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Request for Proposals for

**2015 Continuum of Care Permanent Supportive Housing Bonus**

**(RFP DBH 15 - 98)**

ePro Document ID #DBHE15-ADMN-1680

This Addendum No. 1 is to provide the following amendments to RFP DBH 15-98:

1. Revise RFP Title

**The RFP title is revised and will now be known and referred to as:**

**2015 Continuum of Care Permanent Housing Bonus**

**RFP 15-98**

**ePro Document ID # DBHE15-ADMN-1680**

2. Revise Submission Deadline:

The deadline for Electronic Submission for local application materials has been extended to **Tuesday, October 13, 2015 at 12:59 p.m.**

3. Provide Fillable Application Form:

a. The attached fillable application is available at <http://www.sbcounty.gov/dbh/sbchp/> as a fillable form.

b. Please follow the instructions in the application and submit to homelessrfp@hss.sbcounty.gov by **Tuesday, October 13, 2015 at 12:59 p.m.**

# 1A. Application Type

## Instructions:

Type of Submission:

Type of Application:

If Revision, select appropriate letters:

 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: PH

 **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:**

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**1B. Legal Applicant**

**Instructions:**

##  Applicant

1. **Legal Name:**

## b. Employer/Taxpayer Identification Number (EIN/TIN):

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| --- | --- | --- | --- | --- |
|  | **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:**

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## 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:**

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# 1C. Application Details

 **Type of Applicant:**

## If "Other" please specify:

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

## Catalog of Federal Domestic Assistance

**Title:**

CoC Program

**CFDA Number:** 14.267

1. **Funding Opportunity Number:** CPD-5900-N-25

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

1. **Competition Identification Number:**

**Title:**

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**1D. Congressional District(s)**

**Instructions:**

Congressional District(s):

* 1. 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.
	2. 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.

## Area(s) affected by the project (state(s)

**only):**

California

1. **Descriptive Title of Applicant's Project:**

## Congressional District(s):

**a. Applicant:**

## b. Project:

|  |  |
| --- | --- |
| **17. Proposed Project** |  |
| **a. Start Date:** |       |
| **b. End Date:** |       |

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1. **Estimated Funding ($)**
	1. **Federal:**
	2. **Applicant:**
	3. **State:**
	4. **Local:**
	5. **Other:**
	6. **Program Income:**
	7. **Total:**

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**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](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.

## Is the Application Subject to Review By State Executive Order 12372 Process?

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

b. Program is subject to E.O. 12372 but has not

been selected by the State for review.

1. **Is the Applicant delinquent on any Federal** [ ]  Yes [ ]  No

**debt?**

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

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**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:**

1. **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:**

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# 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** |
|       |       |       |
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**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.

## 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.

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* 1. **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)?**

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**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:

Project Status: The default selection is “Standard,”

Component Type: Permanent Supportive Housing or Rapid Re-Housing

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:**

* 1. **Project Status:** Standard

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## Component Type:

* 1. **Is Energy Star used at one or more of the**

 **proposed properties?**

[ ]  Yes [ ]  No

## Does this project use one or more

 **properties that have been conveyed through** [ ]  Yes [ ]  No

 **the Title V process?**

|  |  |  |
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**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.

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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.

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

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

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

Yes

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Chronic Homeless** | [ ]  | **Domestic Violence** | [ ]  |
| **Veterans** | [ ]  | **Substance Abuse** | [ ]  |
| **Youth under 25** | [ ]  | **Mental Illness** | [ ]  |
| **Families** | [ ]  | **HIV/AIDS** | [ ]  |
|  | **Other (click ‘SAVE’ to update)** | [ ]  |

1. **Housing First**
2. **Will the project quickly move participants**

**into permanent housing**

[ ]  Yes [ ]  No

1. **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** | [ ]  |
| **Active or history of substance abuse** | [ ]  |
| **Having a criminal record with exceptions for state-mandated restrictions** | [ ]  |

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| **History of domestic violence (e.g. lack of a protective order, period of seperation from abuser, or law enforcement involvement)** | [ ]  |
| **None of the above** | [ ]  |

1. **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** | [ ]  |
| **Failure to make progress on a service plan** | [ ]  |
| **Loss of income or failure to improve income** | [ ]  |
| **Being a victim of domestic violence** | [ ]  |
| **Any other activity not covered in a lease agreement typically found in the project's geographic area.** | [ ]  |
| **None of the above** | [ ]  |

1. **Will the project follow a "Housing First"**

**approach?**

[ ]  Yes [ ]  No

## 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.

1. **Will the PH project provide PSH or RRH?**

1. **Will the project request costs under the rental assistance budget line item?**

[ ]  Yes [ ]  No

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

1. **Will more than 16 persons live in one structure?**

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**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”.

