County and is interested in receiving proposals that seek to create new and dedicated Permanent Supportive Housing (PSH) to serve the chronically homeless and Rapid Re-Housing (RRH) to serve families. OHS seeks one project to implement a local continuum of care-wide Permanent Housing program that will implement a “Housing First” approach in accordance with the San Bernardino County Homeless Partnership’s 10-Year Strategy to End Homelessness. The proposal must include a component of direct street engagement with a coordinated and comprehensive outreach approach that will employ sufficient Employment and Housing Guides to cover each region of the County and sufficient administrative oversight.

II. BACKGROUND

Ending chronic homelessness is the first goal of Opening Doors. Opening Doors is the nation’s first comprehensive strategy to prevent and end homelessness; it serves as a roadmap for joint action by 19 United States Interagency Council on Homelessness (USICH) member agencies along with local and state partners in the public and private sectors.

The Permanent Housing Bonus is available to all Continuum of Care (CoC) to apply for funding to create new permanent supportive housing projects that will exclusively serve chronically homeless individuals and families and/or rapid re-housing projects that will serve individuals, families or unaccompanied youth who come directly from the streets, emergency shelters, or are fleeing domestic violence; or other persons who meet the criteria of homelessness as defined by HUD and meet all other criteria for PSH or RRH housing (i.e., individuals and households with children who enter directly from the streets or emergency shelter). The San Bernardino County CoC is eligible to apply for up to \$1,528,358 for bonus projects. New projects must meet the project eligibility and threshold requirements established by HUD in Sections V.E.c.2.d and V.E.c.2.e of the Notice of Funding Availability for the 2015 Continuum of Care Program Competition which can be found on the San Bernardino County Homeless Partnership website at <http://www.sbcounty.gov/dbh/sbchp/>.

III. DEFINITIONS

A. Chronically Homeless Individuals and Families - An individual who is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for

- fewer than 90 days and met the definition of homeless, before entering that facility; or a family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets the definition of homeless, including a family whose composition has fluctuated while the head of household has been homeless.
- B. Homeless Households with Children - Households with children with at least one adult and one child under 18.
 - C. Housing First Model - Housing First is a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals. Research shows that it is effective for the chronically homeless with mental health and substance abuse disorders, resulting in fewer inpatient stays and less expensive interventions than other approaches. PSH projects should use a Housing First approach in the design of the program.
 - D. Permanent Supportive Housing - Permanent supportive housing means permanent housing in which supportive services are provided to assist chronically homeless individuals with a disability, or a family with an adult head of household with a disability, to live independently and maintain their housing.
 - E. Rapid Re-Housing - Rapid Re-Housing is a model of housing assistance that is designed to assist the homeless, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing. Rapid re-housing assistance is time-limited, individualized, and flexible, and is designed to complement and enhance homeless system performance and the performance of other homeless projects. While it can be used for any homeless person, preliminary evidence indicates that it can be particularly effective for households with children. Rapid Re-housing projects awarded under the CoC Program must serve families coming from the streets or emergency shelter. A rapid re-housing approach may provide supportive services, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charged by the same owner for comparable unassisted units.
 - F. Rental Assistance - Rental assistance may be short-term, up to 3 months of rent; medium-term, for 3 to 24 months of rent; or long-term, for longer than 24 months of rent. The rental assistance may be tenant-based, project-based, or sponsor-based, and may be for transitional or permanent housing. Grant funds may be used for security deposits in an amount not to exceed 2 months of rent. An advance payment of the last month's rent may be provided to the landlord, in addition to the security deposit and payment of first month's rent. HUD will only provide rental assistance for a unit if the rent is reasonable. The recipient or sub-recipient must determine whether the rent charged for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charged by the same owner for comparable unassisted units.

G. Street Outreach and Engagement Team - Employment and Housing Guides provide services under the direction of a full-time Employment and Housing Administrative position are responsible for the oversight of:

1. The provision of countywide services (west valley, central valley, east valley, mountains and desert regions);
2. Collaborating and networking with various public and private providers of permanent supportive housing programs such as affordable housing providers and landlords, independent property owners, property managers, and operators of group homes;
3. Developing relationships with a wide-range of shelter and temporary housing providers that will provide bridge housing which is defined as short-term arrangement pending placement in permanent housing that has been identified and secured but the participant cannot immediately occupy;
4. Implement a preemptive permanent housing program, including permanent supportive housing and rapid re-housing approach that identifies and empowers homeless individuals and families that are either chronically or non-chronically homeless to connect with appropriate supportive services to assist them in developing skills, aside from the program provided wraparound services, to sustain them financially in order to maintain permanent housing through a "Housing First" approach; and

Provide in-reach services for public systems of care that that may discharge homeless persons such as health care institutions, mental health services, foster care and law enforcement, when necessary in order to prevent homeless persons being discharged into homelessness.

IV. PROCUREMENT CONDITIONS

A. Priorities

The County of San Bernardino, Department of Behavioral Health, Office of Homeless Services, lead agency in the Continuum of Care, seeks qualified agencies to submit an application for the HUD Permanent Housing Bonus program to serve individuals and families that meet HUD's definition of eligibility throughout the County of San Bernardino.

The Permanent Supportive Housing Bonus is based on two criteria: CoC need and project quality.

B. Negotiations

OHS reserves the right to negotiate with potential grantees relative to pricing, technical information, and/or other items from their proposal(s).

C. CoC Homeless Program Questions

Questions regarding this procurement must be sent, via e-mail to homelessrfp@hss.sbcounty.gov by 12:59 pm (PDT) on Wednesday, September 30, 2015. In the subject line please type: Permanent Bonus Question to ensure the e-mail is properly routed. Please note that OHS is only permitted to answer questions and

shall not provide assistance that may provide a competitive advantage to a proposal.

D. Energy Efficiency

OHS supports the Energy Star initiative that encourages the use of energy-efficient appliances (see Attachment III, Energy Star, and www.energystar.gov). Applications for new projects will only be included in the CoC plan if the applicant agrees to utilize only Energy Star appliances in their projects. Applicants should also note that all projects proposing rehabilitation or new construction shall be required to conduct outreach to employ low- and very low-income persons per the Housing and Urban Development Act of 1968 (known as Section 3).

V. PROGRAM REQUIREMENTS

A. Program Requirements

1. Permanent Supportive Housing Bonus project applicants must:
 - a. Propose to serve 100 percent chronically homeless individuals and families;
 - b. Provide scattered-site leasing or tenant-based rental assistance; or, if the applicant can provide a deed or long-term lease demonstrating site control for a building or units where evidence of site control exceeds the requested grant term, and whether the building or units are ready to be occupied no later than 6 months after the award of funds, the applicant may instead request operating costs or project-based rental assistance;
2. Rapid Re-Housing Bonus project applicants must serve the following homeless populations;
 - a. Individuals, or;
 - b. Households with children with at least one adult and one child under the age of 18, and:
 - c. People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, exiting an institution where they temporarily resided, or;
 - d. People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing, or;
 - e. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, or;
 - f. People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing. This category is similar to the current practice regarding people who are fleeing domestic violence.

