## Application for Permanent Supportive Housing Bonus Projects

The County of San Bernardino Office of Homeless Services (OHS), acting on behalf of the San Bernardino County Homeless Partnership and the Interagency Council on Homelessness (ICH), is requesting proposals from nonprofit and local government organizations providing assistance to homeless populations within the County of San Bernardino.  The County of San Bernardino is a Housing First Continuum of Care (CoC) and is interested in receiving proposals that seek to assist chronic homeless persons and disabled homeless individuals and families with Permanent Supportive Housing and Rapid Re-Housing, a type of permanent housing meeting the requirements of 24 CFR 578.37 (a)(1)(ii).  OHS seeks projects that can make maximum efficient, economical, and effective use of the prospective allocation of the United States Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funds through the McKinney-Vento Act. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (Public Law 111-22), substantially amended and reauthorized the McKinney-Vento Act.

Agencies are strongly encouraged to read the United States Housing and Urban Development (HUD) CoC 2016 Notice of Funding Availability (NoFA) at the following link: https://www.hudexchange.info/resource/5068/fy-2016-coc-program-nofa/

**PLEASE NOTE - Local Eligible Projects** - It is anticipated that approximately $500,000 will be available for a Permanent Housing Bonus Project to provide Permanent Supportive Housing and/or Rapid Re-Housing. Agencies recommended by the San Bernardino County ICH will be asked to submit a final proposal through HUD's e-snaps system.

**The attached Project Application must be submitted to the** Homelessrfp@hss.sbcounty.gov **on or before Monday, August 8, 2016 at 11:59 p.m. (PDT) for consideration by the ICH Grant Review Committee.**

**I.        Project Requirement and Priorities:**

Eligible activities/projects for the Funds:

**Applicants may apply for the Permanent Supportive Housing Bonus to provide Permanent Supportive Housing OR Rapid Re-Housing. A separate application must be submitted for each component.**

Agencies are strongly encouraged to read the HUD CoC 2016 NoFA at the following link: https://www.hudexchange.info/resource/5068/fy-2016-coc-program-nofa/

Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies.  Applications shall only be considered from project applicants in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds- outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

Applicants must have a plan for **rapid implementation** of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award and a connection to **mainstream service systems**.  Applicants must agree to enter client data into the San Bernardino CoC HMIS, participate in the annual homeless counts, and participate fully in the **Coordinated Entry System** as it is developed and comply with all other County of San Bernardino CoC Policies and Procedures. The project must be located within the County of San Bernardino CoC and the applicant must meet Match and Leverage requirements as noted by HUD in the CoC 2016 Program Competition NoFA. Applications must demonstrate experience in operating a successful **Housing First** project and have a plan for outreach to the eligible population.

Eligible Populations for each component:

- Permanent Housing Bonus (Approximately $500,000):
  - o Permanent Supportive Housing - All projects must dedicate 100% of units to chronically homeless individuals and/or families, as defined by HUD (See Appendix for the definition of chronically homeless).
  - o Rapid Re-Housing - All projects must serve 100% literally homeless families and/or single adults coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness. (See Appendix for Paragraph (4) of the definition of homelessness).

Applications focusing on the severity of needs and vulnerabilities of chronically homeless individuals and families which includes, but is not limited to: low or no income, current or past substance abuse, criminal record–with the exception of restrictions imposed by federal, state, or local law or ordinance should be strongly encouraged.

**Submission Timeframe:**

| | |
|---|---|
| County of San Bernardino CoC 2016 New Permanent Housing Programs Application Issued | Date:          July 11, 2016 |
| 2016 CoC New Permanent Housing Bonus & Reallocated Funds Workshop<br><br>*The workshop is not mandatory* | *Date:*          July 25, 2016<br>*Time:*          10:00 a.m. – Noon<br>*Location:*     Health Services Building-Auditorium<br>                     850 E. Foothill Blvd.<br>                     Rialto, CA 92376 |
| Deadline for submission of questions | Date:          July 27, 2016<br>Time:          11:59 p.m. (PDT)<br>Submission:     homelessrfp@hss.sbcounty.gov |
| **\*Please note** - Questions and Answers will be Posted as an Addendum. | Date:          July 29, 2016 |
| Tentative Deadline for Electronic Submission for local  Application Materials | Date:          August 8, 2016<br>Time:          11:59 p.m.  (PDT)<br>Submission:     homelessrfp@hss.sbcounty.gov |

**\*** Questions and Answers will be posted on the San Bernardino County Homeless Partnership website at (http://www.sbcounty.gov/dbh/sbchp/  as an Addendum to the CoC 2016 – Permanent Supportive Housing Bonus, Permanent Supportive Housing and Rapid Re-Housing Projects Instructions and Applications.

