
Part I

Continuum of Care Homeless Assistance Programs

OMB Approval No. 2506-0112 (exp. 6/30/2003)

Form HUD-40076-CoC (2001)
OMB Approval No. 2506-0112 (exp. 06/30/2003)

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 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: 2001 Competition SHP, S+C, and SRO Programs

General Instructions

Since 1987, the programs authorized under the McKinney-Vento Homeless Assistance Act have been a 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 2001 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 and to the Questions and Answers supplement 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) New, Shelter Plus Care Renewal, 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 projects. 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

To HUD Headquarters. The original completed application (containing the original signed documentation) must be submitted to: Special Needs Assistance Programs Office, Room 7270, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410, Attention: Continuum of Care Programs.

To the Appropriate CPD Field Office. Two copies of the completed application must also be submitted to the Community Planning and Development Division of the appropriate HUD Field Office for the applicant's jurisdiction. Field Office copies must be received by the deadline date as well, but a determination that an application was received on time will be made **solely on receipt of the application submitted to HUD Headquarters in Washington**. The review and scoring will be based upon the contents of the submission received in HUD Headquarters.

See the General Section of this SuperNOFA for specific procedures governing the form of application submissions (e.g., mailed applications, express mail, overnight delivery, or hand delivery).

The three ways to package an application under the NOFA are described below. Options one and two are developed from a single Continuum of Care strategy. 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 several jurisdictions) and contains funding requests for all the projects within that system. In a Consolidated Application there may be one applicant which then administers all funded projects through project sponsors or multiple applicants that request 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. Applicants are advised that projects that *are not* a part of a Continuum of Care strategy will receive few, if any, points under the Continuum of Care rating factors.

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

Application Exhibits

There are five 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, 3R and 4 correspond to the three programs (SHP, S+C - New, S+C - Renewal and SRO) and are used to describe the projects for which funding is requested.

A completed application will include one Exhibit 1 (Continuum of Care) and any number of Exhibits 2 (SHP), 3 (S+C New), 3R (S+C Renewal) 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 new 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. (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. You should pay special attention to Exhibit 1: Continuum of Care and the associated selection criteria in the 2001 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 and 3R: 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 rehabilitation) 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. For new project requests, see Exhibit 3 for specific details. For renewal requests, see Exhibit 3R.

When applying for S+C assistance, you should submit one Exhibit 3 for each new project and/or one exhibit 3R for each renewal. 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 the specific criteria identified in the NOFA. 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 is 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, the Enterprise Community, Urban Enhanced Enterprise Community or Strategic Planning Community (EZ/EC) if the applicant states in the application that 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 and should be read carefully.

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 community mental health association documentation followed by its project exhibit(s), Consolidated Plan Certification(s) and the required HUD Form-2880. For additional applicants, this order would be repeated.

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 certifications (signed by applicant)
 - c. Private nonprofit documentation [applicants for SHP, SRO, and S+C (SRA component) programs]
 - d. Community mental health association documentation (for SHP public nonprofit applicants only)
4. Project exhibits with Consolidated Plan Certification, HUD Form 2880-Disclosure/Update Report, **and Special Project Certifications** (after each project)

Assembly Format:

1. Number all pages sequentially and insert tabs marking each exhibit. For Exhibit 1, Continuum of Care narrative, number pages from 1 up to 25 using letter suffixes where appropriate to indicate pages that do not count toward the 25 page limit as per the instructions for completing the Continuum of Care narrative. For example, the first page of a 4 page project leveraging chart would be numbered 23 while the next 3 pages of the chart would be numbered 23-A, 23-B, and 23-C.
2. Please use a two-hole punch to insert holes at the *top* of your application.
3. Please do not bind your application, since this impedes processing.

Deadline

It is critical that you check the NOFA published in 2001 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 State and 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 and, if the applicant is a State or unit of local government, that the jurisdiction is following its 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.

2001 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 (CoC) Name: _____

CoC Contact Person and Organization: _____

Address : _____

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. Enter the name of *every listed* city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Adding in a jurisdiction that is not really part of your system is likely to significantly reduce your score. Before completing, please read the NOFA guidance and page 3 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.

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. To this end, HUD is encouraging localities to shape a comprehensive and coordinated housing and service delivery system called a Continuum of Care.