3. Both Permanent Supportive Housing and Rapid Re-Housing Bonus applicants must:
 - a. Submit a project applicant that is in good standing with HUD, which means that the project applicant does not have any open monitoring Findings, or history of slow expenditure of grant funds;
 - b. Request no less than 70 percent of total program funding (not including funds for administration) for leasing, rental assistance, or operating costs. No more than 30 percent of the total program funding may be used for supportive services costs and the types of supportive services for which the funding may be used is limited to the following: assistance with moving costs (24CFR 578.53(e)(2)), case management (24 CFR 578.53(3)(3)), food (24CFR 578(e)(7)), housing research and consulting services (24CFR 578.53(e)(13)), life skills (24CFR 578.53(10)), outreach services (24CFR 578.53(e)(16)). All other eligible supportive services costs under the CoC Program interim rule are not eligible costs under this Permanent Supportive Housing Bonus;
 - c. Demonstrate a plan for rapid implementation of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award.
 - d. Demonstrate a connection to mainstream service systems; and
 - e. Be a current participant or agree to participate in the CoC's coordinated assessment system which must already be implemented prior to HUD executing a grant agreement.
 - f. Statutory and Regulatory Requirements - Project applicants must meet all statutory and regulatory requirements in the Act and CoC Program interim rule. Project applicants can obtain a copy of the Act and the CoC Program interim rule on the HUD Exchange or by contacting the NOFA Information Center at 1-800-HUD-8929 (1-800-483-8929)
4. Threshold Requirements:
 - a. Ineligible Applicants. HUD will not consider an application from an ineligible project applicant, including an application submitted for CoC planning funds or UFA Costs from an applicant other than the Collaborative Applicant.
 - b. DUNS Number Requirement. All project applicants seeking funding under this NOFA must have a DUNS number and include the number in the Standard Form 424 (SF-424). The SF-424 must be submitted along with the project application in e-snaps. See Section IV.C.2. of the FY 2015 General Section for additional information.
 - c. Active Registration in SAM. All project applicants seeking funding under this NOFA must have an active SAM registration. HUD will not issue a

grant agreement for awarded funds to a project applicant until an active SAM registration has been verified. See Section IV.C.1., of the FY 2015 General Section for additional information.

5. Project Eligibility Threshold

HUD will review all projects to determine if they meet the following eligibility threshold requirements on a pass/fail standard. If HUD determines that the applicable standards are not met for a project, the project will be rejected from the competition. Any project requesting renewal funding will be considered as having met these requirements through its previously approved grant application unless information to the contrary is received (e.g., monitoring findings, results from investigations by the Office of Inspector General, the recipient routinely does not draw down funds from LOCCS at least once per quarter, consistently late APRs.). Approval of new and renewal projects is not a determination by HUD that a recipient is in compliance with applicable fair housing and civil requirements.

- a. Project applicants and potential subrecipients must meet the eligibility requirements of the CoC Program as described in 24 CFR part 578 and provide evidence of eligibility required in the application (e.g., nonprofit documentation).
- b. Project applicants and subrecipients must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and to administer Federal funds. Demonstrating capacity may include a description of the applicant/subrecipient experience with similar projects and with successful administration of SHP, S+C, or CoC Program funds for renewing projects or other Federal funds.
- c. Project applicants must submit the required certifications as specified in the 2015 NOFA.

6. Project Quality Threshold

HUD will review all new project applications to determine if they meet the following project quality threshold requirements with clear and convincing evidence. Any project requesting renewal funding will be considered as having met these requirements through its previously approved grant application unless information to the contrary is received (e.g., monitoring findings, results from investigations by the Office of Inspector General, consistently slow draws from LOCCS, consistently late APRs) and if the renewal project has compliance issues which results in the project not operating in accordance with 24 CFR part 578. These projects are required to meet the requirements outlined in this section of this NOFA. The housing and services proposed must be appropriate to the needs of the program participants and the community. A determination that a project meets the project quality threshold is not a determination by HUD that a

recipient is in compliance with applicable fair housing and civil rights requirements.

- a. To be considered as meeting project quality threshold, new permanent housing—permanent supportive housing and rapid re-housing—project applications must receive at least 3 out of the 5 points available for the criteria below. New permanent housing project applications that do not receive at least 3 points will be rejected.
 - i. Whether the type, scale, and location of the housing fit the needs of the program participants (1 point);
 - ii. Whether the type and scale of the supportive services fit the needs of the program participants—this includes all supportive services, regardless of funding source (1 point);
 - iii. Whether the specific plan for ensuring program participants will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants (1 point);
 - iv. Whether program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (1 point); and,
 - v. Whether at least 75 percent of the proposed program participants come from the street or other locations not meant for human habitation, emergency shelters, safe havens, or fleeing domestic violence (1 point).
- b. HUD will assess all new projects for the following minimum projected eligibility, capacity, timeliness, and performance standards. To be considered as meeting project quality threshold, all new projects must meet all of the following criteria:
 - i. Project applicants and potential subrecipients must have satisfactory capacity, drawdowns, and performance for existing grant(s), as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings;
 - ii. For expansion projects, project applications must clearly articulate the part of the project that is being expanded. Additionally, the project applicants must clearly demonstrate that they are not replacing other funding sources; and
 - iii. Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85. Project applications with existing projects must demonstrate that they have met all project renewal threshold requirements of the FY 2014 CoC Funding Notice. HUD reserve the right to deny the funding request for a new project, if the request is made by an existing recipient that HUD finds to have significant issues related to capacity, performance, or unresolved audit/monitoring Finding related to one

or more existing grants. Additionally, HUD reserve the right to withdraw funds if no APR is submitted on the prior grant.

B. Eligible Projects

Agencies that submit a proposal will be notified if their proposal has been recommended for funding by the Grant Review Committee. The Agency recommended for funding by the Grant Review Committee and approved by the County of San Bernardino ICH must attend a Technical Assistance Workshop and a mandatory Final Review. The Agency recommended for funding will enter its final application in e-snaps.

OHS shall use its resources to assist applicants in submitting project proposals that conform with the program regulations, but neither the County of San Bernardino, the San Bernardino County Homeless Partnership nor the ICH make any representation that funding is guaranteed, or that their interpretations of the regulations are fully consistent with HUD's. The responsibility for the completeness of an application and its conformity with the relevant HUD regulations is the sole responsibility of each applicant.

VI. MAXIMUM AWARD AMOUNT

The maximum amount that may be requested is \$1,528,358.

