

Continuum of Care and HOPWA Applications



U.S. Department of Housing and Urban Development
Andrew Cuomo, Secretary





**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
THE SECRETARY**

WASHINGTON, D.C. 20410-0001

Spring 1998

Dear Friend:

For many years, local citizens and organizations have worked hard to build strong and healthy communities, and the U.S. Department of Housing and Urban Development (HUD) has often been an important partner in those efforts. Under the direction of President Clinton, HUD has streamlined operations and redesigned programs to make our assistance more effective and accessible. HUD's reinvention is well underway. We continue to make substantial reforms that make HUD one department with one mission - empowering people to create viable communities for all Americans.

A primary example of HUD's new approach in addressing the critical problems facing the nation is the Continuum of Care, HUD's comprehensive and coordinated approach to attacking homelessness. The Continuum of Care approach consists of two key elements: (a) an integrated community-based process of identifying needs and building a system to address those needs and (b) increased funding to provide communities with the resources needed to build the system of care.

We know that implementing the Continuum of Care concept and the Housing Opportunities for Persons with AIDS (HOPWA) program can have an even greater impact on a community when they work in tandem with other HUD programs. As part of HUD's continuing management reform effort we have streamlined our competitive grant funding process for Fiscal Year 1998. Instead of 40 separate, hard-to-track Notices of Funding Availability (NOFAs), we are using three consolidated "SuperNOFAs" to provide information on the array of HUD's competitive programs. Our SuperNOFAs will give those interested in the health and vitality of our communities greater opportunities to create and implement successful, comprehensive local plans.

The HOPWA program, designed to assist persons living with HIV/AIDS who are at risk of homelessness, and the Continuum of Care homeless assistance programs are included in this application package. In offering funding for homeless assistance and for targeted programs, such as HOPWA, HUD is encouraging a comprehensive planning effort that brings all parties together to create responsive programs in that community.

When designing your proposed Continuum of Care strategy, we urge you to view this new process as an opportunity to create holistic, coordinated strategies addressing all of your community's housing and development needs.

Good luck! We look forward to working with you in addressing the needs and interests of our nation's communities and of the people who live and work within them.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Cuomo". The signature is fluid and cursive, with a large initial "A" and "C".

Andrew Cuomo

Part I

Continuum of Care
Homeless Assistance Programs

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and to establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to average 44 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Continuum of Care Homeless Assistance: 1998 Competition (SHP, S+C, and SRO)

General Instructions

Since 1987, the programs authorized under the Stewart B. McKinney Homeless Assistance Act have been the major source of Federal assistance to States, local governments, and nonprofit organizations for meeting the needs of homeless individuals and families. It is widely recognized and accepted that these and other programs designed to assist homeless persons are more effective and efficient when carried out through carefully planned and systematic local approaches, otherwise known as Continuum of Care systems. The application process under the 1998 Notice of Funding Availability (NOFA) gives heavy emphasis to programs that are designed and will be carried out under such systems. ***Please give close attention to the NOFA as you prepare your application.***

The homeless assistance portion of the application has two parts. The first is the process and outcome of the community-based homeless assistance plan — the Continuum of Care. The second is the exhibits for the specific program funds for which you are applying — Supportive Housing Program (SHP), Shelter Plus Care (S+C), and Section 8 Moderate Rehabilitation Single Room Occupancy Dwellings (SRO) Program.

Eligibility and Roles

Under each of the programs, there may be applicants and project sponsors. An applicant will be responsible for the overall management and administration of the grant, including drawing down the grant funds, distributing them to the project sponsors, and reporting to HUD. Applicants can submit projects on behalf of project sponsors, who will actually carry out the proposed project activities. Applicants can also carry out their own project(s). In these cases, the applicant would be responsible for both administering/managing the grant (as the grantee) and carrying out the project (as the project sponsor).

Submitting Your Application

You may submit a “hard copy” (paper) version of the application. This year, however, you are highly encouraged to submit an application on a 3 1/2" computer diskette along with a paper copy using a supplement to HUD’s Community Connections planning software. This software is designed to allow you to complete all the narratives, charts, and forms that are in the homeless assistance application. To obtain the software, please call the SuperNOFA Information Center at 1-800-HUD-8929. To submit your application on the computer diskette, submit the diskette together with the paper copy of the entire application including the appropriate number of signed Standard Form 424(s), the signed Applicant Certification(s), signed Certification(s) of Consistency with the Consolidated Plan, and other appropriate program certifications.

The three ways to package an application under the NOFA are described below. Options one and two are developed from single Continuum of Care strategies. They will be considered *equally competitive* and are not substantively different. A Solo Application, because it is not part of a single Continuum of Care strategy, will receive few, if any, points under the Continuum of Care rating criteria.

1. **A Consolidated Application** is developed from a **single Continuum of Care strategy** for a jurisdiction (or a consortium of jurisdictions) and contains funding requests for all the projects within that system. In a Consolidated Application there may be multiple applicants and applicants who may or may not be project sponsors. Therefore, grant funding may go to one applicant which then administers all funded projects, or it may go to a number of applicants that requested funding.
2. **An Associated Application** is also developed from a **single Continuum of Care strategy**, but project funding is requested through individual applications and the applicant and project sponsor are the same entity.
3. **A Solo Application** is not connected to the community’s Continuum of Care strategy, and the applicant and project sponsor are the same entity.

In both the Consolidated Application and the Associated Application there is a single Continuum of Care exhibit (Exhibit 1).

Application Exhibits

There are four exhibits in the homeless assistance portion of the application. Exhibit 1 is a description of your community's Continuum of Care Strategy, the process used to create that strategy, and the project priorities. Exhibits 2, 3, and 4 correspond to the three programs (SHP, S+C, and SRO) and are used to describe the projects for which funding is requested.

A community's completed application will include one Exhibit 1 (Continuum of Care) and any number of Exhibits 2 (SHP), 3 (S+C), and 4 (SRO), depending on the number of projects and type of programs proposed for funding. For example, if you are proposing five SHP projects and one S+C project, then you would submit one Exhibit 1, five Exhibit 2's and one Exhibit 3. No submission would be necessary for Exhibit 4 because funding is not being requested under the SRO program. For ease in identification, the three different program application forms are *highlighted in the outer margin*. (Refer to *Assembling Your Application* on page iii for full assembling instructions.)

Exhibit 1: Continuum of Care

Exhibit 1 is a description of your community's Continuum of Care strategy, the process used to create that strategy, and a list of projects in priority order. To underscore the importance of increasing coordination among a spectrum of diverse homeless assistance providers and others in a given community, you should pay special attention to Exhibit 1: Continuum of Care, and the associated selection criteria in the 1998 NOFA. Scoring high on Exhibit 1 will be the key to the success of an application in this competition.

Exhibit 2: Supportive Housing Program (SHP)

The Supportive Housing Program is designed to develop supportive housing and services that will allow homeless persons to live as independently as possible. Eligible applicants for SHP are States, units of local government, other governmental entities such as public housing agencies (PHAs), public nonprofit community mental health associations, and private nonprofits. A private nonprofit organization is any organization with tax exempt status under Section 501(c)(3) of the IRS Code, or an organization with documentation showing a voluntary board and a functioning accounting system (see Glossary for details).

There are no eligibility requirements for project sponsors; however, a sponsor and any partners that will assist with a project must have the experience and skills to carry out the project.

Exhibit 3: Shelter Plus Care (S+C) Program

The S+C Program provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program. S+C was designed to give an applicant maximum flexibility by allowing the rental assistance to be tenant-, sponsor-, or project-based (with or without rehab) or for SRO units. Eligible applicants are States, units of general local government, and PHAs. Under the sponsor-based component an applicant must subcontract with a private nonprofit organization (see Glossary for definition) or a community mental health agency established as a public nonprofit organization. Under the SRO component, non-PHA applicants must subcontract with a PHA. See Exhibit 3 for specific details.

When applying for S+C assistance, you should submit only one Exhibit 3 for each project. A project may not include more than one component.

Exhibit 4: Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) Program

SRO housing contains units for occupancy by one person. These units may contain food preparation or sanitary facilities, or both. The SRO Program provides rental assistance on behalf of homeless individuals in connection with the moderate rehabilitation of SRO dwellings. Resources outside the program pay for the rehabilitation; however, the rental assistance covers operating expenses of the SRO housing, including debt service for rehabilitation financing. Eligible applicants are private nonprofit organizations which subcontract with PHAs (see Glossary for definition), and PHAs. Please note that States and units of local government are **not** eligible applicants for the SRO Program.

As an applicant, if you are a private nonprofit organization, you must subcontract with a PHA to administer the rental assistance. An application may contain multiple projects (multiple Exhibit 4's), but each project may not contain more than 100 assisted units.

Scoring

HUD will review and rate all three programs using the same process. Two types of reviews will be conducted. One is a threshold review of each proposed project for eligibility, quality, and capacity. Projects that do not meet these requirements will be eliminated from the competition. In the other review, HUD will assign up to 60 points for the community's Continuum of Care strategy and up to 40 points for that community's relative need for housing and services for homeless persons. A bonus of up to two (2) points are available in this competition for Continuum of Care applications that propose one or more projects that will be located within the boundaries and/or will principally serve the residents of a Federal Empowerment Zone, Enterprise Community or Enhanced Enterprise Community (EZ/EC) if priority placement will be given by the project(s) to homeless persons currently residing in the EZ/EC. The NOFA describes fully the criteria HUD will use to assign points.

Applicants conditionally selected for funding under the SHP, SRO, or the SRO component of the S+C program will be required to provide additional information in the form of a Technical Submission at a later date. You may wish to contact your local HUD Field Office for additional information.

Assembling Your Application

In recent years, HUD has received record numbers of applications. To help expedite the review process, please assemble your application as outlined below, with tabs marking each exhibit and project and all pages numbered sequentially.

Please be sure to complete the Application Summary Form using the Geographic Area Guide included with the application kit. Please also pay special attention to the Standard Form (SF) 424, the form which indicates who the applicant is for a project. (Project sponsors do not fill out an SF 424 unless they are also the applicant for the project.) This form helps HUD determine if an organization is eligible to apply for a specific program and for which projects it will be the grantee. It is essential, therefore, that you complete and sign the form, along with the Applicant Certification and, where appropriate, submit private nonprofit documentation or community mental health association documentation, followed by the projects for which you will be the grantee. The law requires a Consolidated Plan Certification for *each* project.

For a Consolidated Application with one applicant, an Associated Application, or a Solo Application, assemble the application as shown below. For a Consolidated Application with multiple applicants, the first applicant should submit all the information in the order shown below. The second applicant would then insert its SF 424, Applicant Certification, and, if applicable, private nonprofit documentation or public nonprofit documentation followed by its project exhibit(s) and Consolidated Plan Certification(s). For additional applicants, this order would be repeated. *All the projects in a Consolidated Application should be in the same order as indicated on the community's Continuum of Care Project Priority Chart in Exhibit 1.*

Assembly order:

1. Application Summary Form
2. Exhibit 1: Continuum of Care (with EZ/EC certification, as applicable)
3. Certifications/Forms
 - a. SF 424 (signed by applicant)
 - b. Applicant Certification (signed by applicant)
 - c. Private nonprofit documentation (applicants for SHP and SRO programs only)
 - d. Community mental health association documentation (for SHP public nonprofit applicants only)
4. Project Exhibits with Consolidated Plan Certification (after each project).

Assembly format:

1. Number all pages sequentially and insert tabs marking each exhibit.
2. Please use a two-hole punch to insert holes at the *top* of your application.

Deadline

It is critical that you check the NOFA published in 1998 for the deadline date. Please carefully review the NOFA for specific information on meeting the application submission deadline.

Glossary

AmeriCorps. A national service program in which thousands of Americans work on a full- or part-time basis to help communities address their toughest challenges, while earning money for college, graduate school, or job training. (See section VII of the NOFA.)