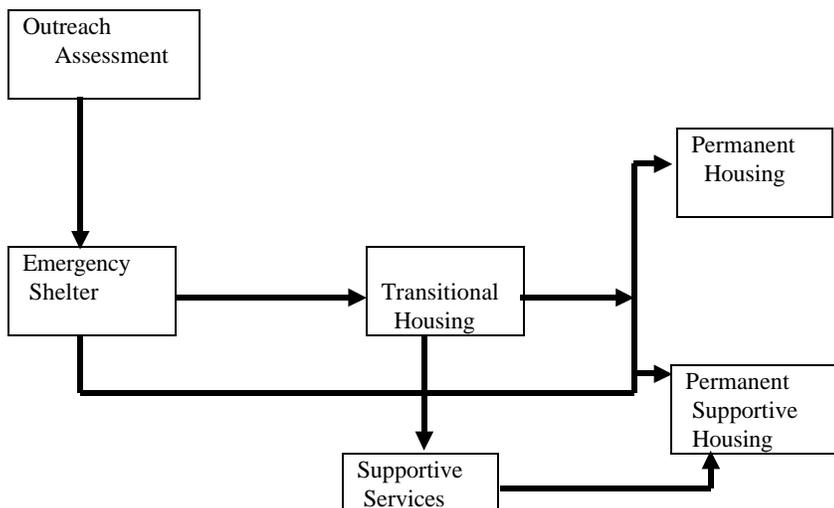
A Continuum of Care approach helps communities plan for and provide a balance of emergency, transitional, and permanent housing and service resources to address the needs of homeless persons so they can make the critical transition from the streets to jobs and independent living. A Continuum of Care system should also include a homeless prevention component.

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	= (equals)	Continuum of Care Gaps
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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.

Choosing a Geographic Area

The geographic area included in your Continuum of Care system may be composed of one or more cities or counties. 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 contiguous counties to develop a region-wide Continuum of Care strategy covering the combined service areas of these counties.

Continuum of Care Narrative

The Exhibit 1 submission for applicants involved in the same Continuum of Care strategy must be identical. The information will be in narrative and chart form, as indicated below.

To ensure that no applicant is afforded an advantage in the rating of the Continuum of Care Exhibit [described in Section V(A)(3) of the NOFA], HUD is establishing a limitation of 25 pages on the length of Exhibit 1. Except as indicated herein, all pages, including attachments are counted towards the 25 page limitation. **HUD will not consider the contents of any pages exceeding this limit when rating Exhibit 1: Continuum of Care of any application.**

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 requested.

2. Your community's planning process for developing a Continuum of Care strategy.

Please provide the following about your Continuum of Care (CoC) planning process:

- a. **Identify** the lead entity (i.e., convenor or organization managing the overall process) for the CoC planning process.
- b. **Describe** your community's CoC planning process, demonstrating that one, well-coordinated process is in place.
- c. **Provide** a formal organization chart showing the relationship of the entities in your CoC organizational planning structure to each other.
- d. **List** the dates and main topics of your CoC planning meetings held since June 2000, demonstrating that these meetings (both plenary and committee) are held year-round and are regularly scheduled. **Indicate** plans for future meetings as well.

- e. Using the format below, list the specific names and types of organizations involved in your Continuum of Care (CoC) planning process, such as State and local government agencies, nonprofit organizations, banks, housing developers, businesses, foundations, service providers, and homeless or formerly homeless persons; the subpopulation(s) the organization/entity is specifically focused on representing; and each organization's level of participation in the planning process, e.g., steering committee member attends all monthly planning meetings, housing subcommittee member attends infrequently, gaps analysis subcommittee chair, etc. If more than one geographic area is claimed on the 2001 Application Summary page, you must indicate which geographic area(s) each organization represents in your Continuum of Care planning process. *(Although you may require multiple pages to respond to this item, your response will only count as one page towards the 25 page limitation.)*

Specific Names of CoC Organizations/Persons (and geographic area represented)	Subpopulations Represented, if any* (SMI, SA, HIV/AIDS, VETS, DV, Y)	Level of Participation (activity and frequency) in Planning Process
State agencies:		
Local government agencies:		
Nonprofit organizations:		
Service providers		
Banks:		
Housing developers:		
Businesses:		
Foundations:		
Homeless/former homeless persons:		

* **Note:** indicate only those subpopulations that the organization is specifically focused on serving.