VII. GRANT TERMS

The initial grant term for new projects created through the Permanent Supportive Housing Bonus may be 1-year, 2-years, 3-years, 4-years, or 15-years. However, the following exceptions apply:

- A. Any new project that requests tenant-based rental assistance may request a 1-year, 2-year, 3-year, 4-year, or 5-year grant term.
- B. Any new project that requests scattered-site leasing – either leasing costs only or leasing costs plus other costs (e.g., supportive services, HMIS, etc).

Please note that the term for each grant depends on the program component for which applications are submitted. Additional information will be included in an addendum to the RFP after HUD publishes the 2014 CoC NoFA.

VIII. SCHEDULE

Submission Schedule

RFP Issued	Date: September 24, 2015
Deadline for submission of questions	Date: September 30, 2015 Time: 12:59 p.m. (PDT) Submission: homelessrfp@hss.sbcounty.gov
Questions and Answers posted as an Addendum on the San Bernardino County Homeless Partnership website	Date: October 5, 2015 Time: 3:59 p.m. (PDT)

Tentative Deadline for Electronic Submission for local Application Materials	Date: October 8, 2015 Time: 12:59 p.m. (PDT) Submission: homelessrfp@hss.sbcounty.gov
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Modifications: The County reserves the right to issue addenda or amendments to this RFP if the County considers that additional clarifications are needed.

Projects Recommended for Funding: The Agency recommended and approved for funding by the local ICH will be required to attend a mandatory final review. The authorized representative must have a strong knowledge of the application and the authority to make revisions to the approved project in order to strengthen the CoC's overall score. During this process OHS and the agency representative(s) will work together to finalize, and enter into e-snaps, project information for inclusion in the Partnerships final application to HUD.

OHS will notify the authorized representative identified by the agency of all subsequent submission requirements and mandatory meeting dates and locations.

OHS is providing a listing of additional required documents in **Attachment I**. Be advised that it is the applicant's responsibility to ensure all required forms are submitted on time.

IX. SUBMISSION REQUIREMENTS & FORMATS

A. Application

Proposals for use of the HEARTH Act funds must be completed on - **Attachment VI** - County of San Bernardino 2015 Continuum of Care Homeless Assistance Grant Application

B. Application Submission Format

OHS shall only accept electronically submitted HUD applications that conform to the following guidelines:

1. Files should be saved as Microsoft Office documents compatible with Office 2007.
2. All scanned documents shall be saved only as PDF formatted files with resolution set no less than 100 dpi or greater than 400 dpi. OHS and the Grant Review Committee shall not review documents submitted as JPG, TIF or other graphical formats.
3. All forms and narratives must be prepared using an 11 point Times New Roman font.

X. GENERAL REQUIREMENTS FOR ALL GRANTEES/PROJECT SPONSORS

Please be aware of the following requirements of all grantees and project sponsors.

A. Financial Requirements Summary

CoC funded programs are subject to the uniform policies and requirements of the federal Office of Management and Budget's (OMB) Circulars and Federal regulations implementing the Circulars. The grantee must meet any applicable audit requirements

in accordance with the Office of Management and Budget Circulars A-133, A-128, and A-110. The nonprofit grant recipient will be responsible for costs associated with an independent audit. As applicable, the audit must be provided to HUD in a timely manner.

B. Grant Administration

Grantees are responsible for ensuring that homeless assistance funds are administered in accordance with the requirements of applicable laws and program regulations.

C. Performance Reports

All applicants are hereby advised that as a condition of being included in the final application to HUD, all applicants must enter into a Memorandum of Understanding (MOU) with the OHS. This MOU will provide OHS necessary access to the applicant's project for monitoring and evaluation purposes. In addition, the applicant will be required to provide quarterly performance reports and the Annual Performance Report (APR) filed with HUD to the OHS.

D. Record-keeping

Each grantee must ensure that records are maintained for a three-year period after the final expenditure to document compliance with the provisions of the program regulations, and to make them available to HUD upon reasonable advance notice. Grantees are expected to use standard accounting practices in their fiscal recordkeeping.

E. Timely Use of Funds

Grantees are expected to utilize McKinney-Vento assistance in a timely manner. The program regulations make clear the standards that grantees will be held to regarding program implementation. HUD reserves the right to recapture funds not committed within 12-months of grant execution.

F. Sanctions

If the ICH determines that a grantee is not complying with the McKinney-Vento Act requirements, or with other applicable laws, it may elect to exclude a grantee from future CoC applications.

G. Homeless Management Information System

Grantees are required to utilize the Homeless Management Information System (HMIS) data tracking system for case management activities. HMIS is the computerized data collection tool specifically designed to capture client-level information over time on:

1. The characteristics and service needs of men, women, and children experiencing homelessness; and
2. The services provided to these clients.

XI. METHOD OF EVALUATION

The Grant Review Committee will complete the review and evaluation process and prepare a priority list of grantees for approval by the ICH. All agencies will be notified of the Grant

Review Committee recommendation for their agency.

Evaluation Factors

Projects will be evaluated to determine if their historical or anticipated performance merits inclusion in the CoC application. Projects that may reduce the overall CoC score may be excluded from the CoC application. Projects will only be included in the submission to HUD if they demonstrate capacity to initiate a new project in a timely manner.

Projects Rating Factors

1. Feasibility (taking into account timing, availability of other resources, and experience of applicant).
2. Percentage of funding request for housing-related activities (the higher the percentage for housing the better).
3. Leverage (relative to other new projects).
4. Cost effectiveness
5. Level of participation and quality of data entered in the San Bernardino County Homeless Management Information System
6. Participation in the San Bernardino County Homeless Provider Network
7. Participation in the San Bernardino County Point In Time Count
8. Projects that reflect the recommendations stated in the County of San Bernardino's Homeless Partnership 10-Year Strategy to End Homelessness
9. Participation in San Bernardino CoC Planning process
10. Service and geographic reach: does the proposed new project provide a new needed service, and/or is the project proposed for an under-served part of the County of San Bernardino.
11. Application completeness and accuracy

END

Application Checklist

Section A: HUD Application Materials ALL APPLICANTS

- ❑ Contact Information to be included in the body of transmittal email.
- ❑ **Attachment VI** – County of San Bernardino 2015 Continuum of Care Homeless Assistance Grant Application
- ❑ Articles of Incorporation/Bylaws
- ❑ List of the Board of Directors: A list of the current board of directors or other governing body of the grantee must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member; and must identify the principal officers of the governing body.
- ❑ Statement of Non-Identity of Interest: Any member of the board or board officer who receives any compensation from the non-profit organization must identify the amount of such compensation and the services provided for which compensation was granted
- ❑ List of References: a minimum of 3, one of which must be an agency of local government.
- ❑ Organization Chart: showing how proposed project will be situated in your agency.
- ❑ Most recent Audited Financial Statement
- ❑ A list identifying your past 5 years of experience receiving HUD assistance or other government assistance