Applicant. An entity that applies to HUD for funds. In order to be an applicant, you must submit an SF 424. If selected for funding, the applicant becomes the grantee and is responsible for the overall management of the grant, including drawing grant funds and distributing them to project sponsors. The applicant may also be a project sponsor.

Applicant Certification. The form, required by law, in which an applicant certifies that it will adhere to certain statutory requirements, such as the Civil Rights Act of 1964 and the Drug Free Workplace Act of 1988.

Consolidated Plan. A long-term housing and community development plan developed by local governments and approved by HUD. The Consolidated Plan contains information on homeless populations and can be a source of information for the Gaps Analysis Chart. The plan contains both narratives and maps, the latter developed by localities using software provided by HUD.

Consolidated Plan Certification. The form, required by law, in which a State or local official certifies that the proposed activities or projects are consistent with the jurisdiction's Consolidated Plan.

Continuum of Care. An approach that helps communities plan for and provide a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons.

Current Inventory. An inventory of the community's existing beds and supportive services.

Empowerment Zone / Enterprise Community. Federally designated zones that have met certain poverty criteria and have prepared strategic plans for revitalization. Contact your HUD Field Office to find out if there is an EZ/EC in your community.

Homeless Person. A person sleeping in a place not meant for human habitation or in an emergency shelter; a person in transitional or supportive housing for homeless persons who originally came from the street or an emergency shelter. The programs covered by this application are not for populations who are at risk of becoming homeless.

NOFA. Notice of Funding Availability, published in the *Federal Register* to announce available funds and application requirements.

Private Nonprofit Status. Private nonprofit status is documented by submitting either: a) a copy of the Internal Revenue Service (IRS) ruling providing tax-exempt status under Section (501)(c)(3) of the IRS Code; or b) documentation showing that the applicant is a certified United Way agency; or c) a certification from a designated official of the organization that no part of the net earnings of the organization inures to the benefit of any member, founder, contributor, or individual; that the organization has a voluntary board; that the organization practices nondiscrimination in the provision of assistance; and that the organization has a functioning accounting system that provides for each of the following (mention each in the certification):

1. Accurate, current and complete disclosure of the financial results of each federally-sponsored project.
2. Records that identify adequately the source and application of funds for federally-sponsored activities.
3. Effective control over and accountability for all funds, property and other assets.
4. Comparison of outlays with budget amounts.
5. Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury and the use of the funds for program purposes.
6. Written procedures for determining the reasonableness, allocability and allowability of costs.
7. Accounting records including cost accounting records that are supported by source documentation.

Public Nonprofit Status. Public nonprofit status is documented for community mental health centers by including a letter or other document from an authorized official stating that the organization is a public nonprofit organization.

Project Sponsor. The primary organization responsible for carrying out the proposed project activities. A project sponsor does not submit an SF 424, unless it is also the applicant.

Standard Form (SF) 424. The information sheet required to be submitted by applicants requesting Federal assistance.

1998 Application Summary

This is the first page of your application. Remove this page and place it in the front of your application.

Continuum of Care Name: _____

Continuum of Care Contact
Person and phone number: _____

Continuum of Care Geography

Using the Geographic Area Guide, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. The information contained on this page must be cross-referenced and must match the information you provide in Exhibit 1: Continuum of Care of the application. Before completing, please read the NOFA guidance and page 4 of this application regarding geographically overlapping Continuum of Care systems.

Geographic Area Name	6-digit Code
example: Dayton	391362
example: Kettering	392526
example: Montgomery Co.	399113

Geographic Area Name	6-digit Code

Reproduce this page to include additional names and codes.

Matching Projects to Applicants

This chart tells HUD which projects from the project priority list are linked to an applicant. You only need to fill out this chart if the submission package being sent to HUD contains more than one SF 424. Please enter the name of the applicants and the Project Priority Number(s) from the Project Priorities Chart in Exhibit 1 to match the project(s) with the applicant(s). The applicant(s) name should match the name from the SF 424.

Name of Applicant(s)	Project Priority Number(s)
example: ABC Nonprofit	1
example: XYZ City	2, 3, 4, 5

Exhibit 1: Continuum of Care

Developing a Continuum of Care

HUD believes the best approach for alleviating homelessness is through a community-based process that provides a comprehensive response to the different needs of homeless individuals and families. Communities tell us that one stream of flexible funding will ensure a comprehensive approach.

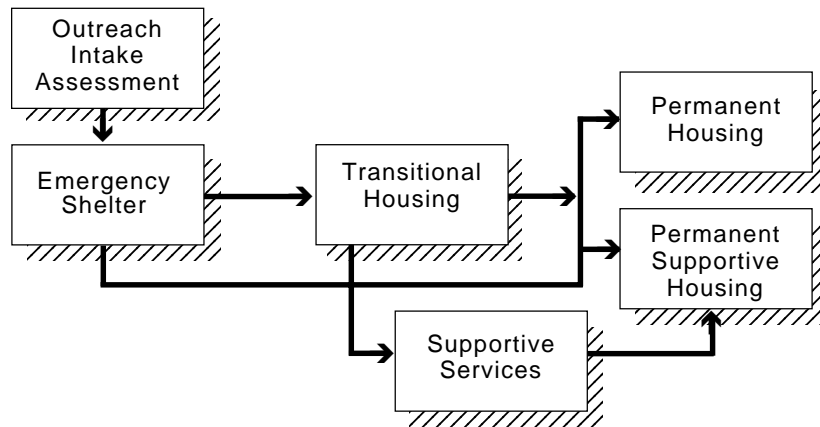
To this end, HUD is encouraging localities to shape a comprehensive and coordinated housing and service delivery system called a Continuum of Care. A Continuum of Care approach helps communities plan for and provide a balance of emergency, transitional, and permanent housing and service resources to address the needs of homeless persons so they can make the critical transition from the streets to jobs and independent living. A Continuum of Care system should also include a homeless prevention component. HUD incorporated the basic tenets of Continuum of Care in the distribution of its homeless assistance beginning in 1994. Since that time, many communities have developed partnerships and this is continuing in this consolidated application for 1998 funds.

The fundamental components of a **Continuum of Care system** are:

- Outreach and assessment to identify an individual's or family's needs and make connections to facilities and services.
- Immediate (emergency) shelter and safe, decent alternatives to the streets.
- Transitional housing with appropriate supportive services to help people reach independent living. Such services include job training and placement, substance abuse treatment, short-term mental health services, and independent living skills training.
- Permanent housing or permanent supportive housing arrangements.

While not all homeless people will need access to all components, each component must be present and coordinated within a community for a Continuum of Care to be viable. A Continuum of Care system serves the specific needs of all homeless subpopulations within the community. It is coordinated with as inclusive a group of community representatives as possible, including nonprofit organizations, State and local governmental agencies, housing developers and service providers, private foundations, local businesses and the banking community, neighborhood groups, and homeless or formerly homeless persons.

While the Continuum of Care approach can serve as a framework to bring homeless housing and services and their respective providers together, only the community—not HUD—can design a strategy that works best.



As part of the development and ongoing refinement of a Continuum of Care strategy, communities should assess the service and housing needs of homeless persons in their locality, inventory the existing resources available to serve them, and identify gaps in housing and service delivery. This assessment will help to ensure that the needs of all homeless persons will be met to the extent practicable.

Population Need	– (minus)	Current Inventory	=	Continuum of Care Gaps
			(equals)	

If you are a service or housing provider for homeless persons and you are not currently involved in a Continuum of Care process, feel free to contact your local HUD Field Office to identify other organizations in your area that have established a Continuum of Care system and may be applying for funding.

Continuum Of Care Narrative

The Exhibit 1 submission for applicants involved in the same Continuum of Care strategy must be identical. There are six required parts and one optional part of the Continuum of Care Narrative that you will submit as your community's Exhibit 1. The information will be in narrative and chart form, as indicated below.

Please describe, preferably on no more than 25 typed pages, the following:

1. **Abstract of your Continuum of Care.**

Provide a brief overview of your Continuum of Care, which highlights key aspects of the system including the principal organizations involved and the types of activities being requested (One to two paragraphs).

2. **The geographic area covered by your Continuum of Care system.**

The geographic area included in your Continuum of Care system should be composed of one or more of the cities or counties listed in the Geographic Area Guide. The geographic area of one Continuum of Care system should not overlap any portion of the service area of any other system. If Continuum of Care systems geographically overlap to the extent that they are competing with each other, projects in the application that receive the highest score out of the possible 60 points for Continuum of Care will be eligible for up to 40 points under Need. Projects in the competing application with the less effective Continuum of Care system will be eligible for only 10 points under Need. In no case will the same geography be used more than one time in assigning Need points. The local HUD Field Office can help determine if any of the area covered by one Continuum of Care system is also likely to be claimed under another Continuum of Care in this competition.

In determining what jurisdictions to include in a Continuum of Care strategy, you should only include those jurisdictions that are fully involved in the development and implementation of the strategy. You should be aware that the larger the area included in a Continuum of Care strategy, the larger the pro rata Need share that will be allocated to the strategy area. However, it would be a mistake to include jurisdictions that are not fully involved in the development and implementation of the Continuum of Care strategy, since this would adversely affect the Continuum of Care score. Because most rural counties have extremely small pro rata Need shares, they are strongly encouraged to consider working with larger groups of contiguous counties to develop a regionwide Continuum of Care strategy covering the combined service areas of these counties.

Please *indicate* the name for each city and/or county included in your Continuum of Care system. Because the geography covered by your system will affect your Need score, it is important to be accurate. This information must match the Application Summary Sheet.

3. **Your community's process for developing a Continuum of Care strategy.**

Please be sure to include the following in the discussion:

- a. Identification of any coordinating councils, networks, or other organizational structures and planning sessions or meetings held to date and those planned for the future. Indicate the frequency of the meetings (i.e., weekly, monthly) and the level of coordination.
- b. The specific names and types of organizations involved, such as State and local government agencies, nonprofit organizations (e.g., veteran service organizations; organizations representing persons living with disabilities, mental illness, or HIV/AIDs; and other groups serving

homeless persons), banks, neighborhood groups, housing developers, businesses, foundations, service providers, and homeless or formerly homeless persons. Indicate each organization's level of commitment and activity. This information can be provided in narrative or chart format.

4. Your community's Continuum of Care system under development.

Although your system is not expected to be completed, development of a system or plans for its development should be under way. Please be sure to include a discussion of the following:

- a. Your community's *strategy or vision* to combat homelessness, including specific goals and action steps.
- b. The fundamental component(s) of your Continuum of Care system currently in place and those your community is working toward.
- c. How homeless persons receive or access assistance available under each component.
- d. How each subpopulation (e.g., veterans or persons with mental illness, substance abuse, or HIV/AIDS) is reached or will be reached.
- e. How your system facilitates movement of homeless persons from one component of the system to another, and how the components are linked.

5. Gaps and Priorities.

Please be sure to do the following:

- a. Using data consistent with your community's Consolidated Plan, fill out the Continuum of Care: Gaps Analysis chart that follows. (Refer to the instructions and the chart for examples.)
- b. Describe in a narrative the community's process for completing the "Needs minus Inventory equals Gaps" analysis.
- c. Using your gaps analysis findings, fill out the Project Priorities chart that follows. (Refer to the chart for specific instructions and examples.)
- d. Describe how each project will fill a gap in your community's Continuum of Care system. If it is a renewal project, describe what gap will be created if the project were not renewed.
- e. Describe the relationship between the Project Priorities and the priorities on the Gaps Analysis chart.
- f. Describe the method, process, and any criteria used to determine each project priority. If SHP or S+C projects are expiring but not included as renewals on the priority list, describe the reasons for the exclusion.
- g. Describe how the project priority selection process was fair and gave equal consideration to projects proposed by nonprofit organizations.