Subpopulations Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), HIV/AIDS, Veterans (VETS), Domestic Violence (DV), and Youth (Y)

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

Although your system may not be completed, development of a system or plans for its development should be underway. Please provide the following:

- Briefly describe your community's vision for combating homelessness.
- Describe your community's strategy to carry out that vision over the next 18 months with specific future-oriented administrative and programmatic goals and specific action steps. Specify the entity that has lead responsibility for carrying out each step and target dates for completion. Please use the following format: (Add to as needed for additional goals.)

Goal	Action Steps	Responsible Person/Organization	Target Dates
Goal 1:			
Goal 2:			

Goal 3:			
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- c. Using the format below, describe the fundamental components of your Continuum of Care system currently in place and those your community is working toward, being specific as to provider name, services offered and/or number of beds or units. Describe how homeless persons receive or access assistance under each component. (*Although you may require multiple pages to respond to this item, your response will only count as one page towards the 25 page limitation.*)

Fundamental Components in CoC System
<p><u>Component:</u> <i>Prevention</i> Services in place: Services planned: How persons receive assistance:</p>
<p><u>Component:</u> <i>Outreach/Assessment</i> Services in place: Services planned: How homeless persons access/receive assistance:</p>
<p><u>Component:</u> <i>Emergency Shelter</i> Housing/services in place: Housing/services planned: How homeless persons access/receive assistance:</p>
<p><u>Component:</u> <i>Transitional Housing</i> Housing/services in place: Housing/services planned: How homeless persons access/receive assistance:</p>
<p><u>Component:</u> <i>Permanent Housing and Permanent Supportive Housing</i> Housing/services in place: Housing/services planned: How homeless persons access/receive assistance:</p>
<p><u>Component:</u> <i>Supportive Services</i> Services in place: Services planned: How homeless persons access/receive assistance:</p>

- d. Describe how your system facilitates movement of homeless persons through the components from initial intake to eventual placement in permanent housing. Be specific about what methods are used to link components.
- e. Using the format below, describe how each subpopulation is reached or will be reached. Identify the provider and outreach activities undertaken for each subpopulation (e.g. street canvassing).

Subpopulations	Outreach In Place	Outreach Planned
Veterans		
Seriously Mentally Ill		
Substance Abuse		
HIV/AIDS		
Domestic Violence		
Youth		
Other		

4. Gaps and Priorities.

- a. Using data consistent with your community's Consolidated Plan, fill out the *Continuum of Care: Gaps Analysis* chart. (Refer to the chart for specific instructions and examples.)
- b. Using the format below, identify the data sources and methods (e.g., mail survey, street enumeration) used to fill out the columns in the gaps analysis chart for estimated need and current inventory, indicating the specific dates of data collection (e.g., March 30, 2000) for both street and shelter counts.

Data Source	Method	Date of Data Collection	Street Count (✓ box)	Shelter Count (✓ box)

- c. Describe the data sources and methods identified above by explaining:
- (1) your community's process and methods for collecting the data, including the reasons your community chose those methods;
 - (2) how your community estimated the number of homeless people living on the streets;
 - (3) how the data in your Gaps Analysis Chart compares with the Con Plan and any other studies that have been conducted on homelessness in your community; and
 - (4) your community's plans for conducting regular counts (not less than once every three years) of the homeless using the resources available in your community. Explain the frequency of the counts you plan to conduct and the methods you plan to use.
- d. Using your gaps analysis findings, fill out the *Continuum of Care: Project Priorities* chart that follows. (Refer to the chart for specific instructions and examples.)
- e. Describe how each project will fill a gap in your community's Continuum of Care system. (*Although you may require multiple pages to respond to this item, your response will only count as one page towards the 25 page limitation.*)

- f. Demonstrate how the project selection and priority placement process was conducted fairly and gave equal consideration to projects sponsored by nonprofit organizations. In doing so, (1) specify project solicitation efforts; (2) identify the objective rating measures applied to the projects and the participants on the review panel or committee; and (3) explain the voting system used.