**All dates and times are subject to change as deemed necessary by OHS.**

Modifications: The County reserves the right to issue addenda if the County considers that additional clarifications are needed.

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

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

II.        Applicant

**Before Starting the Project Application**

**Applicants may only apply for one component type.** Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM).

**To ensure that applications are considered for funding,** <u>applicants should read all sections of the HUD FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.</u>

**New project created through the Permanent Housing Bonus Project:** Will the Permanent Housing Bonus project provide Permanent Supportive Housing (PSH) or Rapid Re-Housing (RRH): Check PSH if the project will operate according to a permanent housing bonus PSH description as defined in the **HUD FY 2016 CoC Program NOFA, Section II, B. 4. a**. Check RRH if the project will operate according to a rapid rehousing model as defined in the **HUD FY 2016 CoC Program NOFA, Section II, B. 4.b.**

Component Type:  Permanent Housing Bonus -        PSH ☐   RRH ☐ (check only one)

Applicant_____

Proposed Project _____

Legal Name_____
Employer/Taxpayer Identification Number (EIN/TIN_____

Organizational DUNS_____

Street _____
City   _____

County _____

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

First Name_____

Last Name_____

Title _____

Organizational Affiliation _____

Telephone Number _____

Email:_____

III.       Applicant Authorization

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application.

Authorized Representative: Enter the authorized representative's information.  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)

_____

Signature of Authorized Representative

**Authorized Representative**

**First Name**_____

**Last Name**_____

**Title** _____

**Organizational Affiliation** _____

**Telephone Number** _____

**Email:**_____

IV.      Applicant Experience:

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

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

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

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

5.    Is Energy Star used at one or more of the proposed properties? _____

6.    Does this project use one or more properties that have been conveyed through the Title V process? _____

V.        Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: 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:  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 2016 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. Enter "Yes" or "No".

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.

Please identify the project's specific population focus. (Check ALL that apply): Applicants must select the applicable populations as outlined in the FY 2016 CoC Program NOFA. Multiple checkboxes are provided as options.

Housing First:  This is a required field. 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 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?: "Yes" or "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.  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

**Please note - Acquisition, rehabilitation, or new construction is not a local priority.**

Will the project request costs under the rental assistance budget line item?: This is a required field. Select "Yes" or "No" and if "Yes" is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. 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 entered, explain how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

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

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

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

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

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

| | | | |
|---|---|---|---|
| **Chronic Homeless** | | **Domestic Violence** | |
| **Veterans** | | **Substance Abuse** | |
| **Youth (under 25)** | | **Mental Illness** | |
| **Families** | | **HIV/AIDS** | |
| | | **Other** | |

5.  Housing First

    a)  Will the project quickly move participants into permanent housing? _____
    b)  Will the project ensure that **participants are not screened out** based on the
        following items?  Check all that apply.

| | |
|---|---|
| **Having too little or little income** | |
| **Active or history of substance abuse** | |
| **Having a criminal record with exceptions for state-mandated restrictions** | |
| **History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)** | |
| **None of the above** | |

    c)  Does the project ensure that **participants are not terminated** from the program
        for the following reasons? Check 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** | |

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

    a)  Will the project request costs under the rental assistance budget line item? _____

    b)  Will participants be required to live in a particular structure, unit, or locality, at some point during the
        period of participation? _____ .If your response is 'Yes' please explain how and why the project will
        implement this requirement.

c)      Will more than 16 persons live in one structure? _____ If your response is 'Yes' please explain the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

VI.       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. Enter "Yes" or "No" to indicate whether the proposed project expands an existing project  in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding.  If "Yes" is entered, please explain and described the all of the expansion activities.