6. Supplemental resources.

Please be sure to do the following:

- a. Fill out the Project Leveraging chart. (Refer to the chart for specific instructions and examples.)
- b. Describe how mainstream resources will be used to fill other gaps in your Continuum of Care system not addressed by your proposed project(s). Mainstream resources include the Community Development Block Grant (CDBG) Program, HOME, Section 8 rental housing, public housing, other Federal funds, State housing programs, city or county funds, private funds, foundation grants, and other sources.

7. Bonus for Empowerment Zones (EZ) and Enterprise Communities (EC). (Optional)

Please provide a narrative that:

- a. Specifies the location of projects that will be located within the boundaries and/or will principally serve the residents of a Federal Empowerment Zone, Urban Supplemental Empowerment Zone, Enterprise Community or Urban Enhanced Enterprise Community. (Please contact your local HUD Field Office to determine the boundaries of zones or communities, or access the HUD home page at <http://www.hud.gov> to identify EZs/ECs.)
- b. Describes how the project(s) gives priority placement to homeless persons living on the streets or in shelters within one of the geographic areas listed under (a), or whose last known address was within the EZ or EC.
- c. Describes the extent of the linkages and coordination between the proposed projects identified under (a) and the EZ/EC.

Instructions for Continuum of Care: Gaps Analysis

This required chart should be identical for all applications requesting funding under the same Continuum of Care system. To identify estimated need and current inventory please use data consistent with your locality's Consolidated Plan(s). The Consolidated Plan is a long-term housing and community development plan completed by local governments and approved by HUD. If you need help in identifying the Consolidated Plan(s) for your area, please contact your HUD Field Office.

Attach this required chart immediately following your Continuum of Care narrative in your Exhibit 1 submission.

1. Complete the first column "Estimated Need."
 - **Beds/units.** To show the estimated need for beds, enter the estimated number of beds that the community would need to accommodate, *at one point in time* (that is, on a given night), all homeless individuals (upper portion of chart) and families with children (lower portion of chart). When added together, these represent the estimated number of homeless persons in the community at one point in time. Be sure *not to double count* since a homeless person would occupy only one type of housing on a given night.
 - **Supportive services slots.** To show the estimated need for supportive services slots, enter the number of slots that the community would need to provide supportive services, at one point in time, to all homeless individuals and families with children. *You may double count* since homeless persons may need multiple services. You may revise the chart to show additional supportive services to reflect the needs in your community.
 - **Subpopulations.** To show the characteristics of the homeless population in the community, enter the estimated number of homeless persons, at one point in time, who are part of the subpopulations listed. *You may double count* since a homeless person may have multiple characteristics. You may add to the chart to show additional subpopulations to reflect the characteristics of homeless persons in your community.
2. Complete the second column "Current Inventory."

Enter the number of existing beds, existing supportive services slots, and homeless persons by subpopulation who are currently being served in the community. This inventory includes resources that are currently available and are currently under development.
3. Complete the third column "Unmet Need/Gap."

Enter the number produced by subtracting the "Current Inventory" from the "Estimated Need."
4. Complete the fourth column "Relative Priority."

To show your community's relative priorities for beds and supportive services slots, enter one of the following letters: L=Low Priority; M=Medium Priority; H=High Priority. Realizing that all your needs may be a priority, for planning purposes please ensure that your chart has a combination of low, medium, and high priorities.

Continuum of Care: Gaps Analysis

		Estimated Need	Current Inventory	Unmet Need/ Gap	Relative Priority
Individuals					
Example	Emergency Shelter	115	89	26	M
Beds/Units	Emergency Shelter				
	Transitional Housing				
	Permanent Supportive Housing				
	Total				
Supportive Services Slots	Job Training				
	Case Management				
	Substance Abuse Treatment				
	Mental Health Care				
	Housing Placement				
	Life Skills Training				
	Other				
	Other				
Sub-populations	Chronic Substance Abusers				
	Seriously Mentally Ill				
	Dually-Diagnosed				
	Veterans				
	Persons with HIV/AIDS				
	Victims of Domestic Violence				
	Youth				
	Other				

Persons in Families with Children

Beds/Units	Emergency Shelter				
	Transitional Housing				
	Permanent Supportive Housing				
	Total				
Supportive Services Slots	Job Training				
	Case Management				
	Child Care				
	Substance Abuse Treatment				
	Mental Health Care				
	Housing Placement				
	Life Skills Training				
	Other				
Other					
Sub-populations	Chronic Substance Abusers				
	Seriously Mentally Ill				
	Dually-Diagnosed				
	Veterans				
	Persons with HIV/AIDS				
	Victims of Domestic Violence				
	Other				

Instructions for Continuum of Care: Project Priorities

A priority ordering of all projects proposed for each community in the Continuum of Care strategy should be included on the Project Priority chart. The projects that communities rank as higher priorities will receive the most points under the “Need” criterion. ***This required chart must be identical for all Associated Applications requesting funding under the same Continuum of Care system.*** If you do not provide a Project Priorities Chart in Exhibit 1, all proposed projects will lose up to 30 points of the 40-point total.

1. In the ***first column***, insert the name of the project sponsor that will carry out the project. Include all projects referenced in your community’s Exhibit 1: Continuum of Care, whether submitted through Consolidated or Associated Applications. There should be ***only one project per line***.
2. In the ***second column***, insert the name of the project.
3. The ***third column*** is the numeric priority that your Continuum of Care community has assigned to each project. For your convenience, this column has been prefilled, with number 1 as the highest priority and number 23 as the lowest. Please reproduce this ***required*** chart if you need additional space to accommodate more projects, and number each project with a priority number beginning with number 24. Projects submitted in response to the 1998 NOFA should fill gaps identified as priorities for funding as determined by your community’s gap analysis.
4. In the ***fourth column***, insert the requested amount of project funding for each project — the project dollar request must match the dollar request in the exhibits.
5. In the ***last column***, check the name of the corresponding program for the project. If the project is a renewal, check only the program renewal box.
6. At the bottom of the chart, fill in the total requested amount for the projects in the chart. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)

Instructions for Renewals

Communities wishing to seek funding for project renewals (for expiring HUD projects) need to include such projects in their priority lists. The purpose of renewal funding is to provide continued assistance to homeless persons, provided that the grantee can demonstrate success in achieving program objectives. A project whose HUD grant will expire during calendar year 1999 may request renewal funding if it previously received HUD McKinney Act funds for one of the following:

- Supportive Housing Demonstration Program (SHDP)
- Supplemental Assistance for Facilities to Assist the Homeless (SAFAH) Program
- Supportive Housing Program (SHP)
- Shelter Plus Care (S+C) Program
- SHP Renewal Grant.

When developing priority lists, your community needs to pay particular attention to the funding needs of current McKinney homeless assistance projects that will not have sufficient funds to continue operating throughout 1999 if they are not awarded additional funds in this competition. If your community is unsure as to when its grants are eligible for renewal funding, please contact your local HUD Field Office. ***Note: Only the current grantee (the entity that has executed the current grant agreement with HUD) can apply for renewal of its project, i.e., must be the applicant and submit an SF 424.***

If your community decides to seek renewal funding for such projects, you will want to consider identifying them as ***top priorities*** on the priority listing in the application to increase the possibility of these projects getting funded. The term for SHP renewals is up to three years, and the term for Shelter Plus Care renewals is five years.

Continuum Of Care: Project Priorities

Project Sponsor	Project Name	Numeric Priority	Requested Project Amount	Program (Check only one)				
				SHP new	SHP renew	S+C new	S+C renew	SRO new
Example ABC Nonprofit	Sarah's House	1	\$1,026,000	X				
		1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						
		16						
		17						
		18						
		19						
		20						
		21						
		22						
		23						

Total Requested Amount:

Instructions for Continuum of Care: Project Leveraging

Complete only one chart for the entire Continuum of Care and insert in Exhibit 1.

1. In the *first column*, insert the project priority number.
2. In the *second column*, insert the name of the project.
3. In the *third column*, identify the type of contribution being leveraged that is committed to the proposed project. Types of contributions could include cash, buildings, equipment, materials, and services, such as transportation, health assistance, and mental health counseling.
4. In the *fourth column*, insert the name of the source or provider from whom the contribution is being leveraged. The contribution may be leveraged through Federal, State, local, or private sources, including mainstream housing and social service programs.
5. In the *fifth column*, enter the value of contributions for the project during the grant period for which you *have* a written agreement. A written agreement could include signed letters, memorandums of agreement, and so on. Documentation will be required at Second Submission if a project is conditionally selected. Donated professional services should be valued at the customary rate; volunteer time should be valued at \$10 per hour. Donated buildings should be valued at their fair market value or fair rental value minus any charge to the SHP, S+C, or SRO program.
6. In the *last column*, enter the value of contributions for the project during the grant period for which you *do not have* a written agreement. Donated professional services should be valued at the customary rate; volunteer time should be valued at \$10 per hour. Donated buildings should be valued at their fair market value or fair rental value minus any charge to the SHP, S+C, or SRO program.
7. At the bottom of the chart, fill in the total amounts for both the written agreements column and the column without written agreements.

Continuum of Care: Project Leveraging

(Complete only one chart for the entire Continuum of Care and insert in Exhibit 1)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value, Written Agreement-Yes	Value, Written Agreement-No
3	Example Sarah's House	Child care	Spotsville Co. Dept. of Social Services	\$10,000	
5	Example Veterans Transition	Bus tokens	Metropolitan Transit Authority		\$3,025
Totals					

Exhibit 2: Supportive Housing Program (SHP)

Program Components

The Supportive Housing Program promotes the development of supportive housing and services that help homeless persons transition from homelessness to living as independently as possible. Each project submitted under SHP must be classified as one of the program components described below. In rare instances, a project may be classified as more than one of the program components.

Transitional Housing facilitates the movement of homeless individuals and families to permanent housing within 24 months. This temporary housing is combined with supportive services to enable homeless individuals and families to live as independently as possible. Supportive services — which help promote residential stability, increased skill level and/or income, and greater self-determination — may be provided by the organization managing the housing or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Permanent Housing for Persons with Disabilities is long-term housing for this population. Basically, it is community-based housing and supportive services as described above, designed to enable homeless persons with disabilities to live as independently as possible in a permanent setting. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Supportive Services Only projects provide services designed to address the special needs of the homeless persons. Projects are classified as this component only if the project sponsor is not also providing housing to the same persons receiving the services. Eligible activities for supportive services only projects are acquisition, rehabilitation, leasing and, of course, supportive services. (Applicants cannot request funds for new construction or operations.) Supportive services only projects may have one or more structures at a central site or at scattered sites where services are delivered; or services may be delivered independent of a structure, such as street outreach.

A **Safe Haven** is a form of supportive housing in which a structure, or a clearly identifiable portion of a structure, meets the following criteria: (1) serves hard-to-reach homeless persons who have severe mental illness, are on the streets, and have been unable or unwilling to participate in supportive services; (2) provides 24-hour residence for an unspecified duration; (3) provides private or semi-private accommodations; and (4) has overnight occupancy limited to 25 persons. A safe haven may also provide supportive services to eligible persons who are not residents on a drop-in basis.

For many persons with mental illness who have been living on the streets, the transition to permanent housing is best made in stages, starting with a small, highly supportive environment where an individual can feel at ease, out of danger, and subject to no immediate service demands. Safe havens do not require participation in services and referrals as a condition of occupancy. Rather, it is hoped that after a period of stabilization in a safe haven, residents will be more willing to participate in services and referrals, and will eventually be ready to move to more traditional forms of housing. Safe havens can serve as an entry point to the service system and provide access to basic services such as food, clothing, bathing facilities, telephones, storage space, and mailing addresses.

Innovative Supportive Housing enables the applicant to design a supportive housing project for homeless persons that is outside the scope of the other SHP components. A project is innovative when the particular approach is new to the area, is a sensible model for others, and can be duplicated in other communities. The project must be determined by HUD to be innovative or it will be rejected from the competition. The project must also be for eligible SHP activities.