5. Supplemental resources.

Please be sure to do the following:

- Fill out the *Continuum of Care: Project Leveraging* chart. (Refer to the chart for specific instructions and examples.)
- Describe your Continuum of Care-wide strategy to coordinate homeless assistance with each of the following mainstream health, social service, and employment programs: Medicaid, State Children's Health Insurance Program, TANF, Food Stamps, and service funding through the Mental Health Block Grant and Substance Abuse Block Grant Programs, Workforce Investment Act, and the Welfare-to-Work Grant Program. The strategy should, at a minimum, provide for the systematic identification and enrollment of homeless persons eligible for these programs.
- Using the format below, describe how non-McKinney Act resources, other than those listed in 5(b), are currently being used to assist homeless persons. Do *not* include the non-McKinney Act dollars claimed on your leveraging chart. Non-McKinney Act resources may include the Community Development Block Grant (CDBG) program, HOME, Section 8 rental housing, public housing, other Federal funds such as HHS and the Department of Labor resources, State assistance or housing programs, city or county funds, private funds, and foundation grants. **(Please ensure that there is no overlap between the funds listed on Project Leveraging Chart and the non-McKinney Act resources given below.)**

Mainstream Resources	Use of Resource in CoC System (e.g., rehab, new construction, rental assistance, job training, etc.)	\$ Amount or number of units/beds provided for the homeless
CDBG		
HOME		
Section 8		
Public Housing		
Other Federal		
State		
City/County		
Private		
Foundations		

6. Bonus for Empowerment Zones (EZ) and Enterprise Communities (EC). (Optional. *Your response to this item will not count towards the 25 page limitation.*)

Please provide a narrative that addresses each of the following:

- Specify the number and location of projects that will be located within the boundaries and/or will principally serve the homeless residents of a Federal Empowerment Zone, Enterprise Community, Urban Enhanced Enterprise Community or Strategic Planning 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.)
- Of the projects identified in (a), indicate which projects give priority placement to homeless persons living on the streets or in shelters within the EZ or EC area, or whose last known address was within the EZ or EC.
- Describe how the applicant/sponsor will ensure that priority placement will be given to homeless persons

- living on the streets or in shelters within the EZ or EC.
- d. Describe the extent of the linkages and coordination between the CoC system or proposed projects identified under (b) and the EZ/EC.

7. Homeless Management Information System (HMIS). (Non-scoring section) *[Your response to this item will not count towards your 25 page limitation.]*

a. HMIS can enable homeless service providers to collect uniform information about clients over time. This information can help to improve services and planning as well as to more accurately determine the size, characteristics and needs of a community's homeless population. Please inform us about efforts of your continuum to implement an HMIS, by checking which one of the following best reflects the status of your CoC in having a continuum-wide, client-based HMIS (see Section P of the "Questions and Answers" supplement to the application before completing):

- The CoC has not yet considered implementing a HMIS.
- The CoC has been meeting and is considering implementing a HMIS.
- The CoC has decided to implement a HMIS and is selecting needed software and hardware.
- The CoC has implemented a continuum-wide HMIS.
- The CoC is seeking to update or change its current HMIS.
- The CoC is seeking to expand the coverage of the current system.

b. **If your CoC has already implemented a HMIS**, identify in the table below how many of the Current Inventory Beds/Units listed on your Gaps Analysis chart are included in the CoC's HMIS:

	Current Inventory Beds/Units in HMIS	
	Families	Individuals
Emergency Shelter	_____	_____
Transitional Housing	_____	_____
Permanent Supportive Housing	_____	_____

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. While not necessary to conduct a full analysis each year, the need estimates must be reliable and include homeless persons living on the street and in emergency shelters. They should be based on a count done at one point in time and ensure that any duplication is eliminated.

Include this required chart with 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/housing units, enter the estimated number of beds/housing units 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 estimates it may 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, supportive services slots, and response to subpopulations, 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 Abuse				
	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 Abuse				
	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 whether submitted through Consolidated or Associated Applications. 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 may lose up to 30 points of the 40-point Need total. There should be ***only one project per line.*** Projects submitted in response to the 2001 NOFA should fill gaps identified as priorities for funding as determined by your community’s gaps analysis.

1. In the ***first column***, enter the name of the ***applicant***, the entity that is responsible for the overall management of the grant. This entity becomes the grantee if the project is selected for funding. (*You must submit an SF 424.*)
2. In the ***second column***, enter the ***project sponsor*** that will carry out the project and the ***project name***.
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 12 as 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 13.
4. In the ***fourth column***, enter the requested amount of project funding for each project
5. In the ***last column***, check the name of the corresponding program for the project. If the project is a renewal, be sure to check 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.)
7. ***Place all Shelter Plus Care renewal projects as the last entries in the chart. They are not prioritized with the other programs because while the law requires that they be a part of the Continuum of Care process, Shelter Plus Care renewals are being funded non-competitively.***
8. ***The tiering of projects on your priority list is no longer permitted.***

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 2002 may request renewal funding if it previously received HUD McKinney-Vento Act funds for one of the following:

- Supportive Housing Program (SHP)
- SHP Renewal
- Shelter Plus Care (S+C) Program
- S+C Renewal

When developing priority lists, your community may wish to pay particular attention to the funding needs of current McKinney homeless assistance projects that will not have sufficient funds to continue operating throughout 2002 . 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 SHP renewal funding, you will want to consider identifying such projects 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 one year.