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

VII.      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.  Enter "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.  Enter "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."

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 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 enter the provider that corresponds to the highest frequency.
Provider: enter 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, enter the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

Frequency: Enter the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

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.  Enter "Yes" if the project provides regular or as requested transportation assistance to mainstream and community resources, including appointments, employment training, or jobs.  Enter "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.  Enter "Yes" if the project uses a single application form that allow participants to sign up for four or more mainstream programs.  Enter "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.  Enter "Yes" if the project regularly follows-up with participants to ensure that they are receiving their mainstream benefits and to renew benefits when required.  Enter "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.  Enter "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. Enter "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.

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

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

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.  For all supportive services available to participants, indicate who will provide them (applicant or other agency), how they will be accessed, and how often they will be provided (weekly, daily, monthly, as needed, or other)

| Supportive Services | Provider | Frequency |
|---|---|---|
| Assessment of Service Needs | | |
| 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 | | |

6.  Please identify whether the project will include the following activities:

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

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

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

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

    a.  Indicate the last SOAR training date for the staff person providing the technical Assistance _____

XIII.     Housing Type and Location

The following list summarizes each housing site in the project. For **Housing Type** enter if the housing will be scattered-site apartments, shared housing, single family homes/townhomes or other. **Units**-Please enter the number of units the project will provide. **Beds**-The number of beds associated with project. **Dedicated Chronically Homeless (CH) beds**. Enter the number of beds that will only be used by persons that meet HUD's definition of Chronically Homeless**. Non-Dedicated CH Beds** – The number of beds that are available to all persons that meet eligibility for the PH or RRH project.

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

IX.      Housing Type and Location Detail

Instructions:

Beds for chronically homeless
How many of the total beds entered in the previous page are dedicated to chronically homeless:  This is a required field.  Enter the total number of beds that are dedicated to chronically homeless.

Beds for veterans
How many of the total beds entered in the previous page 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 the previous page are dedicated to veterans:  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 the previous page are dedicated to veterans:  This is a required field.  Enter the total number of beds that are dedicated to youth.

Address
Enter the address of the project. If scattered site, enter the address where the majority of the beds will be located.

How many of the total beds entered in Beds" are dedicated to the chronically homeless _____
.
How many of the total beds entered in Beds" are dedicated to veterans _____

How many of the total beds entered in Beds" are dedicated to the chronically families _____

How many of the total beds entered in Beds" are dedicated to the chronically youth _____

Address:

Street 1:

Street 2:

City:

State:   California

ZIP Code:

X.        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.

Totals: Enter the "Total Number…" and "Total Persons".

1.      Project Participant Household Table

| Households | Households with at Least One Adult and One Child | Households without Children | Households with Only children | Total |
|---|---|---|---|---|
| Total Number of Households | | | | |
| Characteristics | | | | |
| Adults age over 24 | | | | |
| Adults ages 18-24 | | | | |
| Accompanied Children under age 18 | | | | |
| Unaccompanied Children under age 18 | | | | |
| **Total Persons** | | | | |

XI.      Project Participants - Subpopulations

Instructions:

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.

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.

Describe the unlisted subpopulations referred to above, if applicable. 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.

1.      **Persons in Households with at Least One Adult and One Child**

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Non-Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abusers | 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 | | | | | | | | | | |

In the space below, describe the unlisted subpopulations referred to above, if applicable. 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.

**2.      Persons in Households without Children**

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Non-Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abusers | 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 | | | | | | | | | | |

In the space below, describe the unlisted subpopulations referred to above, if applicable. 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.

3.      **Persons in Households with only Children**

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Non-Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abusers | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Development al Disability | Persons not represented by listed subpopulations |
|---|---|---|---|---|---|---|---|---|---|---|
| Adults over age 24 | | | | | | | | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | | | | | | | | | | |

In the space below, describe the unlisted subpopulations referred to above, if applicable. 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.

XII.     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:

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculated above is less than 100 percent.  If required, explain where the unaccounted for participants will come from.  **All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2016 CoC Program NOFA.**

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

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

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

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

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

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

XIII.        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: If permanent housing, count each participant who is still living in your units supported by your facility in addition to clients who have exited your units/project and moved into another permanent housing situation.