Project Definition

Under SHP, a “project” may be for supportive housing or for supportive services only. For a supportive housing project, one project sponsor provides housing in one or more structures and delivers services, or arranges with other organizations to deliver services, to the residents. For a supportive services only project, one sponsor delivers services to homeless persons, but the sponsor *does not* provide housing to the same persons receiving the services. Supportive services can be delivered from a structure(s) or they can be delivered independent of a structure(s), such as street outreach. The following are examples of SHP projects:

Example 1: Project sponsor Greenville Nonprofit proposes to acquire, rehabilitate, and operate a transitional housing facility for homeless women and children. Services will be coordinated by Greenville Nonprofit but delivered by a local charitable organization and a health clinic. This is one project and is classified under the transitional housing component.

Example 2: Project sponsor Health Care, Inc., currently owns a van from which it does outreach and provides health care services to homeless persons and families on the streets and in emergency shelters. Health Care proposes to expand its service level to serve more people and to provide immunizations and help refer homeless persons to appropriate housing. The expansion is one project and is classified under the supportive services only component.

Example 3: Project sponsor Charities United, Inc., proposes to lease three scattered-site single-family homes to provide transitional housing to homeless women who will be reunited with their children. Services, such as counseling and parenting skills, will be provided off-site by a variety of public and private organizations. This is one project with three structures and is classified as transitional housing.

SHP Guidance

In developing Exhibit 2, please avoid problems that could hamper your ability to move forward or qualify for SHP funding. Here are a few tips:

Relocation and Environmental Issues. SHP projects are subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act, as amended, and additional relocation requirements in Section 583.310 of the SHP regulations. Projects are also subject to the Lead-Based Paint Poisoning Prevention Act and are, therefore, subject to 24 CFR part 35. Because these requirements can be complex, please contact your local HUD Field Office for guidance during the planning stages of your project.

Eligible and Ineligible Activities and Limitations. There are six broad activities that can be funded under SHP. They are acquisition, rehabilitation, new construction, leasing, operating costs, and supportive services. Specific activities that are *not eligible* by law under the five program components include:

- Operating costs or new construction for supportive service only projects.
- Support for emergency shelters.
- Support for an existing project except as noted in section E of this exhibit and renewals.
- Support for permanent housing for nondisabled persons.
- Rehabilitation of a structure owned by a primarily religious organization, except in accordance with the requirements of 24 CFR 583.150(b)(2).
- New construction or rehabilitation of a structure prior to an executed grant agreement with HUD. Lack of an environmental clearance in such a case would necessitate withdrawal of HUD funds from the project.
- Acquisition and rehabilitation, or new construction that exceeds statutory funding limitations. (See section I of this exhibit for the specific limits.)
- Homeless prevention activities.

Renewal Projects.

The purpose of renewal funding is to provide operating costs, leasing and supportive services for previously approved grantees in order to ensure continued assistance to homeless persons. ***Note: Only the current grantee (the entity that has executed the current grant agreement with HUD) can apply for renewal of its project, i.e., must be the applicant and submit an SF 424.***

A project may request up to three years of renewal funding if it previously received HUD McKinney Act funds under one of the following programs and the grant will expire during calendar year 1999:

- Supportive Housing Demonstration Program (SHDP)
- Supplemental Assistance for Facilities to Assist the Homeless Program (SAFAH)
- Supportive Housing Program (SHP), including those previously renewed.

Applicants proposing renewal projects may wish to consider "tiering" the request by establishing each year of the maximum three-year term as a separate project priority. Under this approach, the first year could be given a very high priority placement at a requested funding level that is one-third of the total renewal request over three years. The second and third renewal term could then be given lower project priority placements. (See the "Questions and Answers" supplement to the application for an additional discussion of the option.)

Those seeking renewal of Shelter Plus Care grants expiring in calendar year 1999 must use Exhibit 3 to apply for renewal.

If you are applying for an SHP project, complete sections A-I. If you are applying for a renewal, complete sections A-H, skip sections E & I, and complete section J.

Section A. Project Narrative

Section A is a description of your proposed project, including the population to be served and the performance measures to be used. On preferably no more than five typed pages, please describe EACH of the following:

1. **The project's purpose.** Briefly describe the overall purpose of the project and how it will fill a gap in your community's Continuum of Care system.
2. **The homeless population to be served by the project.** Identify the following for the population to be served.
 - a. Their characteristics and needs for housing and supportive services.
 - b. Where they live (streets, emergency shelters or transitional housing for homeless persons who came from street/shelters).
 - c. The outreach or referral plan to be used to reach them.
3. **The housing where participants will reside.** This description is *required even for projects in which you are requesting funding for supportive services only*. Please address each item listed below separately
 - a. The type(s) of structure(s) to be used, and number of persons to be housed. If you are requesting SHP funds for leasing, acquisition, rehabilitation, new construction, or operation of housing, please describe the activity(ies) to be undertaken.
 - b. How the TYPE AND SCALE of the housing will fit the needs of the population.
 - c. How the housing will be ACCESSIBLE to persons with disabilities in accordance with applicable laws.
 - d. A description of the location of the housing and its accessibility to and the availability of COMMUNITY AMENITIES and TRANSPORTATION.
 - e. How residents' SAFETY will be ensured.
 - f. For projects other than those involving permanent housing, how participants will be helped to ACCESS PERMANENT HOUSING, and for all projects, how participants will be helped to achieve SELF-SUFFICIENCY to the maximum extent possible.
 - g. For transitional housing, the residents' length of stay.
 - h. If you plan to develop a permanent housing structure for more than 16 persons, describe how local market conditions necessitate the development of a project of this size, and explain how the housing will be integrated into the neighborhood.
4. **The supportive services the project participants will receive.** Please address each item listed below separately
 - a. How the participants' service *and* housing needs are assessed and tracked.
 - b. How the TYPE AND SCALE of the supportive services the participants will receive will fit their needs. If you are requesting SHP funds for leasing, acquisition, or rehabilitation of a supportive services facility, please describe the activity(ies) to be undertaken.
 - c. The ACCESSIBILITY of these services to the participants' housing.
5. **Whether the project is innovative.** This is applicable only to Innovative Supportive Housing component projects. (See page 13.) Describe how the project represents an approach that is new to the area, is a sensible model for others, and can be replicated in other communities.
6. **The performance measures that will be used for each of the SHP goals and how success in meeting each of the goals will be measured.** Please include both housing and services in your discussion. The goals for SHP are to help program participants (a) obtain and remain in permanent housing (b) increase their skills and/or income, and (c) achieve greater self-determination.

In developing performance measures for each program goal, you think through the outcomes you want your project to achieve. Performance measures have three key components. First, they must relate to outcomes (e.g., the program participant will successfully complete substance abuse treatment), rather than inputs (e.g., the program participant will attend 25 substance abuse sessions). Second, they must have a time frame for achievement and, third, they must have a percentage/number indicating a level of achievement.

You should develop performance measures that are appropriate and attainable given the population

to be served and the housing and services to be provided. HUD recognizes that goal attainment may be limited; therefore, it will not necessarily consider low levels of achievement as indications of poor performance.

The following are examples of performance measures as they relate to the three SHP goals:

- 70% of participants will remain in permanent housing for at least one year.
- 50% of project participants will be successful in obtaining employment within 18 months.
- 20% of the severely mentally ill participants in the Safe Haven will start to receive mental health treatment voluntarily within six months.

If you are requesting SHP funds for acquisition and/or rehabilitation of a project structure(s), please attach a photograph of the structure(s).

Section B. Experience Narrative

Section B is a description of the experience of all the organizations involved in carrying out the proposed project. Please describe on preferably no more than three typed pages:

1. The specific type and length of experience of *all organizations* involved in implementing the proposed project, including the project sponsor, housing and supportive service organizations, and any key subcontractors. Describe experience directly related to carrying out the proposed project and experience working with homeless people.
2. If your project structure will be constructed or rehabilitated, please describe experience in these areas and/or experience in contracting for and overseeing the rehabilitation or construction of housing.
3. List any HUD McKinney grants received or participation in the Single Family Property Disposition (SFPD) Homeless Program, including the year(s) awarded, grant number, grant amount, and amounts spent to date.

Section C. Project Information (please type)

Project Name:	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):	Project Congressional District(s):
Project Sponsor's Name:	Project 6-digit Geographic Code:
Sponsor's Address (street, city, state, & zip):	
Authorized Representative of Project Sponsor (name, title, phone number, & fax):	

Section D. Program Component/Types

1. Please check one box:
 - New Project
 - Renewal Project
2. Please check the box that best classifies the project for which you are requesting funding. Check only one box. The components/types are:
 - Transitional Housing
 - Permanent Housing for Persons with Disabilities
 - Supportive Services Only
 - Safe Havens
 - Innovative Supportive Housing (check this box only if your project cannot be classified under any other component)

Section E. Existing Facilities and/or Activities Serving Homeless Persons

(To be completed for new projects only.)

Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the five activities listed below. SHP cannot be used to fund on-going activities.

Will your proposed project use an existing homeless facility or incorporate activities that you are currently doing?

- Yes (Check one or more of the following activities that describe your proposed project. Then proceed to section F.)
- No (Skip to section F.)

My project will:

- Increase the number of homeless persons served.
- Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.
- Purchase property currently being leased under the Single Family Property Disposition Homeless Initiative.
- Bring existing facilities up to a level that meets State and local government health and safety standards.
- Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the State or local government), which will cease on or before the end of the current calendar year. By law, no SHP funds may be used to replace State or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].

If this box is checked, please describe:

- a. The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
- b. Why it is nonrenewable.
- c. When it will cease.
- d. What efforts were made to obtain other funding, why there are no other sources of funding, and why, without the SHP assistance, the activity will cease.

Section F. Number of Beds, Participants, and Supportive Services

Section F is composed of two charts. Chart 1 has two sections.

Section 1 is for recording the number of beds/bedrooms in the project. Do not complete this section if the project is for supportive services only (SSO).

Section 2 is for recording the number of participants to be served. Information on *all* projects should be entered in this section.

Complete Chart 1 based on the following instructions.

1. In the first column, please enter the requested information for all items if your proposed project is currently serving homeless people. You should only fill out this column if you checked “Yes” in section E or you are proposing a renewal project. If your proposed project is a new effort (meaning you checked “No” in section E), enter “N/A” in the first column.
2. In the second column, enter the new number of beds and persons served if this project is funded. If this is a renewal project, skip this column.
3. In the third column, enter the projected level (columns 1 and 2 added together) that your project will attain when it is fully operational and functioning at capacity. The figures you enter should be *point in time* numbers. You should fill out this column if you checked “Yes” or “No” in section E or you are proposing a renewal project.
4. In the fourth column, enter the number of persons to be served over the grant term. You should fill out this column if you checked “Yes” or “No” in section E or you are proposing a renewal project.

Chart 1: Beds and Participants

Beds	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col. 1 + col. 2)	No. Projected to be Served over the grant term
Number of bedrooms *				
Number of beds *				

* Do not complete information on the number of bedrooms and beds for Supportive Services Only (SSO) projects. In those instances, enter "N/A" in the appropriate cells.

Participants	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col. 1 + col. 2)	No. Projected to be Served over the grant term
Number of families with children				
Of persons in families with children				
a. number of disabled adults				
b. number of other adults				
c. number of children				
Of single individuals not in families				
a. number of disabled individuals				
b. number of other individuals				

Complete Chart 2 based on the following instructions.

Identify the types of services that will be paid for using SHP funding. Include the total dollar request for each type of service and the number of persons who will be served at a point in time and over the grant term. This dollar request must be the same as in the Project Budget (section I or J, as appropriate).