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.

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

* 1. Use the text box provided to describe the source of non-renewable funding.
	2. 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.

## Will the project use an existing homeless

**facility or incorporate activities provided by**

**an existing project?** [ ]  Yes [ ]  No

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**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.”

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

## 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.**

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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.**

|  |  |  |
| --- | --- | --- |
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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** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
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**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.”

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.

* 1. **Units:**
	2. **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:**

|  |  |  |
| --- | --- | --- |
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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

|  |  |  |
| --- | --- | --- |
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**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.

|  |  |  |
| --- | --- | --- |
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**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 |       |       |       |       |       |       |       |       |       |       |

**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 |       |       |       |       |       |       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
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**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** | **Develop- mental Disability** | **Persons not represented by listed subpopulations** |
| **Adults over age 24** |       |       |       |       |       |       |       |       |       |       |
| **Adults ages 18-24** |       |       |       |       |       |       |       |       |       |       |
| **Children under age 18** |       |  |  |       |       |       |       |       |       |       |
| **Total Persons** |       |       |       |       |       |       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
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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** | **Develop- mental 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** | **Develop- mental Disability** | **Persons not represented by listed subpopulations** |
| **Accompanied Children under age 18** |       |  |  |       |       |       |       |       |       |       |
| **Unaccompanied Children under age 18** |       |  |  |       |       |       |       |       |       |       |
| **Total Persons** |       |  |  |       |       |       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
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**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.

## 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** |

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

|  |  |  |
| --- | --- | --- |
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1. **Describe the outreach plan to bring these homeless participants into the project.**

|  |  |  |
| --- | --- | --- |
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**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

|  |  |  |
| --- | --- | --- |
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# 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.

* 1. 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.
	2. 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%."

## 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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* + 1. **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.** |       |       |       |

|  |  |  |
| --- | --- | --- |
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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**

|  |  |  |
| --- | --- | --- |
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# 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.

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

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

* + - 1. **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**

* + - 1. **Specific data elements and formula proposed for calculating results**

|  |  |  |
| --- | --- | --- |
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* + - 1. **Rationale for why the proposed measure is an appropriate indicator of performance for this program**

|  |  |  |
| --- | --- | --- |
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**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.

## Will it be feasible for the project to be under grant agreement by September 30,

**2017?**

[ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
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## 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

1. **Does this project propose to allocate funds**

**according to an indirect cost rate?** [ ]  Yes [ ]  No

1. **Select a grant term: (Year(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**[ ]

|  |  |  |
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**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** |
|       |       |       |       |       |       |       |       |       |       |

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**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** |       |

|  |  |  |
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**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... |       |       |       |
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**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.](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)

|  |  |  |
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**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:** |       |

|  |  |  |
| --- | --- | --- |
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**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.](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 | **=** |       |

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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:** |        |

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| --- | --- | --- |
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**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** |
|       |       |       |       |

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**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.

|  |  |  |
| --- | --- | --- |
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**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... |       |       |
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**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.](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)

|  |  |  |
| --- | --- | --- |
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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | **=** |       |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |        |

|  |  |  |
| --- | --- | --- |
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**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** |       |       |

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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** |       |       |

|  |  |  |
| --- | --- | --- |
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**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** |       |       |

|  |  |  |
| --- | --- | --- |
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**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:** |       |       |

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**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 |  |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

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**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

## Will this commitment be used towards

**match or leverage?**

1. **Type of commitment:**
2. **Type of source:**

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

1. **Date of Written Commitment:**

## Value of Written Commitment:

|  |  |  |
| --- | --- | --- |
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**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

## Will this commitment be used towards

**match or leverage?**

1. **Type of commitment:**
2. **Type of source:**

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

1. **Date of Written Commitment:**
2. **Value of Written Commitment:**

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# 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** |       |

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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 |       |       |

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**8B. Applicant Certification**

1. **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.

## 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:**

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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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties .**

**(U.S. Code, Title 218, Section 1001).**

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