

Program Application

County of San Bernardino 2012 Continuum of Care Homeless Assistance Grant Application

A. Project Information:

1. Program Type: Supportive Housing Program Shelter Plus Care
2. Project Description: Provide a general description of the project. The description must include a response to the program requirements under which the project will operate. The description must also include information on the homeless needs that are addressed by the project, the type of housing that will be provided, and the target population that the project will serve.
3. Will the project use Energy Star (See Attachment IV) equipment such as computers, printers, kitchen appliances, etc.? Yes No
4. Is the project located on land previously owned by the military? Yes No

B. Project Sponsor Information

1. Organization Name:
2. Organization Type: local government nonprofit other:
3. DUNS Number:
4. Tax ID or EIN #:
5. Street Address 1:
6. Street Address 2:
7. City:
8. Zip Code:
9. Is the sponsor a faith-based organization? Yes No
10. Has the sponsor ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes No

C. Project Sponsor Contact Information

1. Name:
2. Title:
3. E-mail address:
4. Phone number:
5. Fax number:

D. Experience of Project Applicant, Sponsor, and Partners

Experience Narrative(s) - each narrative must address the specific type and length of experience for the applicant, project sponsor, housing and supportive service providers, and if applicable, key subcontractors involved in implementing the project. In addition, the narratives must describe the experience of all entities, as it relates to working with homeless persons, and the experience directly related to the proposed activities being carried out, including: housing development, housing management, construction, rehabilitation, service delivery, and HMIS activities (for new HMIS projects).

1. **Describe the experience of the project applicant, sponsor, and partners, as it relates to providing supportive services and housing for homeless persons, and carrying-out the activities of the project.**
2. **Describe experience of project partners related to providing activities and working with homeless persons.**
3. **Describe applicable experience relating to the administration of rental assistance.**
4. **Unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG - check Yes or No to indicate whether or not the sponsor has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive**

Orders; or open SNAPs related monitoring finding(s). The question is related to those projects for which the sponsor organization is either a direct grantee or a sponsor.

Yes No

If "yes," please explain findings:

E. Type and Scale of Housing

Project Participants - Households with Dependent Children

Instructions:

- **Total number of households** - enter the total number of households served at a point in time.
- **Disabled adults** - (in this row) enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
- **Non-disabled adults** - (in this row) enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).
- **Disabled children** - (in this row) enter the total number of participant children with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).
- **Non-disabled children** - (in this row) enter the total number of participant children without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse and DV victims).

- **Total persons** – add rows above
- **Total number of adults** – add rows above for adults only
- **Total number of children** – add rows above for children only

In the table below, indicate the total number of homeless persons and subpopulations served by the project at a particular point in time (when the project is at full capacity).

Total Number of Households:							
	Total Persons	Chronic Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults							
Non-Disabled Adults							
Disabled Children							
Non-Disabled Children							
Total Persons							
Total Number of Adults							
Total Number of Children							

Project Participants - Households without Dependent Children

- **Total number of households** - enter the total number of households with or served at a point in time.
- **Disabled adults** - (in this row) enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
- **Non-disabled adults** - (in this row) enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).
- **Disabled unaccompanied youth** - (in this row) enter the total number of unaccompanied youth with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).
- **Non-disabled unaccompanied youth** - (in this row) enter the total number of unaccompanied youth without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, and DV victims).
- **Total persons** – add rows above.
- **Total number of adults** - add rows above for adults only.
- **Total number of unaccompanied youth** - add rows above unaccompanied youth only.

In the table below, indicate the total number of homeless persons and subpopulations served by the project at a particular point in time (when the project is at full capacity).