Chart 2: Supportive Services

Supportive Services	Dollars Requested (up to 3 yrs.)	Estimated No. of Persons Served (point in time)	Estimated No. of Persons Served (up to 3 yrs.)
Outreach			
Case Management			
Life Skills (outside of case management)			
Alcohol and Drug Abuse Treatment			
Mental Health Treatment			
AIDS-Related Treatment			
Other Health Care			
Education			
Employment Assistance			
Child Care			
Follow-up (transitional housing programs only)			
Other (please specify)			
Other			
Other			
Total			

Section G. Homeless Veterans

- Are veterans the primary target population of your proposed project?
 Yes No
- Are veterans among the homeless subpopulation(s) your project will specifically target and intends to serve?
 Yes No

Section H. AmeriCorps

- Please check here if you have an agreement with an AmeriCorps program sponsor under which AmeriCorps members will be paid with SHP funds included under the supportive services or operations line items in section I or J.

Section I. Budget

Section I consists of two budgets — a structure budget and a summary budget. Please refer to the budgets for specific instructions. If you are applying for a renewal grant, skip to the next section (section J).

When developing your budget(s), please keep in mind that each structure can receive the maximum amount of funds according to the following per-structure limits:

For acquisition and/or rehabilitation, the SHP request for these activities combined is limited by law to between \$200,000 and \$400,000 depending on whether the structure is in a HUD-identified high-cost area for acquisition and rehabilitation. Contact your local HUD Field Office to determine if your project is in a high-cost area, and if so, which of the following percentages or limits apply:

- 100% to 119%, the limit is \$200,000
- 120% to 139%, the limit is \$250,000
- 140% to 159%, the limit is \$300,000
- 160% to 174%, the limit is \$350,000
- 175% and up, the limit is \$400,000

For new construction, the SHP request is limited by law to \$400,000 per structure, regardless of where the structure is located. If you propose to acquire land in tandem with new construction, the \$400,000 limit applies to both activities combined. Please note that you can apply for funding to construct and/or operate supportive housing; however, by law you cannot request either of these activities for supportive service only projects.

If you request funds for acquisition, rehabilitation, or new construction, the law requires that you *match* the requested amount with an equal amount of cash for the activity. Documentation of matching funds is not required in this application; however, you will be asked to submit it at a later date.

Structure Budget for Projects With More Than One Structure

If your project is a renewal, skip to section J.

If your project contains only one structure or no structures, please fill out *only* the project budget facing this page. If, however, your project contains more than one structure, fill out the information requested below for the number of structures your project proposes. For each structure budget, enter the amount of SHP funds requested by line item in the first column. For leasing, supportive services, and operations, the amounts you enter should be for *up to three years*, which is the SHP grant term. You may request funding for either one, two or three years. The term you select must be the same for leasing, supportive services, and operations. In the second column, enter the total cost for each line item, which is the SHP request *plus* all other funds needed to pay for each line item, again, for *up to three years*. For your convenience, four structure budgets are provided below. You may reproduce this page if your project will have five or more structures; however, please attach the additional structure budgets to this page and label them appropriately starting with structure E. Enter administrative costs only on the Project Budget.

Structure A

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to three years)		
5. Supportive Services (up to three years)		
6. Operations (up to three years)		
7. Total		

Structure B

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to three years)		
5. Supportive Services (up to three years)		
6. Operations (up to three years)		
7. Total		

Structure C

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to three years)		
5. Supportive Services (up to three years)		
6. Operations (up to three years)		
7. Total		

Structure D

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to three years)		
5. Supportive Services (up to three years)		
6. Operations (up to three years)		
7. Total		

Project Budget

If your project is a renewal, skip to section J.

Enter the amount of SHP funds requested by line item in the first column. For leasing, supportive services, and operations, the amount entered should be for **up to three years**, which is the SHP grant term. You may request funding for either one, two, or three years. The term you select must be the same for leasing, supportive services, and operations. In the second column, enter the total cost for each line item, which is the SHP request **plus** all other funds needed to pay for each line item, again, for up to three years.

Please indicate the term of the grant (circle only one) **1 2 3 year(s)**.

If your project contains one structure or no structures, this is the only budget you need to fill out. If your project contains multiple structures, please add up the SHP structure budgets from the *facing page* and enter those totals below.

HUD will review this chart in relation to the proposed activities and the number of persons to be served to determine whether the project is cost-effective (which is a threshold criterion).

	SHP Request	Total Budget
1. Acquisition	\$	\$
2. Rehabilitation	\$	\$
3. New Construction	\$	\$
4. Subtotal (lines 1 through 3)	\$ *	\$
5. Real Property Leasing (up to three years)	\$	\$
6. Supportive Services (up to three years)	\$	\$
7. Operations (up to three years)	\$ **	\$
8. SHP Request (subtotal lines 4 through 7)	\$	
9. Administrative Costs (up to 5% of line 8)	\$ ***	
10. Total SHP Request (total lines 8 and 9)	\$	

* The SHP request by law for these activities cannot be more than 50% of the total acquisition, rehabilitation, and new construction budget.

** Operating costs are expenses incurred in operating supportive housing (not supportive service facilities), such as repair, maintenance, security, utilities, insurance, furnishings, and any relocation payments. By law, project sponsors must share the operating costs of supportive housing. SHP will pay up to 75% of costs in the first two years and 50% in the third year. Project sponsors must pay the difference between the amount SHP will pay and the total operating costs for the project. These are cash costs from any Federal, State, local or private source — not in-kind contributions of goods or services.

*** Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. Applicants and project sponsors must work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different). If selected for funding, applicants will be required to submit a plan for distributing administrative funds as part of the technical submission.

Note: The total SHP request from line 10 should match the dollar amount on the priority chart for the project.

Section J. Renewal Projects

Complete this section only if you are applying for renewal funding for an existing grant under the Supportive Housing Demonstration Program (SHDP), Supplemental Assistance for Facilities to Assist the Homeless (SAFAH), or the Supportive Housing Program (SHP) that will expire during calendar year 1999. This includes those grants that have been renewed before. **Note: You must be the identified grantee in the current grant agreement with HUD to be eligible to request renewal funding for the project.**

Enter the HUD grant number of your most recent award:

Grantee name: _____

Chart 1: HUD Authorized Amount for final Year of Expiring Grant

In the chart below, enter the amount of HUD grant funds authorized for each line item **for the final year of your expiring grant**. You may contact your local HUD field office to confirm the amount that was approved. If you did not receive funding for a particular line item, enter N/A.

Budget Items	HUD Final Year Amount
1. Real Property Leasing	\$
2. Supportive Services	\$
3. Operations	\$

Note: Expiring grants that received funding for childcare, employment assistance or activities under the heading "other supportive services" should include the amount authorized for these activities under the supportive services line item.

Chart 2: Requested Renewal Amount

In column 1, enter the annual base amount of renewal funding by line item. You may enter **up to the HUD Final Year** Amount from chart 1 for each line item.

In column 2, enter the term (number of years) for which you are requesting renewal funding. You may request funding for either one, two or three years. The **term you select must be the same** for leasing, supportive services, and operations.

In column 3, enter the SHP renewal request following the mathematical steps indicated.

In column 4, enter the total cost for each line item, which is the SHP request plus all other funds needed to pay for each line item for the term.

Line Item	Column 1: Annual Base Amount	Col. 2 Term	Column 3: SHP Request	Column 4: Total Budget
1. Real Property Leasing	\$	x	=	\$
2. Supportive Services	\$	x	=	\$
3. Operations	\$	x	=	\$
4. Subtotal (add lines 1 thru 3)			\$	
5. Cost Increase (up to 3% of line \$)			+ \$	
6. Subtotal (line 4 plus line 5)			= \$	
7. Administrative Costs (up to 5% of line 6)			+ \$	
8. Total Renewal Request (total lines 6 and 7)			= \$	

Section K. Additional Information

The Department of Housing and Urban Development needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)
 - Severely Mentally Ill
 - Chronic Substance Abusers
 - Dually Diagnosed
 - AIDS or Related Diseases
 - Victims of Domestic Violence
 - Youth
 - Women with Children
2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project either (1) is in an area outside of Metropolitan Areas, or (2) is outside of the urbanized areas within a Metropolitan Area.)
 - Yes
 - No
3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)
 - Yes
 - No
4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?
 - Yes
 - No

If "yes," please provide the name of the military installation:

Exhibit 3: Shelter Plus Care Program (S+C)

Program Components

Shelter Plus Care (S+C) components were created by the statute and designed to give applicants flexibility in devising appropriate housing and supportive services for homeless persons with disabilities. Assisted units may be of any type, from group homes to apartments to SRO units. You may design a program that has participants first living in a group setting with intensive supportive services, then moving to another setting but retaining the rental assistance during the term of the grant, as long as they stay within an S+C unit.

Participants in S+C units receive supportive services. These services may be provided by the applicant, funded by the applicant but provided by a third party, or both funded and provided by a third party.

Tenant-based Rental Assistance (TRA) provides rental assistance that permits participants to choose their own housing. Participants retain the rental assistance even if they move. To help you provide supportive services, you may require participants to live in a particular unit for the first year of assistance or to live in a particular area for the entire rental assistance period.

Sponsor-based Rental Assistance (SRA) provides rental assistance through contract(s) between the grant recipient and a nonprofit organization(s), called a sponsor. The nonprofit organization may be a private nonprofit organization or a community mental health center established as a public nonprofit organization. The assisted units must be owned or leased by the sponsor.

After a grant is awarded, the sponsor must continue to own or lease the assisted units, even if the specific property changes, and the grantee must maintain the number of persons proposed to be served.

Project-based Rental Assistance (PRA) provides rental assistance through a contract with a building owner(s). An applicant must enter into a contract with the building owner(s) for the full five- or ten-year period of assistance. The building owner must agree to accept eligible S+C participants to live in an assisted unit for this time period. Under PRA, applicants may assist units that will be rehabilitated or existing units that do not need to be rehabilitated. If the units are rehabilitated to meet the requirements specified below, the applicant may request 10 years of rental assistance. Otherwise, assistance will be for a period of five years.

To qualify as a rehabilitated unit and be eligible for 10 years of assistance, the rehabilitation must

- equal at least \$3,000 per unit, including the prorated share of rehabilitated common areas;
- be necessary in order to make the unit decent, safe, and sanitary;
- be funded from other sources; and
- be completed within 12 months of grant award.

SRO-based Rental Assistance (SRO) provides rental assistance in an existing or reconfigured single room occupancy (SRO) setting. The units to be assisted must be in need of moderate rehabilitation. The rental assistance includes an allowance to pay for debt service to retire the cost of the moderate rehabilitation over the ten-year grant period.

This component is designed to bring more standard SRO units into the local housing supply and to use those units to assist homeless persons with disabilities. The SRO units may be in a rundown hotel, a vacant motel, a YMCA, or even a large, abandoned house.

HUD enters into an annual contributions contract with the PHA recipient or subcontractor in connection with the moderate rehabilitation of SRO dwelling units. PHAs make Section 8 rental assistance payments to participating owners (i.e., landlords) on behalf of homeless, disabled individuals who rent the rehabilitated dwellings. The rental assistance payments cover the difference between the tenant contribution and the unit's rent, which must be within the fair market rent (FMR) established by HUD. To be eligible for assistance, a unit must receive a minimum of \$3,000 of rehabilitation to meet housing quality standards (HQS), including the prorated share of work on common areas or systems.

Persons With Disabilities

To be eligible to participate in a Shelter Plus Care funded project, a person must be both homeless and disabled. In the case of a homeless family, at least one adult member must be considered disabled.

Persons with disabilities are those who have a disability that:

- Is expected to be of long-continued and indefinite duration;
- Substantially impedes his or her ability to live independently; *and*
- Is of such a nature that the disability could be improved by more suitable housing conditions. The disability may be a physical, mental, or emotional impairment, including an impairment due solely to alcohol or drug abuse.

Several disabilities are specifically targeted by the S+C Program. These targeted disabilities are

- Serious mental illness
- Chronic alcohol and/or other drug abuse
- AIDS or related diseases.

