

PROJECT SPONSOR

Describe the experience of the applicant in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Describe the experience of the applicant in leveraging other Federal, State, local and private sector funds.

Describe the basic organization and management structure of the applicant. Include evidence of internal and external coordination and an adequate financial accounting system.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant? If yes, describe the unresolved monitoring or audit findings.

Is the applicant or sponsor a nonprofit organization (rather than a state or unit of local Government)? Yes No

If Yes, one of the following must be attached for each organization:

- a. IRS ruling, providing tax-exempt status under Section 501 C (3) of the IRS Code of 1986, as amended, or documentation of nonprofit status as described in the Glossary in Section I.A.7 of the program section of the NOFA.
- b. Public nonprofit community mental health centers must attach a letter or other document acceptable to HUD from an authorized official stating that the organization is a public nonprofit organization.

PROJECT DESCRIPTION

Provide a description of the project that addresses the entire scope of the proposed project. The description must include a clear picture of the community/target population(s) to be served, the plan for addressing the needs/issues of the CoC community/target population(s), projected outcomes(s), and any coordination with other source(s)/partner(s).

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

If applicable, describe the proposed development activities and the responsibilities that the applicant and any partners will have in developing, operating and maintaining the property.

If applicable, indicate the type of rental assistance.

- PRA: Project-based rental assistance
- SRA: Sponsor-based rental assistance
- TRA: Tenant-based rental assistance

Will participants be required to live in a particular structure, unit or locality at some point during the period of participation? Yes No If yes, explain how and why the project will implement this requirement.

Will more than 16 persons live in one structure? Yes No

If yes, describe the local market conditions that necessitate a project of this size, and describe how the project will be integrated into the neighborhood.

SUPPORTIVE SERVICES FOR PARTICIPANTS

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

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

Specify the frequency of supportive services to be provided to project participants (i.e., daily, weekly, bi-weekly, monthly, other, does not apply):

Supportive Service	Indicate Frequency
Assistance with moving cost	
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	

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

Yes, very accessible Somewhat accessible Not accessible

HOUSING TYPE AND LOCATION

Housing Type:

- Shared housing
- SRO units
- Clustered apartments
- Scattered site apartments
- Single family homes/townhouses/duplexes

Total Units:

Total Beds:

Total Beds for Chronically Homeless:

PROJECT PARTICIPANTS – HOUSEHOLDS

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).

Households	Households with <u>at Least One Adult and One Child</u>	Adult Households <u>without Children</u>	Households with <u>Only Children</u>	Total
Total Number of Households				
Characteristics	Persons in Households with <u>at Least One Adult and One Child</u>	Adult Persons in Households <u>without Children</u>	Persons in Households with <u>Only Children</u>	Total
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under age 18				
Total Number of Adults over age 24				
Total Number of Adults ages 18-24				
Total Number of Children under age 18				
Total Persons				

PROJECT PARTICIPANTS – SUBPOPULATIONS

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Disabled Adults over age 24							
Non-disabled Adults over age 24							
Disabled Adults ages 18-24							
Non-disabled Adults ages 18-24							
Disabled Children under age 18							
Non-disabled Children under age 18							
Total Persons							

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Disabled Adults over age 24							
Non-disabled Adults over age 24							
Disabled Adults ages 18-24							
Non-disabled Adults ages 18-24							
Total Persons							

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Accompanied Disabled Children under age 18							
Accompanied Non-disabled Children under age 18							
Unaccompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
Total Persons							

OUTREACH FOR PARTICIPANTS

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

%	Directly from the street or other places not meant for human habitation
%	Directly from Emergency Shelters
%	Directly from Safe Havens
%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
%	Persons at imminent risk of losing their night time residence.
%	Persons fleeing domestic violence
%	Total of above percentages

If the total is less than 100%, identify the other location(s) and how the persons meet HUD's definition of homeless and/or homeless under other federal statutes.

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

PERFORMANCE MEASURES

Specify the universe and target for the housing measure.