Total Number of Households:							
	Total Persons	Chronic Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults							
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
Total Persons							
Total Number of Adults							
Total Number of Unaccompanied Youth							

F. Supportive Services for Participants

Instructions:

- 1. Policies and practices consistent with the educational laws** (required) – select Yes or No. does the applicant/sponsor have policies which are consistent with educational laws, including the McKinney-Vento Act, relating to the provision of educational and related services to individuals and families experiencing homelessness.
- 2. Designated staff person to ensure the homeless children receive educational needs** (required) - does the applicant/sponsor have a designated staff person responsible for ensuring that children 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.
- 3. Obtain and remain in permanent housing** - describe the supportive services that will be provided to help project participants locate and stabilize in permanent housing, access mainstream resources, and/or obtain employment.
- 4. Maximizing employment, income, and independent living** - describe the supportive services that will be provided to help project participants locate employment and access mainstream resources for independent living.
- 5. Supportive Services** (no input required) - lists each basic supportive service (outreach, case management, life skills, job training, alcohol and drug abuse services, mental health and counseling, HIV/AIDS services, health/home health services, education and instruction, employment services, child care, transportation. and other) that may be provided to participants.
- 6. Frequency** - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) at which each basic supportive service is provided to participants.
- 7. Accessibility of community amenities** - select the level of accessibility of basic community amenities for project participants. Basic community amenities should be accessible to participants via walking, public transportation, driving, or transportation provided by the project.

The information provided below records the capacity of the project to provide supportive services or access to services that participants require. See instructions above for assistance.

1. For projects serving families, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

Yes No not applicable

2. For projects serving families, does the applicant/sponsor have a designated staff person responsible for ensuring that children 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?

Yes No not applicable

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

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

5. Specify the frequency of supportive services to be provided to project participants.

Supportive Services	Check Frequency						
	Daily	Weekly	Bi-Weekly	Monthly	Bi-Monthly	Quarterly	Does not Apply
Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and Drug Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health and Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/Home Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education and Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project?

Very Accessible Somewhat Accessible Not Accessible

G. Outreach for Participants

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

Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.

%	Homeless Persons
	Persons who came from the street or other locations not meant for human habitation
	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
	Total of above percentages

If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.

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

H. Housing for Participants

Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation? Yes No

If participants are required to live in one particular structure or area, describe the reason for selecting the housing structure or location.

I. Discharge Planning Policy

The following question must be completed by project applicants that are State or local government agencies.

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 Not Applicable

J. Project Leveraging

INSTRUCTIONS: Complete the table below by listing all leveraged resources that will be utilized on this project. Leveraged resources should be considered either committed or anticipated resources for your project. Also, complete leveraging certification form on next page.

Leverage commitment documentation: If recommended for funding, agencies must submit documentation of committed and grant award letters to the Office of Homeless Services homelessrfp@hss.sbcounty.gov on or before September 10, 2012. Please note that only leverage verified with documentation will be considered.

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	List any Anticipated Leveraging	Date of Written Commitment	Value of Written Commitment
<i>Example: Child Care</i>	<i>CDBG</i>	<i>G</i>		<i>2/15/2006</i>	<i>\$10,000</i>
TOTAL:					\$

$$\frac{\text{Committed leveraging}}{\text{Total leveraging}} = \%$$

Percentage of funds committed for this project. _____%

Leveraging Certification

The following format must be used to certify leveraging use for this project. Please use your agency letterhead and attach to this document..

Leveraging Certification

I certify on behalf of _____ and attest that all leveraged
(Print organization name and project name)

sources and amounts contained in Leveraging Certification have not been previously used in other project(s) and/or Continuum of Care Homeless Assistance Program competitions. All information contained in the Leveraging Chart is true and accurate to the best of my knowledge.

Name and Title of Authorized Person

Authorized Person Signature and Date

Note: The County verifies all leveraging by checking previous applications made to HUD under the CoC application. Applications that duplicate leveraging will be disqualified from this RFP process and will not be included in the final application to HUD.

K. Homeless Management Information System (HMIS) Participation

All projects must indicate their level of participation in the CoC's HMIS.

Does this project provide client level data to HMIS at least annually?

- Yes No Not Applicable (HMIS dedicated projects only)

If the project is providing participant data in the HMIS - indicate the total number of participants served by the project, and the total number of clients reported in the HMIS. Also, for those participant records that were reported in the HMIS, indicate the percentage of values that were missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused"). If there were no unknown values, note a "0" value.