Section B: Other Required Materials for projects recommended for funding*

- ❑ SF-424 Application for Federal Assistance (must include DUNS number)
- ❑ Applicant/Recipient Disclosure/Update Report (HUD-2880)
- ❑ Survey of Ensuring Equal Opportunity for Applicants (HUD-424 SUPP)
- ❑ Copy of IRS 501 (c)(3) Tax Determination Letter
- ❑ Disclosure of Lobbying Activities (SF-LLL)
- ❑ Applicant Code of Conduct (if not previously approved by HUD)
- ❑ Certification of Consistency with Consolidated Plan (HUD-2991) **top portion only**
- ❑ SB County Dept. of Economic and Community Development--Project Info. Sheet Section 3 Survey (when requesting funds for new construction or rehabilitation)
- ❑ **Attachment V** – Memorandum of Understanding (Three signed copies)

***Please note – The Agency recommended for funding must have completed the SF-424 prior to attending the Mandatory Technical Assistance Workshop and are required to submit three (3) signed copies of the Memorandum of Understanding to OHS staff at the Mandatory Technical Assistance Workshop. Agencies that have not completed the SF-424 will not have access to the HUD e-snaps application system.**

GeoCodes

San Bernardino City and County Continuum of Care

<u>GeoCode</u>	<u>Jurisdiction</u>
060108	APPLE VALLEY
060708	CHINO
060709	CHINO HILLS
061332	FONTANA
061638	HESPERIA
062556	ONTARIO
062930	RANCHO CUCAMONGA
062964	REDLANDS
062988	RIALTO
063180	SAN BERNARDINO
063852	UPLAND
063900	VICTORVILLE
069071	SAN BERNARDINO COUNTY

Energy Star



Did You Know?

Your home can cause twice the greenhouse gas emissions of a car.

What is ENERGY STAR?

ENERGY STAR is a government-backed program helping businesses and individuals protect the environment through superior energy efficiency.

Results are already adding up. In 2004 alone, Americans, with the help of ENERGY STAR, saved enough energy to power 24 million homes and avoid greenhouse gas emissions equivalent to those from 20 million cars - all while saving \$10 billion.

For the home

Energy efficient choices can save families about a third on their energy bill with similar savings of greenhouse gas emissions, without sacrificing features, style or comfort.

ENERGY STAR helps you make the energy efficient choice. If looking for new household products, look for ones that have earned the ENERGY STAR. They meet strict energy efficiency guidelines set by the EPA and US Department of Energy.

If looking for a new home, look for one that has earned the ENERGY STAR.

If looking to make larger improvements to your home, EPA offers tools and resources to help you plan and undertake projects to reduce your energy bills and improve home comfort.

For Business

Because a strategic approach to energy management can produce twice the savings - for the bottom line and the environment - as typical approaches, EPA's ENERGY STAR partnership offers a proven energy management strategy that helps in measuring current energy performance, setting goals, tracking savings, and rewarding improvements.

EPA provides an innovative energy performance rating system which businesses have already used for more than 21,000 buildings across the country. EPA also recognizes top performing buildings with the ENERGY STAR.

ADDITIONAL INFORMATION ON ENERGY STAR CAN BE FOUND AT:

<http://www.energystar.gov/index.cfm>

Summary Information on the Supportive Housing Program

The **Leasing** of sites to be used as permanent housing for the homeless, or the leasing of a site to be used for the provision of supportive social services. If requesting funds to lease housing units, you must not exceed the following monthly Fair Market Rates¹:

- Efficiency Unit (0-bedroom) \$788
- 1-bedroom Unit \$908
- 2-bedroom Unit \$1,153
- 3-bedroom Unit \$1,629
- 4-bedroom Unit \$1,987

Provision of essential **social services** to the homeless, including services concerned with employment, health, drug abuse, and education, and may include, (but are not limited to):

- Outreach;
- Housing search assistance;
- Life-skills training;
- Medical services and psychological counseling and supervision;
- Employment services;
- Nutritional assistance;
- Substance abuse treatment and counseling;
- Assistance in obtaining other federal, state, and local assistance including mental health benefits, employment counseling, medical assistance, veteran's benefits, and income support assistance such as Supplemental Security Income benefits, Temporary Assistance for Needy Families, General Assistance, and Food Stamps;
- Other services such as child care, transportation, job placement and job training; and Staff salaries necessary to provide the above service.

Operation costs of or permanent housing to assist the homeless

Relocation assistance for households displaced because of actions related to acquisition, new construction or rehabilitation.

Homeless Management Information System: funding to acquire the hardware, software, set up and operate such a system. These funds may only be used to establish program specific systems that will link to the County's HMIS system that is currently in development.

Costs for HMIS must be reasonable in light of the populations served and level of services rendered.

Administration, limited to 5% of grant funds for program activities described above.

SUPPORTIVE HOUSING PROGRAM REQUIREMENTS

Cash Match

¹http://www.huduser.org/portal/datasets/fmr/fmrs/FY2015_code/2015summary.odn

Agencies must match all grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions. See Section 24 CFR 578.73 Matching Requirements. A nonprofit or local government agency recipient selected through this RFP process must demonstrate its capacity to provide this match in a timely manner following notification of a conditional grant award. In calculating the amount of the matching funds for the capital funds, an agency may include the documented value of any donated material or a building.

Assistance to the Homeless

Homeless individuals must be given assistance in obtaining appropriate supportive services, including permanent housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living; and other Federal, State, local, and private assistance available for such individuals.

MEMORANDUM OF UNDERSTANDING

Between

**County of San Bernardino Department of Behavioral Health
Office of Homeless Services**

And

Applicant Name

To Be Determined Based on Award Date

WHEREAS, the Office of Homeless Services (OHS) is responsible for coordinating countywide efforts to end and prevent homelessness in San Bernardino County;

WHEREAS, the OHS is responsible for submitting United States Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Homeless Assistance Exhibit 1 and Exhibit 2 grant applications within the County of San Bernardino;

WHEREAS, the OHS is responsible for ensuring that all HUD CoC Homeless Assistance awardees within the County of San Bernardino adhere to HUD and local policy and procedures as established by the San Bernardino County Interagency Council on Homelessness (ICH);

WHEREAS, Applicant Name applied for and was awarded HUD CoC Homeless Assistance funding to provide housing and homeless services to individuals experiencing homelessness in the County of San Bernardino.

NOW, THEREFORE, IT IS AGREED that the San Bernardino County OHS is responsible for Continuum of Care planning for homeless programs in the County of San Bernardino, and Applicant Name, has been awarded funds to provide homeless program services within the County of San Bernardino; the above parties mutually agree to the following terms and conditions:

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I. BACKGROUND

In September of 2007, the San Bernardino County Board of Supervisors (Board) approved the formation of the San Bernardino County Homeless Partnership (Partnership) to provide leadership in creating a stronger countywide network of service delivery to homeless individuals, homeless families, and those at risk of becoming homeless through facilitating better communication, planning coordination, and cooperation among all entities that provide services to the county's homeless.