Housing Measure	Target (#)	Universe (#)	Target (%)
Persons remaining in permanent as of the end of the operating year or 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.

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

FUNDING REQUEST - Project Summary Budget

This page summarizes the budget information entered on the pages that follow.

Eligible Costs			Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$
1b. Rehabilitation			\$
1c. New Construction			\$
	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	\$
2a. Leased Units	\$	___ year (s)	\$
2b. Leased Structures	\$	___ year (s)	\$
3. Long-term Rental Assistance	\$	___ year (s)	\$
4. Supportive Services	\$	___ year (s)	\$
5. Operating	\$	___ year (s)	\$
6. Subtotal Costs Requested			\$
7. Admin (up to 3.5%)			\$
8. Total Assistance Plus Admin Requested			\$
9. Cash Match			\$
10. In-kind match			\$
11. Total Match			\$
12. Total Budget			\$

1. ACQUISITION/REHABILITATION/NEW CONSTRUCTION BUDGET

Name of Structure:
Address:

Total Acquisition:	\$
Total Rehabilitation:	\$
Total New Construction:	\$
Total Assistance Requested:	\$

2a. LEASED UNITS BUDGET

Size of Units	Number of Units		FMR		HUD Paid Rent		12 Months		Total Request
SRO		X	\$425		\$		X	12	= \$
0 Bedroom		X	\$566		\$		X	12	= \$
1 Bedroom		X	\$673		\$		X	12	= \$
2 Bedroom		X	\$855		\$		X	12	= \$
3 Bedroom		X	\$1023		\$		X	12	= \$
4 Bedroom		X	\$1188		\$		X	12	= \$
5 Bedroom		X	\$1366		\$		X	12	= \$
6 Bedroom		X	\$1544		\$		X	12	= \$
7 Bedroom		X	\$1723		\$		X	12	= \$
8 Bedroom		X	\$1901		\$		X	12	= \$
9 Bedroom		X	\$2079		\$		X	12	= \$
Total Units and Annual Assistance Requested									\$
Grant Term									__ year(s)
Total Request for Grant Term									\$

2B. LEASED STRUCTURES BUDGET

Name of Structure:

Address:

HUD paid rent per month:	\$
12 months	12
Total Annual Assistance Requested	\$
Grant Term	___ year(s)
Total Request for Grant Term	\$

3. LONG-TERM RENTAL ASSISTANCE

Size of Units	Number of Units	FMR	HUD Paid Rent	12 Months	Total Request
SRO	X	\$425	\$	X 12	= \$
0 Bedroom	X	\$566	\$	X 12	= \$
1 Bedroom	X	\$673	\$	X 12	= \$
2 Bedroom	X	\$855	\$	X 12	= \$
3 Bedroom	X	\$1023	\$	X 12	= \$
4 Bedroom	X	\$1188	\$	X 12	= \$
5 Bedroom	X	\$1366	\$	X 12	= \$
6 Bedroom	X	\$1544	\$	X 12	= \$
7 Bedroom	X	\$1723	\$	X 12	= \$
8 Bedroom	X	\$1901	\$	X 12	= \$
9 Bedroom	X	\$2079	\$	X 12	= \$
Total Units and Annual Assistance Requested					\$
Grant Term					___ year(s)
Total Request for Grant Term					\$

4. SUPPORTIVE SERVICES BUDGET

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Request
1. Assessment of Service Needs		\$
2. Assistance With Moving Costs		\$
3. Case Management		\$
4. Child Care		\$
5. Education Services		\$
6. Employment Assistance		\$
7. Food		\$
8. Housing/Counseling Services		\$
9. Legal Services		\$
10. Life Skills		\$
11. Mental Health Services		\$
12. Outpatient Health Services		\$
13. Outreach Services		\$
14. Substance Abuse Treatment Services		\$
15. Transportation		\$
16. Utility Deposits		\$
Total Annual Assistance Requested		\$
Grant Term		__year (s)
Total Request for Grant Term		\$

5. OPERATING BUDGET

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