The disability may also be developmental. A severe, chronic developmental disability is characterized as

- Being caused by mental or physical impairment;
- Manifested before the person is 22 years old;
- Likely to continue indefinitely;
- Reflecting a need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; and
- Resulting in substantial functional limitations in at least three of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

S+C Tips

In developing your application, we want to help you avoid problems that could hamper your ability to qualify. Here are circumstances to avoid:

- If a structure you plan to use in your project is currently occupied, you should be aware of the complex relocation requirements that will apply. Contact your HUD Field Office Relocation Specialist or an experienced governmental relocation agency, in the planning stage of your project to ensure that you have addressed this issue properly.
- Environmental problems can be very expensive and time-consuming. Factors to consider are the presence of lead-based paint (particularly if you are proposing to serve families with children) and asbestos.
- Activities that are not eligible for assistance include:
 - Assistance for nondisabled participants.
 - Assistance for transitional housing.

Component Comparisons

Element	TRA	SRA	PRA	SRO
Entity Administering Rental Assistance	Recipient or other entity under contract to recipient	Recipient, nonprofit sponsor(s), or other entity under contract to recipient	Recipient or other entity under contract to recipient	PHA
Type of Housing	Variety of types ranging from group homes to independent living units	Variety of types ranging from group homes to independent living units	Variety of types ranging from group homes to independent living units	SRO dwelling units
Living Requirements	Participants choose; recipient may require participant to live in a particular structure in first year and within a particular area in all years	Must live in structure owned or leased by sponsor	Must live in unit in particular property that is assisted	Must live in SRO structure
Eligible Participants	Homeless adults with disabilities and their families, if any	Homeless adults with disabilities and their families, if any	Homeless adults with disabilities and their families, if any	Homeless individuals with disabilities
Housing Quality Standards	24 CFR 882.109	24 CFR 882.109	24 CFR 882.109	24 CFR 882.803(b)
Rehabilitation	Not required	Not required	\$3,000 per unit for 10 years of assistance	\$3,000 minimum per unit required
Term of Assistance	5 years	5 years	5 years without rehabilitation; 10 years with rehabilitation	10 years
Unit (Contract) Rent	Reasonable rent	Reasonable rent	Reasonable rent	Rent calculated by PHA; limited by Sec. 8 SRO Mod. Rehab. FMR.

Renewal Grants

If the project is a previously approved project requesting renewal funds to continue rental assistance for five more years, **complete sections A through E, plus section G and H. Do not complete section F.**

You should **only** request renewal funds if previously approved funds will be insufficient to continue rental assistance throughout calendar year 1999. See section G for computation form.

Section A. Project Narrative

Section A is a description of your proposed project, including the population to be served and the performance measures to be used. Submit a separate Exhibit 3 for each project. ***A project may include no more than one component and may be carried out by no more than one project sponsor.*** On preferably no more than five typed pages, please describe **each** of the following:

1. **The project's purpose.** Briefly describe the overall purpose of the project and how it will fill a gap in your community's Continuum of Care system.
2. **The homeless population to be served by the project.** Identify the following for the population to be served.
 - a. Their characteristics and needs for housing and supportive services.
 - b. Where they live (streets, emergency shelters or transitional housing for homeless persons who came from street/shelters).
 - c. The outreach or referral plan to be used to reach them.
3. **The housing where participants will reside.** Please address each item listed below separately
 - a. The type(s) of structure(s) to be used, and number of persons to be housed.
 - b. How the TYPE AND SCALE of the housing will fit the needs of the population.
 - c. How the housing will be ACCESSIBLE to persons with disabilities in accordance with applicable laws.
 - d. A description of the location of the housing and its accessibility to and the availability of COMMUNITY AMENITIES and TRANSPORTATION.
 - e. How residents' SAFETY will be ensured.
 - f. How participants will be helped to achieve SELF-SUFFICIENCY to the maximum extent possible.
 - g. For TRA projects, if participants are 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, how and why the project will implement this requirement.
4. **The supportive services the project participants will receive.** Please address each item listed below separately
 - a. How the participants' service **and** housing needs are assessed and tracked.
 - b. How the TYPE AND SCALE of the supportive services the participants will receive will fit their needs.
 - c. The ACCESSIBILITY of these services to the participants' housing.
5. **The performance measures that will be used to meet each of the S+C program goals.** Please include both housing and services in your discussion. The goals for the S+C Program are to help program participants (1) obtain and remain in permanent housing, (2) increase their skills and/or income, and (3) achieve greater self-determination. By developing performance measures for each program goal, you will be able to think through the outcomes you want your project to achieve.

Performance measures have three key components. First, they must relate to outcomes (e.g., the program participant will successfully complete substance abuse treatment) rather than inputs (e.g., the program participant will attend 25 substance abuse sessions). Second, they must have a time frame for the achievement, and third, a percentage/number indicating a level of achievement. You should develop performance measures that are appropriate and attainable given the population to be served and the housing and services to be provided. HUD recognizes that goal attainment may be limited; therefore, it will not necessarily consider low levels of achievement as an indication of poor performance.

The following are examples of performance measures as they relate to the three program goals:

- 70% of participants will increase their incomes within one year.
- 30% of project participants will be successful in obtaining employment within one year.
- The frequency of crisis services will decrease by 50% from year one of the grant to year two.

Section B. Experience Narrative

Section B is a description of the experience of all the organizations involved in carrying out the proposed project. Please describe on preferably not more than 3 typed pages:

1. The specific type and length of experience of *all organizations* involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to carrying out the proposed project and experience working with homeless people. This should include experience contracting for and overseeing the rehabilitation of housing, as applicable, and experience administering rental assistance.
2. List any HUD McKinney grants received or participation in the Single Family Property Disposition Homeless Program (SFPD), including year(s) awarded, grant number, grant amount, and amounts spent to date.

Section C.1. Component Selection

- a. Is this a new project request or a renewal? (check only one box)
 New Project Renewal
- b. Select the S+C component which describes your project (check only one box):
 TRA SRA PRA without Rehab PRA with Rehab SRO

Section C.2. Targeted Disabilities

In each category shown in the chart below, estimate, *when the program is fully operational*, the number of proposed participants expected to receive rental assistance at a point in time. Include each participant only once, in either Part 1 or Part 2. Part 1 should only include persons with disabilities who will not have family members living with them. **Do not double count.**

Part 1: Individual Participants not in Families	Number of Participants
Persons with	
Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(a) Total Participants: (not in families)	
Part 2: Participants in Families	
Persons with	
Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(b) Total Participants: (in families)	
(c) Number of other Family Members Living with Participants	
Total Persons Served (a + b + c)	

Section D. Major Milestones

Please complete the chart by entering the number of months from grant execution to the following milestones:

Outreach Begins	First Unit Occupied	Supportive Services Begin	Last Unit Occupied
months	months	months	months

Section E. Homeless Veterans

- Are veterans the primary target population of your proposed project?
 Yes No
- Are veterans among the homeless sub-population(s) your project will specifically target and intends to serve?
 Yes No

Section F. Budget *(If requesting renewal grant funds, skip section F and complete section G instead.)*

Project Information (please type)

Project Name:		
Project Priority No. (from project priority chart in Exhibit 1):	Project Congressional District(s):	Project 6-digit Geographic Code:

Fill out the information requested for the S+C component you have selected.

1. Tenant-based Rental Assistance (TRA).

Applicants requesting TRA must complete the chart below showing the number of units expected to be used in your program. Multiply the applicable existing fair market rents (FMRs) as published in the *Federal Register* on September 26, 1997, by the number of units of a given size by 60 months.

The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each single room occupancy SRO unit is equal to 75 percent of the 0-bedroom FMR.

Complete a separate chart for each jurisdiction that has a different FMR.

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR \$	X	Number of Months	=	Total Amount Requested \$
SRO					60		
0 Bedroom					60		
One Bedroom					60		
Two Bedroom					60		
Three Bedroom					60		
Four Bedroom					60		
Other: (specify)					60		
					60		
Total TRA Assistance							\$

2. Sponsor-based Rental Assistance (SRA)

Project Sponsor's Name: _____

Sponsor's Address (street, city, state, & zip): _____

Authorized Representative of the Project Sponsor (name, title, phone number, & fax): _____

- A. Nonprofit Status.** Nonprofit organizations must attach to this section one of the following:
- Private nonprofit organizations must submit a copy of their IRS ruling, providing tax-exempt status under Section 501(c)(3) of the IRS Code of 1986, as amended.
 - 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.

B. Housing Description. Complete the chart below indicating the address of the specific structure(s) to be used, the number of units by bedroom size in each, and whether it is or will be owned or leased by the nonprofit entity.

Address (street, city, State, & zip)	Number of Units by Size							Owned/Leased (check one)
	SRO	0	1	2	3	4	> 4	

C. Grant Amount. In the following chart, show the number of units by size expected to be owned or leased by the sponsor. Multiply the applicable existing FMRs as published in the *Federal Register* on September 26, 1997, by the number of units of a given size by 60 months.

The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR.

Complete a separate chart for each jurisdiction that has a different FMR.

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR \$	X	Number of Months	=	Total Amount Requested \$
SRO					60		
0 Bedroom					60		
One Bedroom					60		
Two Bedroom					60		
Three Bedroom					60		
Four Bedroom					60		
Other: (specify)					60		
					60		
Total SRA Assistance							\$

3. Project-based Rental Assistance (PRA).

A. Site. In the chart below, indicate the address of the property to be assisted and whether or not rehabilitation that meets the requirements specified in 24 CFR 582.100 (b) is to be completed.

Address: (street, city, State, & zip)	Rehabilitation	
	Yes	No

B. Grant Amount. For each property, complete a separate copy of the appropriate chart below showing the number of units by size expected to be assisted at this property. Multiply the applicable existing FMRs as published in the *Federal Register* on September 26, 1997, by the number of units of a given size by the number of months. If the units will be rehabilitated, complete chart 2. Otherwise, complete chart 1.

The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR.

Chart 1. PRA Units without Rehabilitation

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR \$	Number of X Months	=	Total Amount Requested \$
SRO				60		
0 Bedroom				60		
One Bedroom				60		
Two Bedroom				60		
Three Bedroom				60		
Four Bedroom				60		
Other: (specify)				60		
				60		
Total PRA without Rehabilitation						\$

Chart 2. PRA Units with Rehabilitation

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR \$	Number of X Months	=	Total Amount Requested \$
SRO				120		
0 Bedroom				120		
One Bedroom				120		
Two Bedroom				120		
Three Bedroom				120		
Four Bedroom				120		
Other: (specify)				120		
				120		
Total PRA with Rehabilitation						\$

4. Single Room Occupancy Moderate Rehabilitation (SRO) Rental Assistance

A. Project Site. Complete a separate Part 4 *for each site* included under the SRO component of the S+C Program.

Name (if any) & Address of Site: (street, city, State, & zip)

B. Grant Amount. Complete the chart below showing the number of units to be assisted. Note that the FMR for Mod Rehab SRO = Existing FMR for 0-bedroom units x 0.75 x 1.20. After multiplying the number of units by the Mod Rehab SRO FMR, round the number before multiplying by the number of months. If 0.5 or above, round to the next higher whole number. You may not request assistance for more than 100 units per site. Use the existing FMRs published in the *Federal Register* on September 26, 1997.

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	Mod.Rehab. SRO FMR \$	X	Number of Months	=	Total Amount Requested
SRO					120		

C. Certification Requirement for Non-PHA Applicants. Non-PHA applicants must submit the following letter from the PHA that will administer the rental assistance.

(Date)

I, (name and title), authorized to act on behalf of (name of PHA), certify that this agency qualifies as a Public Housing Agency as specified in 24 CFR 882.102, is legally qualified and authorized to carry out this proposed project, and that if (name of applicant) is selected for an SRO award, this agency will administer the rental assistance.

(Signature of PHA official) (PHA number)

D. Project Costs. (1) List below an estimate of the costs of developing the project.

Total Rehabilitation Costs (Eligible and Ineligible)	\$
Acquisition	\$
Other Costs (Eligible & Ineligible, e.g., furniture)	\$
Total	\$

(2) List, on a separate sheet, any commitments from public and private sources that you might be able to provide to help cover the costs of developing the project.