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

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private. **OR** b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

1.        Housing Measure

| Housing Measure | Target (#) | Universe (#) | Target (%) |
|---|---|---|---|
| Persons remaining in permanent housing as of 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. | | | |

2.        Income Measure

| Income Measure | Target (#) | Universe (#) | 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: Not applicable for youth below the age of 18. Total income can include all sources, public and private. | | | |

**OR**

| Income Measure | Target (#) | Universe (#) | Target (%) |
|---|---|---|---|
| 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. | | | |

XIV.     Funding Request

Instructions:

Enter 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. **Please note - Acquisition, rehabilitation, or new construction is not a local priority.**

| Acquisition/Rehabilitation/New Construction | |
|---|---|
| Leased Units | |
| Leased Structures | |
| Rental Assistance | |
| Supportive Services | |
| Operations | |
| HMIS | |

XV.      Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent (FMR) area: CA-Riverside-San Bernardino-Ontario, CA MSA
The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.
Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.
# of units: This is a required field. For each unit size, enter the number of units for which
funding is being requested.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased
units amount.
Grant Term: "1 Year".
Total Request for Grant Term: This field must equal the total leasing amount entered above.
All total fields must be calculated once the required field has been completed.

1.      Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Leased Units Annual Budget

| Size of Units | # of Units | *FMR | Total Request |
|---|---|---|---|
| 0 Bedroom | | $798 | |
| 1 Bedroom | | $945 | |
| 2 Bedroom | | $1,187 | |
| 3 Bedroom | | $1,672 | |
| 4 Bedroom | | $2,056 | |
| 5 Bedroom | | | |
| 6 Bedroom | | | |
| 7 Bedroom | | | |
| 8 Bedroom | | | |
| 9 Bedroom | | | |
| | | | |
| | | | |

* Metropolitan or non-metropolitan fair market rent area:  CA - Riverside-San Bernardino-Ontario, CA MSA  (0606599999)

XVI.    Operating Budget Leased Structures

Instructions:

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

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

Grant Term: One Year.

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

| | |
|---|---|
| Structure Name | |
| Street Address | |
| Street Address | |
| City | |
| State | |
| Zip Code | |
| | |
| HUD Paid Rent per month | |
| Total Annual Assistance Requested | |
| Grant Term | One Year |
| Total Request for Grant Term | |

XVII.     Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Enter the applicable type of rental assistance. 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. Please note – RRH projects Rental Assistance:  Rental assistance is limited to Tenant Based Rental Assistance (TRA) for RRH projects.

Metropolitan or non-metropolitan fair market rent area: Prepopulated.

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: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column must be populated 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: The fields in this row must be automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field must be populated based on a one year grant term.

Total Request for Grant Term: This field must be calculated based on the total annual assistance requested multiplied by the grant term

    1.      Type of Rental Assistance _____


    2.      Metropolitan or non-metropolitan fair market rent area: Riverside-San Bernardino-Ontario, CA

3.      Rental Assistance Budget Table

| Size of Units | # of Units | FMR Area | 12 Months | Total Request |
|---|---|---|---|---|
| 0 Bedroom | | $798 | X 12 | |
| 1 Bedroom | | $945 | X 12 | |
| 2 Bedroom | | $1,187 | X 12 | |
| 3 Bedroom | | $1,672 | X 12 | |
| 4 Bedroom | | $2,056 | X 12 | |
| 5 Bedroom | | $2,364 | X 12 | |
| 6 Bedroom | | $2,672 | X 12 | |
| 7 Bedroom | | | X 12 | |
| 8 Bedroom | | | X 12 | |
| 9 Bedroom | | | X 12 | |
| Total and Annual Assistance Requested Grant Term Total Request for Grant Term | | | | |

XVIII.     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: A list of eligible supportive services for which funds can be requested is displayed. 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"..

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

Grant Term: This field is pre-populated.