In addition, the Board created the Office of Homeless Services (OHS), originally under Human Services, now administered by the Department of Behavioral Health, to provide administrative support for the newly formed Partnership.

This MOU between OHS and Applicant Name delineates the roles and responsibilities of the OHS and Applicant Name with regard to the administration of the HUD CoC Homeless Assistance grants.

II. OHS RESPONSIBILITIES

OHS shall:

- A. Provide technical assistance to HUD CoC Homeless Assistance awardees.
- B. Conduct annual monitoring site visits to ensure compliance with the The Stewart B. McKinney Homeless Assistance Act of 1987, later renamed the McKinney-Vento Homeless Assistance Act title IV, subtitle C, 42 U.S.C. 11381 and The McKinney-Vento Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, requirements.
- C. Prepare and submit the annual HUD CoC Homeless Assistance Exhibit 1 document to HUD, when necessary.
- D. Assist in the preparation and submission of all new and renewal HUD CoC Homeless Assistance Exhibit 2 documents that have been recommended for submission to HUD by the ICH, when necessary.

III. APPLICANT NAME RESPONSIBILITIES

APPLICANT NAME shall:

- A. Comply with the McKinney-Vento and/or HEARTH Act, requirements and other applicable laws. If ICH determines that a grantee is not in compliance with McKinney-Vento and/or HEARTH Act requirements it may elect to exclude a grantee from future CoC applications.
- B. Utilize the Homeless Management Information System (HMIS) data tracking system for case management activities. Timeliness and quality of data entered in the HMIS will be monitored during the annual monitoring site visit.
- C. Ensure that homeless assistance funds are administered in accordance with the requirements of applicable laws and program regulations.
- D. Provide quarterly performance reports and the Annual Performance Report (APR) filed with HUD to the OHS.
- E. Demonstrate that the project has established policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the

McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.

- F. Demonstrate, if Applicant Name serves families with children, in its project that a staff person is designated to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.
- G. Demonstrate in its project that a staff person is designated to act as a liaison with local institutions (Foster Care, Detention Centers/Jails, Hospitals and Mental Health facilities) in an effort to prevent discharged individuals from entering into homelessness.
- H. Actively participate in the San Bernardino County Homeless Partnership to include but not limited to the following: HUD mandated Point-In-Time-Count and Homeless Partnership Meetings.

IV. MUTUAL RESPONSIBILITIES

- A. OHS and Applicant Name agree they will establish mutually satisfactory methods for the exchange of such information as may be necessary in order that each party may perform its duties and functions under this agreement; and appropriate procedures to ensure all information is safeguarded for improper disclosure in accordance with applicable State and Federal laws and regulations.
- B. OHS and Applicant Name agree they will establish mutually satisfactory methods for problem resolution.

V. RIGHT TO MONITOR

- A. OHS staff or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Inspector General, shall have absolute right to review and audit all records, books, papers, documents, corporate minutes, and other pertinent items as requested, and shall have absolute right to monitor the performance of Applicant in the delivery of services provided under this MOU. Full cooperation shall be given by Applicant in any auditing or monitoring conducted.
- B. Applicant shall cooperate with OHS in the implementation, monitoring and evaluation of this MOU and comply with any and all reporting requirements established by this MOU.
- C. Applicant shall provide all reasonable facilities and assistance for the safety and convenience of OHS's representative in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work of Applicant.

VI. TERM

This MOU is effective TO BE DETERMINED BASED ON AWARD DATE, and shall be automatically renewed for one year periods unless terminated earlier in accordance with provisions of Section VII of this MOU.

VII. EARLY TERMINATION

This MOU may be terminated without cause upon thirty (30) days written notice by either party. The DBH Director, or his/her appointed designee, has the authority to terminate this MOU on behalf of DBH. The Applicant Name Director, or his/her appointed designee, has the authority to terminate this MOU on behalf of Applicant Name.

VIII. GENERAL PROVISIONS

- A. No waiver of any of the provisions of the MOU documents shall be effective unless it is made in writing which refers to provisions so waived and which is executed by the Parties. No course of dealing and no delay or failure of a Party in exercising any right under any MOU document shall affect any other or future exercise of that right or any exercise of any other right. A Party shall not be precluded from exercising a right by its having partially exercised that right or its having previously abandoned or discontinued steps to enforce that right.
- B. Any alterations, variations, modifications, or waivers of provisions of the MOU, unless specifically allowed in the MOU, shall be valid only when they have been reduced to writing, duly signed and approved by the Authorized Representatives of both parties as an amendment to this MOU. No oral understanding or agreement not incorporated herein shall be binding on any of the Parties hereto.

- INTENTIONALLY LEFT BLANK -

IX. CONCLUSION

- A. This MOU, consisting of six (6) pages, is the full and complete document describing services to be rendered by DBH and Applicant Name for the HUD CoC Homeless Assistance grants.
- B. The signatures of the Parties affixed to this MOU affirm that they are duly authorized to commit and bind their respective entities to the terms and conditions set forth in this document.

.....

<p>APPLICANT NAME</p> <p>_____</p> <p style="text-align: center;">Signature</p> <p>Name: <u> Name </u></p> <p>Title: <u> Title </u></p> <p>Address: <u> Street Address </u></p> <p style="padding-left: 40px;"><u> City, State Zip </u></p> <p>Date: _____</p>	<p>COUNTY OF SAN BERNARDINO</p> <p>DEPARTMENT OF BEHAVIORAL HEALTH</p> <p>_____</p> <p style="text-align: center;">Signature</p> <p>Name: <u> CaSonya Thomas </u></p> <p>Title: <u> Director </u></p> <p>Address: <u> 303 E. Vanderbilt Way, Suite 400 </u></p> <p style="padding-left: 40px;"><u> San Bernardino, CA 92415 </u></p> <p>Date: _____</p>
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APPROVED AS TO LEGAL FORM
COUNTY COUNSEL

By _____
Frank Salazar, Deputy County Counsel

Date: _____

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed. Type of

Application: This field is pre-populated and cannot be changed.