Continuum of Care: Project Priorities

(This entire chart will only count as one page towards the 25 page limitation)

Applicant	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	ABC Nonprofit/ Sarah's House	1	\$1,026,000	X				
Example: XYZ County	AJAY Nonprofit/ BeeJee's Place	2	\$500,000	X				
		1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
Total Requested Amount:								

* The requested project amount must not exceed the amount entered in the project budget in Exhibits 2, 3, and 4. If the project budget exceeds the amount shown on the priority list, the project budget will be reduced to the amount shown on the priority list.

Please Note:

- (1) Place all Shelter Plus Care renewal projects as the last entries on the Chart.
- (2) For all Shelter Plus Care and SRO projects, please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the January 2, 2001 Federal Register.
- (3) The tiering of projects on your priority list is no longer permitted.

Instructions for Continuum of Care: Project Leveraging

Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. Provide information *only* for contributions for which you have a *written commitment in hand at the time of application*. A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The written commitments must be documented on letterhead stationery, signed and dated by an authorized representative, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available. The *documentation will be required at Second Submission* if a project is conditionally selected. If you *do not* have a written agreement for a contribution at the time of application submission that will be used in your project, *do not* enter the contribution.

1. In the *first column*, enter the project priority number.
2. In the *second column*, enter the name of the project.
3. In the *third column*, identify the type of contribution being leveraged by the proposed project. Types of contributions could include cash, buildings, equipment, materials, and services, such as transportation, health care, and mental health counseling.
4. In the *fourth column*, enter 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 *last column*, enter the value of the contribution. 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. At the bottom of the chart, fill in the total amount. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)

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)

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. While housing providers should help residents to locate appropriate services, including services offered by the housing provider, and may require that every resident accept appropriate services, to the extent possible, HUD encourages providers to develop housing programs which do not require participation in specific services as part of their tenancy requirements. 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 semiprivate 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 and can be replicated 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 either 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 (SSO) component. SHP funds may be requested for the expansion only; the project sponsor would continue to provide funding for the current activities from other sources.

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.

Example 4: Project sponsor Second Chance is part of a CoC which has decided to implement a community-wide Homeless Management Information System (HMIS). The CoC has determined that Second Chance will propose an SSO project to implement and operate the HMIS. The project’s supportive service funds will be used to purchase HMIS software, lease computers for homeless providers which need them to be part of the HMIS and to pay the salary of a HMIS administrator. (See the “Question and Answer” supplement to the application for further information on funding for HMIS activities.)

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:

Eligible and Ineligible Activities and Limitations. There are seven activities that can be funded under SHP. They are acquisition, rehabilitation, new construction, leasing, operating costs, supportive services and administrative costs. Please note that beginning in 2001, the costs of implementing and operating Homeless Management Information Systems (HMIS) are eligible supportive services. See the “Questions and Answer” supplement to the application for additional discussion on this topic. 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 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.

Match. SHP funds provided for acquisition, rehabilitation, and new construction must be matched by the recipient with an equal amount of funds from other sources. In addition, any applicant requesting SHP funds for operating costs for supportive housing must provide a cash contribution of at least 25 percent of the total operating costs. Any applicant requesting SHP funds for supportive service activities must provide a cash contribution of at least 20 percent of the total supportive service costs.

Relocation and Environmental Issues. SHP projects are subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act and additional relocation requirements in Section 583.310 of the SHP regulations. In addition, the use of SHP funds for acquisition, rehabilitation, new construction and, in some cases, leasing triggers 24 CFR Part 58, Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities, for recipients who are private nonprofit organizations or public housing authorities. Projects are also subject to the Lead-Based Paint Poisoning Prevention Act and are, therefore, subject to 24 CFR part 35. New Lead-Based Paint procedures added in 1999 become effective for recipients of the 2001 Homeless Assistance Competition. Because these requirements can be complex, please contact your local HUD Field Office for guidance during the planning stages of your project.