Section G. Renewal Grants

Complete this section only if you are applying for a renewal of a S+C grant expiring in calendar year 1999. Complete a separate form for each TRA, SRA, or PRA project determined to need a renewal grant at this time. Remember that a separate exhibit 3 must be submitted for each project.

Project Name:	Component: (TRA, SRA, PRA)	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):		
Project Sponsor's Name:	Project Congressional District(s):	
Sponsor's Address (street, city, state, & zip):	Project 6-digit Geographic Code:	
Authorized Representative of the Project Sponsor (name, title, phone number, & fax):		

1. Need for Renewal

To determine if a renewal grant is needed for your project, please complete the following chart.

Grant Number: _____

A. S+C Funds Awarded _____

B. Expenditures projected through 1999 _____

C. Difference (A minus B) _____

If funds remain after the funds projected to be spent by the end of calendar year 1999 are subtracted from the amount awarded, a renewal grant is not needed at this time and will not be awarded in this competition. Instead, a project extension should be requested from the appropriate HUD Field Office.

2. Renewal Budget

The amount of rental assistance requested for a renewal grant may not exceed the number of S+C units currently under lease times the applicable current FMR(s) times 60 months.

3. Grant Amount

In the following chart, show the number of units, by size, expected to be owned or leased by the sponsor during the five-year grant period. This number may not exceed the S+C number of units currently under lease. Multiply the applicable existing FMRs as published in the *Federal Register* on September 26, 1997, by the number of units of a given size by 60 months.

The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR. **Complete a separate chart for each jurisdiction that has a different FMR.**

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR \$	X	Number of Months	=	Total Amount Requested \$
SRO					60		
0 Bedroom					60		
One Bedroom					60		
Two Bedroom					60		
Three Bedroom					60		
Four Bedroom					60		
Other: (specify)					60		
					60		
Total Assistance							\$

Section H. Additional Information

The Department of Housing and Urban Development needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)
 - Victims of Domestic Violence
 - Women with Children
2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project either (1) is in an area outside of Metropolitan Areas, or (2) is outside of the urbanized areas within a Metropolitan Area.)
 - Yes
 - No
3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)
 - Yes
 - No
4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?
 - Yes
 - No

If "yes," please provide the name of the military installation:

Exhibit 4:

Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program

Under the SRO Program, a “project” is a single site containing no more than 100 assisted units. A separate Exhibit 4 should be submitted for each project. In calculating your rental assistance amount, please use the Fair Market Rents (FMR) published in the *Federal Register* on September 26, 1997. You may obtain a copy of the applicable FMRs from your local HUD Field Office, which can also provide guidance on how to determine if your proposed project will be financially feasible.

SRO Tips

In developing Exhibit 4, please avoid problems that could hamper your ability to qualify for SRO funding. Here are a few tips that may help:

- No single project may contain more than 100 assisted units. A separate Exhibit 4 should be submitted for each site.
- The structure to be assisted must require a minimum of \$3,000 per unit of rehabilitation to meet Housing Quality Standards (HQS), including its prorated share of work on common areas or systems.
- The building to be assisted must be at least 25 percent vacant.
- If a structure you plan to use in your project currently has occupants who do not qualify for Section 8 rental assistance, you need to be aware that there are relocation requirements. Because these requirements are complex, please contact your HUD Field Office Relocation Specialist or an experienced government relocation agency in the planning stage of your application.
- If you are a private nonprofit organization, you will need to subcontract with a PHA to administer the rental assistance.

Section A. Project Narrative

Section A is a description of the entire project and is not intended to address only those portions of the site that will receive SRO funding. On preferably no more than five typed pages, please describe the following:

1. **The project’s purpose.** Briefly describe the overall purpose of the project and how it will fill a gap in your community’s Continuum of Care system.
2. **The homeless population to be served by the project.** Identify the following for the population to be served.
 - a. Their characteristics and needs for housing and supportive services.
 - b. Where they live (streets, emergency shelters or transitional housing for homeless persons who came from street/shelters).
 - c. The outreach or referral plan to be used to reach them.
3. **The housing where participants will reside.** Please address each item listed below separately.
 - a. The type of structure to be used, and number of persons to be housed.
 - b. The rehabilitation proposed for the property, and the responsibility you and any other organizations will have in operating and maintaining the property.
 - c. How the TYPE AND SCALE of the housing will fit the needs of the population.
 - d. How the housing will be ACCESSIBLE to persons with disabilities in accordance with applicable laws.
 - e. A description of the location of the housing and its accessibility to and the availability of COMMUNITY AMENITIES and TRANSPORTATION.
 - f. How residents’ SAFETY will be ensured.
 - g. How participants will be helped to achieve SELF-SUFFICIENCY to the maximum extent possible.
4. **The supportive services the project participants will receive.** Please address each item listed below separately.
 - a. How the participants’ service *and* housing needs are assessed and tracked.
 - b. How the TYPE AND SCALE of the supportive services the participants will receive will fit their needs.
 - c. The ACCESSIBILITY of these services to the participants’ housing.

-
5. **Location and photograph.** Please provide a photograph of the building to be assisted with the address (street, city, zip).
 6. **The performance measures that will be used for each of the SRO goals and how success in meeting each of the goals will be measured.** Please include both housing and services in your discussion. The goals are to help program participants (a) remain in permanent housing, (b) increase their skills and/or income, and (c) achieve greater self-determination. By developing performance measures for each program goal, you will be focusing on the outcomes you want your project to achieve.

Performance measures have three key components. First, they must relate to outcomes (e.g., the program participant will successfully complete substance abuse treatment) rather than inputs (e.g., the program participant will attend 25 substance abuse sessions). Second, they must have a time frame for the achievement and last, a percentage/number indicating a level of achievement. You should develop performance measures that are appropriate and attainable given the population to be served and the housing and services to be provided. HUD recognizes that goal attainment may be limited; therefore, HUD will not necessarily consider low levels of achievement an indication of poor performance.

The following are examples of performance measures as they relate to the three SRO program goals:

- 80% of participants will remain in permanent housing for at least one year.
- 60% of participants will be employed within one year.
- 75% of participants will increase their incomes within one year.

Section B. Experience Narrative

Section B is a description of the experience of all the organizations involved in carrying out the proposed project. Please describe on preferably not more than 3 typed pages.

1. The specific type and length of experience of *all organizations* involved in implementing the proposed project including the project sponsor, housing and supportive service organizations, and any key subcontractors. Describe experience directly related to carrying out the proposed project and experience working with homeless people.
2. Describe experience contracting for and overseeing the rehabilitation of housing, and experience administering rental assistance.
3. List any HUD McKinney grants received or participation in the Single Family Property Disposition Homeless Program (SFPD), including year(s) awarded, grant number, award amount, and amounts spent to date.

Section C. Project Information (please type)

Project Name:	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):	
Project Sponsor's Name:	Project Congressional District(s):
Sponsor's Address (street, city, state, & zip):	Project 6-digit Geographic Code:
Authorized Representative of the Project Sponsor (name, title, phone number, & fax):	

Section D. Budget

1. Rental Assistance Award Amount

Please complete the chart below showing the number of units to be assisted, the applicable fair market rent (FMR), and the total amount of rental assistance requested. Note that the FMR for Moderate Rehabilitation SRO = Section 8 Existing Housing FMR for a 0-bedroom unit X 0.75 X 1.20. The Mod Rehab SRO FMR entered below should be a whole number — round before multiplying. (If 0.5 or above, round to the next higher whole number.) Also note that if there is no rehabilitation financing to be amortized, the rental assistance is limited to 75% of a 0-bedroom FMR. Please remember that you cannot request assistance for more than 100 units per site.

Name of metropolitan or non-metropolitan area for the FMR used:

Dwelling Units	Number of Units	X	Mod.Rehab. SRO FMR \$	X	Number of Months	=	Total Amount Requested
SRO					120		

2. Project Costs

a. Please list below an *estimate* of the costs of developing the project.

Total Rehabilitation Costs (eligible and ineligible)	\$
Acquisition	\$
Other Costs (eligible and ineligible, e.g., furniture)	\$
Total	\$

b. Please list below (or on a separate sheet) any commitments from public and private sources that you might be able to provide to help cover the costs of *developing* the project. Firm financing commitments will need to be provided at a later date.

Source	Amount
Total Funds	

Section E. Vacant Units

Please indicate below the number of units to be assisted and the number and percentage of those units that are vacant at the time of application submission.

1. Total Number of Units in Building	
2. Number of Units to be Assisted (To be assisted, units must be occupied by Section 8-eligible persons.)	
3. Number of Units to be Assisted that are Vacant at Application Submission	
4. Percentage of Units Vacant at Application Submission. (Note: At least 25% of the units must be vacant to be eligible for award — item 3 divided by item 2.)	

Section F. Homeless Veterans

- Are veterans the primary target population of your proposed project?
 Yes No
- Are veterans among the homeless subpopulations your project will specifically target and intends to serve?
 Yes No

Section G. PHA Certification Requirements for Nonprofit Applicants

If the applicant for this project is a private nonprofit organization, please include in this exhibit the following letter from the PHA that will administer the rental assistance:

(Date)

I, (name and title), authorized to act on behalf of (name of PHA), certify that this agency qualifies as a Public Housing Agency, as specified in 24 CFR 882.102, is legally qualified and authorized to carry out this proposed project, and that if (name of applicant) is selected for an SRO award, this agency will administer the rental assistance.

(Signature of PHA official)

(PHA number)

Section H. Section 213 Letter

The law requires that you submit a letter from the chief executive officer (CEO) of the unit of general local government in which the project is located, indicating that the CEO has reviewed the application and stating whether or not there are any objections to the application. This requirement is based on Section 213 of the Housing and Community Development Act of 1974 (see 24 CFR part 791 for specific requirements). If the CEO has no objections to the application, submit the following letter:

(Date)

I,(name), CEO for (unit of local government) have reviewed the Section 8 Moderate Rehabilitation Single Room Occupancy application submitted by (applicant name) and have no objections to the application.

(Signature of CEO)

If the CEO has objections, the letter must specify the objections.

Section I. Additional Information

The Department of Housing and Urban Development needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

- 1. Which of the following subpopulations will your project serve? (Check all that apply)
 - Severely Mentally Ill
 - Chronic Substance Abusers
 - Dually Diagnosed
 - AIDS or Related Diseases
 - Victims of Domestic Violence
- 2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project either (1) is in an area outside of Metropolitan Areas, or (2) is outside of the urbanized areas within a Metropolitan Area.)
 - Yes
 - No
- 3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)
 - Yes
 - No
- 4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?
 - Yes
 - No

If "yes," please provide the name of the military installation:

Application for Federal Assistance

	2. Date Submitted	Applicant Identifier
1. Type of Submission: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. Date Received by State	State Application Identifier
	4. Date Received by Federal Agency	Federal Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		

5. Applicant Information

Legal Name	Organizational Unit
Address (give city, county, State, and zip code): matters	Name, telephone number, and facsimile number of the person to be contacted on involving this application (give area codes)
	FAX Number:

6. Employer Identification Number (EIN): <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	7. Type of Applicant: (enter appropriate letter in box) <input type="checkbox"/> <table style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Non-profit</td> </tr> </table> Other (Specify):	A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Non-profit
A. State	H. Independent School Dist.														
B. County	I. State Controlled Institution of Higher Learning														
C. Municipal	J. Private University														
D. Township	K. Indian Tribe														
E. Interstate	L. Individual														
F. Intermunicipal	M. Profit Organization														
G. Special District	N. Non-profit														

8. Type of Application:
 New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify):

10. Catalog of Federal Domestic Assistance Number: Title: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	9. Name of Federal Agency: U.S. Department of Housing and Urban Development
	11. Descriptive Title of Applicant's Project:

13. Proposed Project: Start Date Ending Date	14. Congressional Districts of: a. Applicant b. Project
---	--

15. Estimated Funding: <div style="background-color: #cccccc; height: 150px; width: 100%;"></div>	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date: _____ b. No <input checked="" type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation <input type="checkbox"/> No	

18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative	e. Date Signed	

Instructions for the SF-424

This is a standard form used by applicants as a required facesheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item 1. Self-explanatory.