If Revision, select appropriate letters: This field is pre-populated and cannot be changed. If "Other", specify: Field intentionally left blank, cannot edit.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit. Federal Entity

Identifier: Field intentionally left blank, cannot edit. Federal Award Identifier: Field

intentionally left blank, cannot edit. Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

1. Type of Submission: PSH

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received:

4. Applicant:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

Applicant:

809428316

Project:

123574

1B. Legal Applicant

Instructions:

Applicant

- a. **Legal Name:**
- b. **Employer/Taxpayer Identification Number (EIN/TIN):**

	c. Organizational DUNS:		PL US 4	
--	--------------------------------	--	---------------	--

Address

Street 1:

Street 2:

City:

County:

State:

Country:

Zip / Postal Code:

Organizational Unit (optional)

Department Name:

Division Name:

Applicant:

809428316

Project:

123574

d. Name and contact information of person to be contacted on matters involving this application:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Extension:

Fax Number:

Email:

Applicant:

809428316

Project:

123574

1C. Application Details

Instructions:

Type of Applicant:

If "Other" please specify:

8. Name of Federal Agency: Department of Housing and Urban Development

9. Catalog of Federal Domestic Assistance: CoC Program
Title:

CFDA Number: 14.267

10. Funding Opportunity Number: CPD-5900-N-25
Title: Continuum of Care Homeless Assistance Competition

11. Competition Identification Number:
Title:

1D. Congressional District(s)

Instructions:

Congressional District(s):

- a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.
- b. Project: This field is required.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Please complete.

12. Areas(s) affected by the project (state(s) (only):
(for multiple selections hold CTRL key) California

13. Descriptive Title of Applicant's Project:

14. Congressional Districts(s):
a. Applicant:
b. Project:
(for multiple selections hold CTRL key)

15. Proposed Project
a. Start Date:
b. End Date:

Applicant:

809428316

Project:

123574

16. Estimated Funding (\$)

- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. Total:**

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected, an explanation is required in the space provided on this screen.

17. 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:

Is the Applicant delinquent on any Federal debt?

Yes No

If "YES," provide an explanation:

Applicant:

809428316

Project:

123574

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2015 CoC Program NOFA (Section VI.A.i.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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:

18. Authorized Representative

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Telephone Number: (Format: 123-456-7890)

Fax Number: (Format: 123-456-7890)

Email: Signature of Authorized Representative:

Date Signed:

Applicant:

809428316

Project:

123574

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:

Organization	Type	Sub-Award Amount

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

Instructions:

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: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

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: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney- Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

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.

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

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.

4. Are there any unresolved monitoring audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

3A. Project Detail

Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant.

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2015 CoC Program competition.

Component Type: This is a populated field with PH, SSO and HMIS as options for selection and cannot be edited. PH-Permanent Supportive Housing, Rapid Re-Housing, SSO for Coordinated Entry and Dedicated HMIS projects are the only types of new project applications that can be submitted in the FY 2015 CoC Program Competition.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

1a. CoC Number and Name: CA-609 - San Bernardino City & County CoC

1b. CoC Applicant Name:

2. Project Name:

3. Project Status: Standard

4. Component Type: P H

5. Is Energy Star used at one or more of the proposed properties? Yes No

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

3B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2015 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Entry Process: This is a required field. Select "Yes" if the project is currently participating in a coordinated entry process. Select "No" if a coordinated entry process does not exist in the CoC or if the project does not participate.

Please identify the project's specific population focus. (Select ALL that apply): PH and SSO projects must select the applicable populations as outlined in the FY 2015 CoC Program NOFA. Multiple checkboxes are provided as options.

Housing First: This is a required field for PH projects and does not apply to SSO and HMIS projects. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select "none of the above" if the project will not follow a housing first approach.

Will the project quickly move participants into permanent housing?: Enter "Yes" or "No." Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project follow a "Housing First" approach?: This question's response of "Yes" or "No" is auto-scored based upon the responses to the questions above. This field is not editable.

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. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any)

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578. " Will the project request costs under the rental assistance budget line item?: This is a required field.

Applicant:

809428316

Project:

123574

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Textbox is provided if the response to the question above is "Yes". If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain, in the textbox provided, how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe, in the textbox provided, the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

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

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

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

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

Applicant:

809428316

Project:

123574

4. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input 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

Will the project quickly move participants into permanent housing

Yes No

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier.

Having too little or little income	<input type="checkbox"/>
Active or history of substance abuse	<input type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>

Applicant:

809428316

Project:

123574

History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>
Being a victim of 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"/>
Failure to participate in supportive services	<input type="checkbox"/>

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

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.

7. Will the PH project provide PSH or RRH?

8. Will the project request costs under the rental assistance budget line item? Yes No

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

10. Will more than 16 persons live in one structure?

3C. Project Expansion Information

Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes" select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served

The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons

Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."

Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

Replace the loss of nonrenewable funding

- a. Use the text box provided to describe the source of non-renewable funding.
- b. Use the text box provided to describe why the funds are non-renewable.
- c. Select the date from the date field corresponding to the date when the non-renewable funds will expire
- d. Use the text box provided to describe what steps were taken to obtain other funding sources.
- e. Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

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

Yes No

4A. Supportive Services for Participants

Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes", "No" or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes", "No" or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when children and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them and how often they are provided. This field is required and at least one value must be entered. Complete each row from the dropdown menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

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Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

Select the most common interval of time for which the service is accessible to participants.

Please identify whether the project will include the following activities:

Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs: This is a required field. Select "Yes" if the project provides regular or as requested transportation assistance to mainstream and community resources, including appointments, employment training, or jobs. Select "No" if transportation is not regularly provided or cannot be provided consistently as requested.

Use of a single application form for four or more mainstream programs: This is a required field. Select "Yes" if the project uses a single application form that allow participants to sign up for four or more mainstream programs. Select "No" if mainstream forms are for 3 or fewer programs.

Regular follow-ups with participants to ensure mainstream benefits are received and renewed: This is a required field. Select "Yes" if the project regularly follows-up with participants to ensure that they are receiving their mainstream benefits and to renew benefits when required. Select "No" if there is no follow-ups or the follow-ups are irregular concerning mainstream benefits.

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency: This is a required field. Select "Yes" if project participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency – through a formal or informal relationship. Select "No" if there is no or significantly limited access to SSI/SSDI technical assistance.

Indicate the last SOAR training date for the staff person providing the technical assistance: This is a required field. Indicate the date of the last SOAR training date for the staff person who is providing the technical assistance.

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?

Yes No N/A

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?

Yes No N/A

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

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

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.

Applicant:

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Supportive Services	Provider	Frequency
Assessment of Service Needs	(i.e. Applicant)	(i.e. daily, weekly, as needed)
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 No

5b. Use of a single application form for four or more mainstream programs?

Yes No

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

Yes No

5d. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

Yes No

6a. Indicate the last SOAR training date for the staff person providing the technical assistance.

Applicant:

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4B. Housing Type and Location

The following list summarizes each housing site in the project.

Total Units:

Total Beds:

Total Dedicated CH Beds:

Total Prioritized CH Beds:

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Indicate the proposed Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated to the chronically homeless, enter "0." If this is a new reallocated PSH project, all beds must be dedicated to the chronically homeless.