Tiering. This is no longer an option in the Supportive Housing Program.

Renewal Projects

The purpose of renewal funding is to provide operating, 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 2002*:

- Supportive Housing Program, including those previously renewed
- Supplemental Assistance for Facilities to Assist Homeless Program (SAFAH)

Since renewal projects may request renewal funds only for continuing a previously approved project at the *same level of housing and/or services* provided in the previous grant, renewal project budgets should be based upon the final year of the previous grant. The renewal budget may reflect a reasonable increase over the final year amount *of up to 5 percent*. If a renewal project has been approved for supportive service funds, the project may include additional supportive services funding for HMIS activities as long as the aforementioned renewal budget cap is not exceeded. Renewal projects proposing both to renew the existing project and expand the number of units or number of participants receiving services must submit a new project proposal for the expansion portion of the project.

This year, the tiering of projects is no longer permitted. (See the “Questions and Answers” supplement to the application for an additional discussion of this topic.)

Those seeking renewal of Shelter Plus Care grants expiring in calendar year 2002 must use Exhibit 3R to apply for renewal.

If you are applying for an SHP project, whether new or renewal, complete sections A thru J, as applicable.

Section A. Project Narrative

Section A is a description of your proposed project. Please respond to the items in Section A according to the following:

- **Renewal project applicants** - answer items 1 and 2 only, then skip to Section B.
- **New project applicants for TH, PH, Safe Havens, or Innovative components** - answer items 1-6.
- **New project applicants for the SSO component** - answer items 1, 2 and 4, 5, 6.
The only exception is applicants for new SSO projects requesting only funds for HMIS activities; such applicants answer items 1 and 7.

1. **Project summary.** Provide a brief overview of your project in one paragraph. In a second paragraph, describe exactly how the SHP funds you are requesting will be spent.

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

2. **Homeless population to be served.** Identify the following for the population to be served by the proposed project.
 - a. Their characteristics and needs for housing and supportive services.
 - b. Where they will come from (streets, emergency shelters, or transitional housing for homeless persons who came from street/shelters).
 - c. The outreach plan to bring them into the project.
3. **Housing where participants will reside.** For applicants requesting SHP funds for Transitional Housing, Permanent Housing for Persons with Disabilities, Safe Havens, or Innovative Supportive Housing components, demonstrate each of the following:
 - a. How the TYPE (e.g., apartments, group home) **and** SCALE (e.g., number of units, number of persons per unit) of the proposed housing will fit the needs of the participants.
 - b. That the housing will be ACCESSIBLE to persons with disabilities in accordance with applicable Federal and local laws.
 - c. What basic COMMUNITY AMENITIES (e.g., grocery store, medical facilities, recreation facilities) will be available **and** what TRANSPORTATION will be available to access those amenities.
 - d. How participants' SAFETY in the proposed housing will be ensured (provide specific steps to be taken).
 - e. For transitional housing component only: the residents' length of stay.
 - f. For permanent housing for persons with disabilities component only where more than 16 persons will reside in a structure: what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood.
 - g. For innovative supportive housing component projects only: 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.
4. **Supportive services the participants will receive.** Demonstrate for each of the following:
 - a. How the supportive services needs of participants will be ASSESSED **and** TRACKED.
 - b. How the TYPE (e.g., case management, job training) **and** SCALE (e.g., the frequency and duration) of the supportive services proposed will fit the needs of the participants.
 - c. WHERE the supportive services will be provided **and** what TRANSPORTATION will be available to the participants to access those services.
5. **Accessing permanent housing.** Describe specifically how participants will be assisted **both** to OBTAIN **and** REMAIN in PERMANENT HOUSING.

6. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their INCOMES **and** to LIVE INDEPENDENTLY.

7. **Homeless Management Information System.** Describe the following:
- How the CoC's homeless needs will be assessed, resources allocated and services coordinated more efficiently and effectively through the introduction of a new or expanded CoC-wide HMIS.
 - Demonstrate the level of participation in the proposed New or Expanded HMIS project below:

New HMIS. Demonstrate that at least 50 percent of the beds/units (emergency, transitional and McKinney-Vento permanent housing) currently in place in the continuum will be included in a CoC-wide HMIS.