Item 2. Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).

Item 3. State use only (if applicable).

Item 4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.

Item 5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number and facsimile number of the person to contact on matters related to this application.

Item 6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.

Item 7. Enter the appropriate letter in the space provided.

Item 8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:

- "New" means a new assistance award.
- "Continuation" means an extension for an additional funding budget period for a project with a projected completion date.
- "Revision" means any change in the Federal

Government's financial obligation or contingent liability from an existing obligation.

Item 9. Name of Federal agency from which assistance is being requested with this application.

Item 10. The Catalog of Federal Domestic Assistance number is not applicable. Enter the title of the program under which assistance is requested.

Item 11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For pre-applications, use a separate sheet to provide a summary description of this project.

Item 12. List the local jurisdiction(s) to be served by the project.

Item 13. Self-explanatory.

Item 14. List the applicant's Congressional District and any District(s) affected by the program or project.

Item 15. Not applicable.

Item 16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State inter-governmental review process.

Item 17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

Item 18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

Applicant Certification

(These certified statements are required by law.)

The Applicant hereby ensures and certifies that:

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

1. Fair Housing and Equal Opportunity.

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

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR Part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, handicap, familial status or national origin, and administer its programs and activities relating to housing in a manner to affirmatively further fair housing. For Indian tribes, it will comply with the Indian Civil Rights Act (25 U.S.C. 1301 *et seq.*), instead of Title VI and the Fair Housing Act and their implementing regulations.

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

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

It will comply with Section 3 of the Housing and

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

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

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

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

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

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

Additional for S+C:

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

2. Drug-Free Workplace.

It will provide drug-free workplaces in accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 701) by:

- (a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) establishing an ongoing drug-free awareness program to inform employees about:
 - (1) the dangers of drug abuse in the workplace;

- (2) the grantees policy of maintaining a drug-free workplace;
- (3) any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) abide by the terms of the statement; and
 - (2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted :
 - (1) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f);
- (h) providing the street address, city, county, state, and zip code for the site or sites where the performance of work in connection with the grant will take place. For some applicants who have functions carried out by employees in several departments or offices, more than one location may need to be specified. It is further recognized that States and other applicants who become grantees may add or change sites as a result of changes to program activities during the course of grant-funded activities. Grantees, in such cases, are required to advise the HUD Field Office

by submitting a revised Place of Performance form. The period covered by the certification extends until all funds under the specific grant have been expended.

3. Anti-Lobbying.

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and of more than \$100,000 for each such failure.

4. Debarment.

It and its principals (see 24 CFR 24.105(p)):

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions (see 24 CFR 24.110) by any Federal department or agency;
- (b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted for or otherwise criminally

- or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (b) of this certification; and
- (d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

5. Uniform Act.

It will comply with the Uniform Relocation and Real Property Acquisition Policies Act of 1970 (as amended), and the implementing regulations at: 24 CFR 583.310 for SHP, 24 CFR 582.335 for S+C, and 24 CFR 882.810 for SRO.

B. For SHP Only.

1. Maintenance of Effort.

It will comply with the maintenance of effort requirements described at 24 CFR 583.150(a).

2. 20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

3. 1-Year Operation Rule.

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

4. Environmental Rule.

- (a) If the applicant is a State or other governmental entity with general governmental powers (see 24 CFR 583.5), it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321) (NEPA) and related environmental laws and authorities listed in 24 CFR Part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR Part 58.
- (b) If the applicant is a private nonprofit organization or a governmental entity with special or limited purpose powers, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an

environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii) carry out mitigating measures required by HUD or ensure that alternate sites are utilized.

C. For S+C Only.

1. Maintenance of Effort.

It will comply with the maintenance of effort requirements described at 24 CFR 582.115(d).

2. Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance and that it will fund the supportive services itself if the planned resources do not become available for any reason.

3. Components: Standards, Definitions, and \$3,000 Minimum.

- (a) For the SRO component only, the proposed site meets HUD's site and neighborhood standards (24 CFR 882.803(b)(4)), and meets the regulatory definition of single room occupancy housing (24 CFR 882.802).
- (b) For the SRO and PRA with rehabilitation components, the rehabilitation costs will meet the per unit rehabilitation minimum of \$3,000.

4. Environmental Rule.

- (a) If the applicant is not a PHA, it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321) (NEPA) and related environmental laws and authorities listed in 24 CFR Part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR Part 58.
- (b) If the applicant is a PHA, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii)

carry out mitigating measures required by HUD or ensure that alternate sites are utilized.

Board of Directors serve in a voluntary capacity and receive no compensation, other than reimbursement for expenses, for their services.

D. For SRO Only.

1. Standards, Definitions, and \$3,000 Minimum.

The proposed site meets HUD's site and neighborhood standards (24 CFR 882.803(b)(4)), meets the regulatory definition of single room occupancy housing (24 CFR 882.802), and the rehabilitation costs will meet the per unit rehabilitation minimum of \$3,000.

2. Environmental Rule.

It will comply with the environmental review requirement for the SRO Program at 24 CFR 882.804(d).

E. For SHP and SRO.

1. Nonprofit Board of Directors.

For private nonprofit applicants, members of its

F. For SHP and S+C.

1. Lead-Based Paint.

It will comply with the requirements of the Lead-Based Paint Poisoning Prevention Act, 42 U.S.C. 4821-4846, and implementing regulations at 24 CFR Part 35.

G. For S+C and SRO.

1. PHA Qualification.

For PHA applicants, that it qualifies as a Public Housing Agency as specified in 24 CFR 882.102 and is legally qualified and authorized to carry out the proposed project(s).

2. IHA Qualification.

For IHA applicants, that it qualifies as an Indian Housing Authority as specified in 24 CFR 905.126 and is legally qualified and authorized to carry out the proposed project(s).

H. Explanation.

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

Signature of Authorized Certifying Official:	Date:
X	
Title:	
Applicant:	For PHA Applicants Only: PHA Number:

Consolidated Plan Certification

HUD is required by law to obtain Consolidated Plan Certification for each proposed project.

A. Completing the Consolidated Plan Certification

Except as stated below, all projects must have a Consolidated Plan (which is hereafter called the Plan) certification from the applicable State or local government official responsible for submitting the appropriate Plan. The following instructions indicate the requirement for certification by applicant type for each program.

For SHP, S+C, and SRO: Units of general local government that apply must have either an approved Plan or Abbreviated Plan, and therefore must submit a certification for projects located within its jurisdiction. If the application contains projects located outside of the jurisdiction, a Plan certification must be submitted from a jurisdiction with an approved Plan, or if no local Plan covers the project, from the State. A unit of general local government applicant which does not have a Plan should seek the assistance of the local HUD Field Office regarding the development of an Abbreviated Plan.

Indian Tribes are not required to have a Plan or Abbreviated Plan, and therefore any applicant submitting an application for a project located on an Indian reservation is not required to submit a certification. However, if an Indian Tribe submits an application for a project located off of the reservation, then it must follow the nonprofit applicant rules.

Insular Areas (America Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands) are not required to have a Plan or Abbreviated Plan, and therefore applications submitted from these jurisdictions do not require a certification of consistency with a Plan.

For SHP and SRO: State government applicants must only submit a certification of consistency with the State Plan.

An applicant that is a **private nonprofit organization, a community mental health organization that is a public nonprofit organization, or other governmental entity such as a public housing agency** must provide a certification from each jurisdiction in which a project will be located. If the local jurisdiction in which the project will be located does not have a Plan or an Abbreviated Plan, then a certification from the State must be submitted. For example, if an application contained projects in jurisdiction A having a Plan and jurisdiction B not having a Plan, then the applicant would have to submit a certification from jurisdiction A and a certification from the State for jurisdiction B.

For SHP Only: Non-State applicants proposing activities which will occur in more than one jurisdiction, only need to obtain a certification from the jurisdiction in which the program is administered if they are proposing: (1) Services Only activities; or (2) Scattered-

Site Leasing where a participant selects the specific rental unit for which SHP rental assistance will be used. For other forms of leasing, submit a certification from each jurisdiction where units are located.

For S+C Only: State government applicants must submit a certification from both the State and the applicable local jurisdiction(s) where the proposed project will be located.

Public housing agencies must provide a certification from each jurisdiction in which a project will be located. If the local jurisdiction in which a project will be located does not have a Plan or an Abbreviated Plan, then a certification from the State must be submitted. For example, if an application contained projects in jurisdiction A having a Plan and jurisdiction B not having a Plan, then the applicant would have to submit a certification from jurisdiction A and a certification from the State for jurisdiction B.

B. Completing the Location Section

For SHP, S+C, and SRO: Facility-Based. If the project involves acquisition, rehabilitation, new construction, or leasing (except scattered-site leasing of rental housing units), enter the city and county in which the site is located.

For SHP and S+C: Scattered-Site Leasing. Follow (1) or (2) depending on whether the project sponsor or the participant selects the units.

(1) If the project involves scattered-site leasing of rental housing units where the project sponsor will select and lease the units, identify each city and county in which the rental units will be located.

(2) If the project involves scattered-site leasing of rental housing units where the participant will select the rental units, enter the city and county in which the organization that will be administering the rental assistance is located.

For SHP Only: Services Only. If the project is a Services Only project (**not** expansions of existing projects with additional services), enter the city and county in which the organization that will be administering the project is located:

Please consult your local HUD Field Office for assistance in identifying jurisdictions with a Plan and the official authorized to provide certification. **For each required certification, use the exact language as stated on the form.** HUD recommends completing the form itself and submitting it as the certification, rather than retyping it.

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of the Federal
Program to which the
applicant is applying: _____

Name of
Certifying Jurisdiction: _____

Certifying Official
of the Jurisdiction
Name: _____

Title: _____

Signature: _____

Date: _____

Certification of Consistency with the EZ/EC Strategic Plan

U.S. Department of Housing
and Urban Development

I certify that the Continuum of Care application is consistent with the Strategic Plan of a Federally-designated Empowerment Zone (EZ), Enterprise Community (EC), or Urban Enhanced Enterprise Community.

(Type or clearly print the following information:)

Applicant Name: _____

Name of the Federal
Program to which the
applicant is applying: _____

Name of EZ/EC: _____

I further certify that the Continuum of Care will have activities located within the EZ/EC and/or will principally serve EZ/EC residents. (up to 2 points)

Name of the
Certifying Official
of the EZ/EC: _____

Title: _____

Signature: _____

Date: _____

You are our Client!

Your comments and suggestions, please!

In the spirit of reinventing government, as outlined in Vice-President Al Gore's National Performance Review, much attention has been given to streamlining and simplifying the application process. While working within the statutes governing the application and selection process, we have, in preparing this Notice of Funding Availability (NOFA) and application form, tried to produce a more user-friendly, customer driven document. Please let us have your comments and suggestions. You may leave this form attached to your application, or feel free to detach the form and return to us.

Please Provide Comments on HUD's Efforts on Assisting Homeless Persons:

The NOFA (please circle one):

- (a) is clear and easily understandable
- (b) better than before, but still needs improvement (please specify)

(c) other comments (please specify):

The application form (please circle one):

- (a) is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.
- (b) is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify):

Name & Organization (optional):

Attach additional pages as necessary.

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

Type or clearly print the Applicant's name and full address in the space below.

(fold line)

Type or clearly print the following information:

Name of the Federal
Program to which the
applicant is applying: _____

To Be Completed by HUD

HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.

HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:

Enclosed

Being sent under separate cover

Processor's Name _____

Date of Receipt _____