If the project is not providing participant data in the HMIS - indicate one or more of the four (4) reason(s) for non-participation:

- Federal law prohibits (please cite specific law)
 State law prohibits (please cite specific law)
 New project not yet in operation
 Other (please specify prohibition)

L. Standard Performance Measures

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. All applicants are required to set a housing stability goal and to select at least one other performance measure on which the grantee will report performance in the Annual Performance Report (APR). The "Universe" column specifies the total number of persons about whom the measure is expected to be reported. In the "Target #" column, applicants should specify the number of applicable clients (e.g., the number of persons for whom the goal is relevant) who are expected to achieve the measure within the operating year. The system will calculate a percentage in the "Target %" column. 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 numbers for the following required performance measure(s).

Housing Measure	Universe #	Target #	Target %
Persons remaining in permanent housing as of the end of the operating year.			
Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.			

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

Housing Measure	Universe #	Target #	Target %
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.			
Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			

M. Project Budgets

SHP Supportive Services Budget

Instructions:

Eligible supportive services - Please use the 'Other' category to specify any additional, eligible activities, which are not listed. Refer to the SHP Desk Guide for details on eligible supportive services activities.

Quantity (required) - enter or update the quantity (eg. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which SHP funding is being requested.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each activity that is DIRECTLY related to providing supportive services to homeless participants. The SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding (\$) requested for each activity.

Cash Match (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total Supportive Service annual budget.

Total SHP Supportive Services Budget - the Total Supportive Services Budget.

Other Resources - if there are in-kind or additional cash resources above the requested cash match requirement, enter or update the total amount (\$) available per grant year.

For each year of the grant term, enter the quantity and total budget request for each supportive service activity.

Supportive Services Cost	Quantity limit 400 characters	SHP Request Year 1	SHP Request Year 2	Total
Outreach				
Case management				
Life skills (outside of case management)				
Alcohol and drug abuse services				
Mental health & counseling services				
HIV/AIDS services				
Health related & home health services				
Education and instruction				
Employment services				
Child care				
Transportation				
Other:				
Other:				
Total SHP dollars requested				
Cash match				
Total SHP supportive services budget				
Other resources (cash & in-kind)				

SHP Operating Budget

Instructions:

Eligible operating - Please use the 'Other' category to specify any additional, eligible activities, which are not listed. Refer to the SHP Desk Guide for details on eligible operations activities.

Quantity - enter or update the quantity (eg. FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each operating activity for which SHP funding is being requested.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each activity that is DIRECTLY related to operating the housing or supportive services facility. The SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding (\$) requested for each activity.

Total SHP dollars requested - the total SHP funding (\$) requested for each grant year.

Cash Match (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 25% of the project's total Operations budget for each grant year.

Total SHP Operations Budget - the Total Operations Budget.

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

For each year of the grant term, enter the quantity and total budget request for each operating activity.

Eligible Costs	Quantity limit 400 characters	SHP Request Year 1	SHP Request Year 2	Total
Maintenance/Repair				
Staff				
Utilities				
Equipment (lease/buy)				
Supplies				
Insurance				
Furnishings				
Relocation				
Other:				
Other:				
Total SHP request				
Cash match				
Total SHP operating budget				
Other resources (cash & in-kind)				

HMIS Budget – Equipment

Instructions:

HMIS costs - the table below provides a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding (\$) requested for each cost activity.

Cash Match - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity.

Equipment	SHP Request Year 1	SHP Request Year 2	Total
Central Server(s)			
Personal computers & printers			
Networking			
Security			
Subtotal Equipment Request			
Cash match			
Total Equipment Budget			
Other resources (cash & in-kind)			

HMIS Budget - Software

Instructions:

HMIS costs - the table below provides a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding (\$) requested for each cost activity.

Cash Match - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity.

Software	SHP Request Year 1	SHP Request Year 2	Total
Software/user licensing			
Software installation			
Support & maintenance			
Supporting software tools			
Subtotal Software Request			
Cash match			
Total Software Budget			
Other resources (cash & in-kind)			

HMIS Budget – Services

Instructions:

HMIS costs - the table below provides a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding (\$) requested for each cost activity.

Cash Match - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity.