Expansion and/or update of existing HMIS. Describe the current level of participation in the HMIS of operating residential homeless assistance projects. List the names of additional projects which will participate in an expanded HMIS.
 - Identify the lead agency designated to oversee the HMIS project.
 - Provide the timetable for implementing the new or expanded HMIS as proposed in the application.
 - Demonstrate that no State or local government funds would be replaced with the funding being requested of HUD for this project.

Section B. Experience Narrative (To be completed by all applicants)

Section B is a description of the experience of all the organizations involved in carrying out the project. (Refer to section V(A)(1) of the NOFA for the Applicant and Sponsor Eligibility and Capacity Standards.) Please describe on preferably no more than three typed pages:

- The specific type and length of experience of *all organizations* involved in implementing the project, including the project sponsor, housing and supportive service organizations, and any key subcontractors. Describe experience directly related to carrying out the project and experience working with homeless people.
- 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.
- List *all* HUD McKinney grants received or your participation in the Single Family Property Disposition (SFPD) Homeless Program, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date.
- Please explain any delays in implementing any of the grants listed in (3) above which exceed applicable program timeliness standards.
- Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (3) above.
- For renewal projects only:
So that HUD can assess the capacity of the applicant to administer the project, please answer the following:
 - If you have been granted one or more extensions for your project, please describe:
 - the number of extensions granted;
 - the extension period (e.g., two months, one year); and
 - the reason(s) why the extension(s) was necessary.
 - If the renewal project is operating at less than full capacity, please explain why and how you are correcting the situation.

Section C. Project Information (please type or print)

Project Name:	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):	
Project Sponsor's Name:	Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip):	Project 6-digit Geographic Code:

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

Section D. Program Component/Types

1. Please check one box: (please see Projects section of Qs & As before responding)
 - New Project (You must complete section E)
 - Renewal Project [*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 project number of the grant being renewed: _____

Enter other HUD grant numbers previously assigned to this project: _____

Grantee Name: _____

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; renewal projects skip to section F.)*

1. Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?
 - Yes (Check one or more of the activities below that describe your proposed project, then proceed to section F.)
 - No (Skip to section F.)

2. Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the five purposes listed below. SHP cannot be used to fund on-going activities. 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, you must fully describe the following in order to be eligible for funding:

 - 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 three charts.

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

Chart 2 is for recording the number of participants to be served. Information on *all* projects should be entered in this section except for SSO projects requesting funding *only* for HMIS activities.

Complete Chart 1 and Chart 2 based on the following instructions.

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

Chart 1: Beds

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.

Chart 2: Participants

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				
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				

Note that, if your project is funded, you will be held responsible for achieving the numbers you enter in Section F.

Complete Chart 3 based on the following instructions.

Identify the types of services that will be paid for using SHP funding by entering the amount requested 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 shown in the “SHP Request” column on Line 6, Supportive Services, in the Project Budget portion of Section “I.” Budget.

Chart 3: Supportive Services

Supportive Services	SHP 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			
Transportation			
Follow-up (transitional housing programs only)			
Other (please specify)			
Homeless Management Information System (HMIS):			
• Software			
• Hardware			
• Staffing			
• Other			
• Subtotal HMIS Dollars Requested			
Total SHP Dollars Requested*			

**Total amount must equal the amount shown in the first column, Line 6, of the Project Budget portion of Section “I.” Budget*

Section G. Operating Budget

Identify the day to day costs of operating supportive housing that will be paid for by using *SHP funding* during the requested term of the project. ***Please remember operating costs are ineligible for Supportive Services Only projects.*** This dollar request must be the same as shown in the “SHP Request” column on Line 7. Operations in the Project Budget portion of Section “I.” Budget.

Operating Expense	SHP Dollars Requested (up to 3 years)
Example: Grounds maintenance contract	\$16,000
1. Maintenance, Repair	
2. Staff (salary, fringe benefits, etc.)	
3. Utilities	
4. Equipment (lease/buy)	
5. Supplies	
6. Insurance	
7. Furnishing	
8. Relocation	
9. Food	
10. Other (specify)	
11. Other (specify)	
Total*	

****Total amount must equal the amount shown in the first column, Line 7, of the Project Budget portion of Section “I.” Budget.***

Section H. Homeless Veterans

1. Are veterans the primary target population of your proposed project?
 Yes No

2. Are veterans among the homeless subpopulation(s) your project will specifically target and intends to serve?
 Yes No

Section I. Budget

Section I consists of two budgets—a project budget and a structure budget. Please refer to the budgets for specific instructions. *The project budget is for new and renewal projects.*

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 services 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.