How many of the total beds entered in "2b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs:

How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2015 operating year: This is a required field. Enter the number of beds that are estimated to become available through turnover in the FY 2016 operating year. Using the value calculated in field 3b, estimate and then enter the number of beds that will likely become available over the requested grant term. This will give you the number turnover beds that are not dedicated to the chronically homeless.

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year: This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field 3c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

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Beds for veterans

How many of the total beds entered in "2b. Beds" are dedicated to veterans: This is a required field. Enter the total number of beds that are dedicated to veterans.

Beds for families

How many of the total beds entered in "2b. Beds" are dedicated to families: This is a required field. Enter the total number of beds that are dedicated to families.

Beds for youth

How many of the total beds entered in "2b. Beds" are dedicated to youth: This is a required field. Enter the total number of beds that are dedicated to youth, including parenting youth and unaccompanied youth.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

1. Housing Type:

Select one from the following categories and enter above: Scattered-site apartments (including efficiencies) Clustered apartments, Single complex with multiple addresses.

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

- a. Units:
- b. Beds:

***3. Beds for the Chronically Homeless**

- a. How many of the total beds entered in 2b. "Beds" are dedicated to the chronically homeless?
- b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
- c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2015 operating year?
- d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2015 operating year?

Address:

Street 1:

Street 2:

City:

State:

ZIP Code:

Applicant:

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Project:

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- *4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.**

069071 San Bernardino County

5A. Project Participants - Households

Instructions:

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically 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										
Total Persons										

Applicant:

809428316

Project:

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Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically 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										
Total Persons										

Persons in Households with only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically 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										
Total Persons										

5B. Project Participants - Subpopulations

Instructions:

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: Calculate the "Total Persons" row.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	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										
Total Persons										

Applicant:

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Project:

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Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	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										
Total Persons										

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	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										
Total Persons										

5C. Outreach for Participants

Instructions:

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- Persons fleeing domestic violence

Total of above percentages must equal 100%.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

NOTE The definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid re-housing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

1. Enter the percentage of project participants that will be coming from each of the following locations.

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Directly from safe havens.
100%	Total of above percentages

2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

Applicant:

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

5D. Discharge Planning Policy

1. **Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Yes No N/A

6A. Standard Performance Measures

Instructions:

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count each participant who is still living in your units supported by your facility as well as clients who have exited your units and moved into another permanent housing situation

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

1. Specify the universe and target for the housing measure.

Housing Measure	Target (#)	Universe (#)	Target (%)
a. PSH: Persons remaining in permanent housing at the end of the operating year or exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.			

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2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.

Income Measure	Target (#)	Universe (#)	Target (%)
a. Adults who maintained or increased their total income (from all sources) as of the end of the operating year or project exit.			
OR			
b. Adults who maintained or increased their earned income as of the end of the operating year or project exit.			

Applicant:

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6B. Additional Performance Measures

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).

Proposed Measure:

Proposed Measure:

Proposed Measure:

6B. Additional Performance Measures Detail

Instructions:

For each additional measure, fill in the blank cells according to the following instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%):For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Data Source: (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: This is a required field. Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: This is a required field. Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: This is a required field. Use the text field provided to describe the appropriateness of the measure given the nature of the program.

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Target (#)	c. Universe (#)	d. Target (%)
Mainstream			

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

3. Specific data elements and formula proposed for calculating results

Applicant:

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4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

7A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2017: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2017. The FY 2015 HUD Appropriations Act requires HUD to obligate FY 2015 CoC Program funds by this date. If "No" is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR Is the project applying for funding through the permanent housing bonus? Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2015 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency? Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select "Yes" or "No" from the dropdown menu.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the FY 2015 CoC Program NOFA for details concerning grant terms and years of funding for different project types and eligible costs.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen "3A Project Detail." The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2015 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "3B. Project Description" to review the type of project selected. See the FY 2015 CoC Program NOFA for additional guidance.

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

1. Will it be feasible for the project to be under grant agreement by September 30, 2017?

Yes No

Applicant:

809428316

Project:

123574

**2. Is the project proposing to using funds
reallocated from the CoCs annual renewal
demand
OR
is the project applying for funding through the
permanent housing bonus?** Yes No

**3. Does this project propose to allocate funds
according to an indirect cost rate?** Yes No

4. Select a grant term: (Y e a r (s))

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

Acquisition/Rehabilitation/New Construction

Leased Units

Leased Structures

Rental Assistance

Supportive Services

Operations

HMIS

Applicant:

809428316

Project:

123574

7B. Acquisition/Rehabilitation/New Construction Budget

The following list summarizes the total request for each structure.

Total Acquisition:										
Total Rehabilitation:										
Total New Construction:										
Total Assistance Requested:										
Name of Structure	Street Address 1	Street Address 2	City	State	Zip Code	Total Request	Acquisition	Rehabilitation	New Construction	

Applicant:

809428316

Project:

123574

Acquisition/Rehabilitation/New Construction Budget Detail

Instructions:

Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. Complete the following fields for the location of each structure:

Address: Only 1 "Street Address..." field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State and Zip Code.

Assistance Requested: This is a required field. Enter the amount (\$) requested for eligible development costs at the structure site. The line item costs for new construction may include the actual cost of real property acquisition; however, project applicants may not enter an amount for both new construction and acquisition or rehabilitation for the same structure. For projects requesting funds for new construction, the cost of acquiring land should be included in the New Construction costs. Project applicants may apply for acquisition and rehabilitation costs for the same structure. Refer to section 578.43-47 of the CoC Program interim rule and the FY 2015 CoC Program NOFA for more information, including what activities are eligible under each of these costs.

Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.

Name of Structure:

Street Address 1:

Street Address 2:

City:

State:

Zip Code:

	Assistance Requested
1. Acquisition	
2. Rehabilitation	
3. New Construction	
4. Total Assistance Requested	

7C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects.

Total Annual Assistance Requested:			
Grant Term:			
Total Request for Grant Term:			
Total Units:			
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
CA - Riverside-Sa...			
CA - Riverside-Sa...			

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2015 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2015 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: Populate with the value 12 to calculate the annual rent request.

Total Request: Populate with the total calculated amount from each row.

Total Units and Annual Assistance Requested: Calculate based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: One Year

Total Request for Grant Term: Calculate based on the total annual assistance requested multiplied by the grant term.

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

**Metropolitan or non-metropolitan
fair market rent area:**

CA - Riverside-San Bernardino-Ontario, CA MSA
(0606599999)

Applicant:

809428316

Project:

123574

Leased Units Annual Budget

Size of Units	Number of units (Applicant)	FMR (Applicant)	HUD Paid Rent (Applicant)	12 months	Total request (Applicant)
SRO	x	\$591	x	12 =	
0 Bedroom	x	\$788	x	12 =	
1 Bedroom	x	\$908	x	12 =	
2 Bedroom	x	\$1,153	x	12 =	
3 Bedroom	x	\$1,629	x	12 =	
4 Bedroom	x	\$1,987	x	12 =	
5 Bedroom	x	\$2,285	x	12 =	
6 Bedroom	x	\$2,583	x	12 =	
7 Bedroom	x	\$2,881	x	12 =	
8 Bedroom	x	\$3,179	x	12 =	
9 Bedroom	x	\$3,477	x	12 =	
Total units and annual assistance requested:					
Grant term:					1 Year
Total request for grant term:					

Applicant:

809428316

Project:

123574

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2015 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2015 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: Populate with the value 12 to calculate the annual rent request.