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

| Eligible Costs | Quantity and Description | Annual Assistance Requested |
|---|---|---|
| Assessment of Service Needs | | |
| Assistance with Moving Costs | | |
| Case Management | | |
| Child Care | | |
| Education Services | | |
| Employment Assistance | | |
| Food | | |
| Housing/Counseling Services | | |
| Legal Services | | |
| Life Skills | | |
| Mental Health Services | | |
| Outpatient Health Services | | |
| Outreach Services | | |
| Substance Abuse Treatment | | |
| Transportation | | |
| Utility Deposits | | |
| Operating Costs | | |
| Total Annual Assistance Requested | | |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | |

XIX.     Operating Budget

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: A list of eligible operating costs for which funds can be requested is displayed. 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 and detail (e.g. .75 FTE hours and benefits for staff, utility types, and 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.

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

| Eligible Costs | Quantity and Description | Annual Assistance Requested |
|---|---|---|
| Maintenance/Repair | | |
| Property Taxes and Insurance | | |
| Replacement Reserve | | |
| Building Security | | |
| Electricity, Gas, and Water | | |
| Furniture | | |
| Equipment (lease, buy) | | |
| Total Annual Assistance Requested | | |
| Grant Term | | |
| Total Request for Grant Term | | |

XX.        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. A list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested is displayed.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. .75 Full Time Equivalency (FTE) hours and benefits for staff) 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.

Annual Assistance Requested: This is a required field. Enter the amount funds requested for each activity.

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

| Eligible Costs | Quantity and Description | Annual Assistance Requested |
|---|---|---|
| Equipment | | |
| Software | | |
| Services | | |
| Personnel | | |
| Space & Operations | | |
| Total Annual Assistance Requested | | |
| Total Request for Grant Term | | |

XXI.    Match and Leveraging

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 to 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 concerning Match and Leverage.

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

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

Type of source: Enter 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 | Type of Commitment | Type of Source | Name the Source of the Commitment | Date of Written Commitment | Value of Written Commitment |
|---|---|---|---|---|---|
| | | | | | |
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XXII.      Summary Budget

Instructions:

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

| Eligible Costs | Total Assistance Requested for 1 year Grant Term |
|---|---|
| Leased Units | |
| Leased Structures | |
| Rental Assistance | |
| Supportive Services | |
| Operating | |
| HMIS | |
| Sub-total Costs Requested | |
| Admin. | |
| Total Assistance plus Admin Requested | |
| Cash Match | |
| In-Kind Match | |
| Total Match | |
| Total Budget | |

Please provide reasonable cost to the community for the number of households served and the type of housing and services being provided.

**Cost Efficiency Table**

| A. | In the column to the right, please enter the Projected Number of Units | |
|---|---|---|
| B. | In the column to the right, please enter the Annual Project Cost (All HUD and Cash Match) | |
| C. | In the column to the right, please enter the Annual Cost per Unit (divide B by A) | |

Appendix I

A.      Definitions

1.      *Centralized or coordinated assessment system* means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

2.      *Continuum of Care and Continuum* means the group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental
health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

3.      *Chronically homeless.* (1) An individual who: **(i)** Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and **(ii)** Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and **(iii)** Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; **(2)** An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or **(3)** A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

4.      *Developmental disability* means, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002):

**(1)** A severe, chronic disability of an individual that—
    **(i)** Is attributable to a mental or physical impairment or combination of mental and physical impairments;
    **(ii)** Is manifested before the individual attains age 22;
    **(iii)** Is likely to continue indefinitely;
    **(iv)** Results in substantial functional limitations in three or more of the following areas of major life activity:
        **(A)** Self-care;
        **(B)** Receptive and expressive language;
        **(C)** Learning;
        **(D)** Mobility;
        **(E)** Self-direction;
        **(F)** Capacity for independent living;
        **(G)** Economic self-sufficiency.
    **(v)** Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
    **(2)** An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of

the criteria described in paragraphs (1)(i) through (v) of the definition of "developmental disability" in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

5.  Homelessness (Paragraph 4) - Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, *e.g.,* family, friends, and faith-based or other social networks, to obtain other permanent housing.

6.  Permanent Supportive Housing - *Permanent supportive housing* means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

7.  Rapid Re-Housing – Rapid Re-Housing places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program.