Services	SHP Request Year 1	SHP Request Year 2	Total
Training by third parties			
Hosting/technical services			
Programming: customization			
Programming: system interface			
Programming: data conversion			
Security assessment & setup			
On-line connectivity (internet access)			
Facilitation			
Disaster & recovery			
Other:			
Subtotal HMIS Services Request			
Cash match			
Total HMIS Services Budget			
Other resources (cash & in-kind)			

HMIS Budget - Personnel

Instructions:

HMIS costs - the table below provides a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding (\$) requested for each cost activity.

Cash Match - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity.

Personnel	SHP Request Year 1	SHP Request Year 2	Total
Project management/coordination			
Data analysis			
Programming			
Technical assistance & training			
Administrative support staff			
Subtotal Personnel Request			
Cash match			
Total Personnel Budget			
Other resources (cash & in-kind)			

HMIS Budget - Space & Operations

Instructions:

HMIS costs - the table below provides a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding (\$) requested for each cost activity.

Cash Match - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity.

HMIS Space and Operations	SHP Request Year 1	SHP Request Year 2	Total
Space costs			
Operational costs			
Subtotal Space & Operations Request			
Cash match			
Total Space & Operations Budget			
Other resources (cash & in-kind)			

HMIS Budget Summary

The following information summarizes the total HMIS funding request for each year of the grant term.

	Year 1	Year 2
Total SHP HMIS Request		
Total Cash Match		
Total HMIS Costs		

Supportive Housing Program (SHP) Summary Budget

The following information summarizes the SHP funding request and the available cash match for the total term of the project.

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition			
2. Rehabilitation			
3. New construction			
4. Subtotal: (lines 3 – 4)			
5. Real property leasing			
6. Supportive services (from sup services budget chart)			
7. Operations (from operating budget chart)			
8. HMIS (from HMIS budget chart)			
9. SHP request (subtotal of lines 4 – 8)			
10. Administrative costs (up to 5% of line 9)			
	Total SHP Request (total lines 9 & 10)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
	\$	\$	\$

Shelter Plus Care Rental Assistance Budget Detail

Instructions:

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. Rent requests that exceed 100% of the published FMR for a given area are no longer an option. Use either the actual negotiated rent of the units or the most recent FMRs as published in the Federal Register, whichever is less. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

If the rent requested is equal to 100% of the published FMR, the award amount will be that in effect at the time when all grants are conditionally approved, which may be higher or lower than the FMRs listed here.

If the requested rent is less than 100% of the published FMR, the grant award will be funded at the amounts requested here and will not receive an FMR update.

S+C/SRO and Section 8 SRO projects may not request assistance for more than 100 units per project.

Complete the following fields related to the S+C rental assistance funds being requested under the project.

Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area: _____

Rents need to be at or below the published FMR. Do not enter amounts greater than 100% of FMR. If an amount over 100% of FMR is entered, the budget will be reduced.

Size of Units	Number of Units	FMR or Actual Rent	Number of Months	Total
0 bedroom		X	X	=
1 bedroom		X	X	=
2 bedrooms		X	X	=
3 bedrooms		X	X	=
4 bedrooms		X	X	=
5 bedrooms		X	X	=
6 bedrooms		X	X	=
7 bedrooms		X	X	=
8 bedrooms		X	X	=
9 bedrooms		X	X	=
Total:				=

End

Application Checklist

Section A: HUD Application Materials ALL APPLICANTS

- Contact Information to be included in the body of transmittal email.
- Attachment I** – County of San Bernardino 2012 Continuum of Care Homeless Assistance Grant Application
- Articles of Incorporation/Bylaws
- List of the Board of Directors: A list of the current board of directors or other governing body of the grantee must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member; and must identify the principal officers of the governing body.
- Statement of Non-Identity of Interest: Any member of the board or board officer who receives any compensation from the non-profit organization must identify the amount of such compensation and the services provided for which compensation was granted
- List of References: a minimum of 3, one of which must be an agency of local government.
- Organization Chart: showing how proposed project will be situated in your agency.
- Most recent Audited Financial Statement
- A list identifying your past 5 years experience receiving HUD assistance or other government assistance

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

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

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