Total Request: Populate with the total calculated amount from each row.

Total Units and Annual Assistance Requested: Calculate based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: One Year

Total Request for Grant Term: Calculate based on the total annual assistance requested multiplied by the grant term.

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

**Metropolitan or non-metropolitan
fair market rent area:**

CA - Riverside-San Bernardino-Ontario, CA MSA
(0606599999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)	FMR (Applicant)	HUD Paid Rent (Applicant)	12 months	Total request (Applicant)
SRO	x	\$591	x	12 =	
0 Bedroom	x	\$788	x	12 =	
1 Bedroom	x	\$908	x	12 =	
2 Bedroom	x	\$1,153	x	12 =	

Applicant:

809428316

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3 Bedroom		x	\$1,629		x	12	=	
4 Bedroom		x	\$1,987		x	12	=	
5 Bedroom		x	\$2,285		x	12	=	
6 Bedroom		x	\$2,583		x	12	=	
7 Bedroom		x	\$2,881		x	12	=	
8 Bedroom		x	\$3,179		x	12	=	
9 Bedroom		x	\$3,477		x	12	=	
Total units and annual assistance requested:								
Grant term:								1 Year
Total request for grant term:								

Applicant:

809428316

Project:

123574

7D. Leased Structures Budget

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

Total Annual Assistance Requested:			
Grant Term:		1 Year	
Total Request for Grant Term:			
Total Structures:			
Structure Name	HUD Paid Rent	Total Annual Assistance Requested	Total Assistance Requested

Applicant:

809428316

Project:

123574

Leased Structures Budget Detail

Instructions:

Complete the following fields related to the funds being requested to lease one or more structures for operating the project.

Structure Name: This is a required field. Indicate the name of the structure for which funds are requested.

Address: Only 1 "Street Address..." field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State, and Zip Code.

HUD Paid Rent (per Month): This is a required field. Enter the monthly leasing amount. The amount entered cannot exceed the monthly rent for comparable structures.

12 Months: This field is populated with the value 12 to calculate the annual grant request.

Total Annual Assistance Requested: This field is automatically calculated based on the per month rent entered in the first field.

Grant Term: Populate based on the grant term

Total Request for Grant Term: Calculate based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term.

Structure Name:

Street Address 1:

Street Address 2:

City:

State: California

Zip Code:

* HUD Paid Rent (per Month):	
12 Months:	
Total Annual Assistance Requested:	
Grant Term:	
Total Request for Grant Term:	

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Applicant:

809428316

Project:

123574

7E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project..

Total Request for Grant Term:			
Total Units:			
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
	CA - Riverside-San Bernardino-Ontario...		

Applicant:

809428316

Project:

123574

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2015 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: Populate these fields with the FY 2015 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: Populate with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: Calculate based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: One year

Total Request for Grant Term: Calculate based on the total annual assistance requested multiplied by the grant term.

Type of Rental Assistance:

Metropolitan or non-metropolitan fair market rent area:

CA - Riverside-San Bernardino-Ontario, CA MSA (0606599999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$591	x 12	=
0 Bedroom	x	\$788	x 12	=
1 Bedroom	x	\$908	x 12	=

Applicant:

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Project:

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2 Bedrooms		x	\$1,153	x	12	=	
3 Bedrooms		x	\$1,629	x	12	=	
4 Bedrooms		x	\$1,987	x	12	=	
5 Bedrooms		x	\$2,285	x	12	=	
6 Bedrooms		x	\$2,583	x	12	=	
7 Bedrooms		x	\$2,881	x	12	=	
8 Bedrooms		x	\$3,179	x	12	=	
9 Bedrooms		x	\$3,477	x	12	=	
Total Units and Annual Assistance Requested							
Grant Term							1 Year
Total Request for Grant Term							

7F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: Calculate based on the sum of the annual assistance requests entered for each activity.

Grant Term: One Year.

Total Request for Grant Term: Calculate this field based on the total amount requested for each eligible cost multiplied by the grant term.

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	(i.e. weekly assessment of...)	
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		

Applicant:

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14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		
Grant Term		1 Year
Total Request for Grant Term		

7G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: One Year.

Total Request for Grant Term: Calculate based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		
Grant Term		1 Year
Total Request for Grant Term		

7H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: Calculate based on the sum of the annual assistance requests entered for each activity.

Grant term: One Year.

Total Request for Grant Term: Calculate based on the total amount requested for each eligible cost multiplied by the grant term.

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		
Grant Term:		1 Year
Total Request for Grant Term:		

7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project.

Summary for Match-MUST BE 25% OF GRANT REQUEST

Total Value of Cash Commitments:	
Total Value of In-Kind Commitments:	
Total Value of All Commitments:	

Summary for Leverage-MUST BE 150% OF GRANT REQUEST

Total Value of Cash Commitments:					
Total Value of In-Kind Commitments:					
Total Value of All Commitments:					
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
i.e. Match	Cash	Private		10/01/2015	

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution. Value of written commitment: Enter the total dollar value of the contribution

1. Will this commitment be used towards match or leverage?

2. Type of commitment:

3. Type of source:

4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:

6. Value of Written Commitment:

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution. Value of written

commitment: Enter the total dollar value of the contribution

1. Will this commitment be used towards match or leverage?

2. Type of commitment:

3. Type of source:

4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:

6. Value of Written Commitment:

7J. Summary Budget

Instructions:

Populates a summary budget based on the information entered into each preceding budget form. Admin (Up to 10%) "Total Requested for Grant Term for Admin."

Admin (Up to 10%): Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: Populate based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2015 CoC Program Competition.

Cash Match: Populate based on total Cash Match.

In-Kind Match: Populate based on total In-Kind Match.

Total Match: Calculate the total combined value of the Cash and In- Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

Calculate totals.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			
1b. Rehabilitation			
1c. New Construction			
2a. Leased Units			

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2b. Leased Structures		1 Year	
3. Rental Assistance		1 Year	
4. Supportive Services		1 Year	
5. Operating		1 Year	
6. HMIS		1 Year	
7. Sub-total Costs Requested			
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			
10. Cash Match			
11. In-Kind Match			
12. Total Match			
13. Total Budget			

Applicant:

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8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

8B. Applicant Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

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It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official:

Date:

Title:

Applicant Organization:

Applicant:

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Project:

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PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. 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).