Project Budget (complete all 3 columns)

Enter the amount of SHP funds requested by line item in the “SHP Request” 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 “Applicant Cash” column, enter the amount of other cash that will be contributed to the project. This amount plus the SHP request must equal the “Total Budget” amount for the project, as shown in the last column. Note that match requirements for supportive services and operating costs apply to both new and renewal projects.**

If your project contains one structure or no structures or is a renewal, this is the only budget you need to fill out. If your project is *new* and contains multiple structures, please add up the SHP structure budgets *on the next 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).

Part I. Indicate grant term. Please circle one: 1 2 3 year(s)

Part II. Complete the Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
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)	*****		

- * By law, SHP funds can be no more than 50% of the total acquisition, rehabilitation, and new construction budget.
- ** By law, SHP funds can be no more than 80% of the total supportive services budget.
- *** By law, SHP can pay no more than 75% of the total operating budget. ***Please note this change in the operating match requirement.***

**** 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. **State and local government applicants** and project sponsors **must** work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different). Please refer to section IV (A) (3) of the NOFA. If selected for funding, all applicants **will be required** to submit a plan for distributing administrative funds as part of the technical submission.

**** **In the case of renewal requests, renewal project budgets should be based upon the final year of the previous grant. Renewal budgets may reflect a reasonable increase over the final year amount of up to 5 percent.**

NOTE: The total SHP Request on line 10 cannot exceed the dollar amount on the priority chart for the project.

Structure Budget for Projects With More Than One Structure

If your project is a renewal, do not fill out the structure budget(s).

If your project contains only one structure or no structures, please fill out **only** the project budget *on the previous page*. If, however, your project contains more than one structure, full out the information requested below for the number of structures your project proposes. Do not fill out structure budgets for scattered site leasing projects unless SHP funds for rehabilitation are being requested. 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 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 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 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 years)		
7. Total		

Structure C

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		

Structure D

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		

4. Real Property Leasing (up to 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 years)		
7. Total		

4. Real Property Leasing (up to 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 years)		
7. Total		

Section J. Additional Information

HUD 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 will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area 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: _____

REMINDER: Did you assemble your application, including certifications, in accordance with the instructions on page iii of the 2001 application?

Exhibit 3:

Shelter Plus Care Program (S+C) - New

This Exhibit 3 is for **new** Shelter Plus Care projects only. If you are requesting renewal funds for an existing S+C project, **do not** use Exhibit 3. You must complete Exhibit 3R instead.

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 a 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. Rental assistance provided through the S+C program must be matched in the aggregate on a dollar for dollar basis by the recipient with supportive services.

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 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 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 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 982.401	24 CFR 982.401	24 CFR 982.401	24 CFR 882.803(b)
Rehabilitation	Not required	Not required	\$3,000 minimum 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 you are requesting renewal funds for an existing S+C project, **do not** use Exhibit 3. You must complete Exhibit 3R instead.

Section A. Project Narrative

Section A is a description of your proposed project. Please respond to **all** of the items in this section. Submit a separate Exhibit 3 for each project. (A project may include no more than one component (i.e., TRA, SRA, PRA without rehab, PRA with rehab, SRO) and may be carried out by no more than one project sponsor.)

1. **Project summary.** Provide a brief overview of your project in one paragraph.
2. **Homeless population to be served.** Identify the following for the population to be served by the proposed project.
 - a. Their characteristics and needs for housing and supportive services.
 - b. Where they will come from (streets, emergency shelters, or transitional housing for homeless persons who came from street/shelters).
 - c. The outreach or referral plan to bring them into the project.
3. **Housing where participants will reside.** Demonstrate for each of the following:
 - a. How the TYPE (e.g., apartments, group home) **and** SCALE (e.g., number of units, number of persons per unit) of the proposed housing will fit the needs of the participants.
 - b. That the housing will be ACCESSIBLE to persons with disabilities in accordance with applicable Federal and local laws.
 - c. What basic COMMUNITY AMENITIES (e.g., grocery store, medical facilities, recreation) will be available **and** what TRANSPORTATION will be available to the participants to access those amenities.
 - d. How participants' SAFETY in the proposed housing will be ensured - (provide specific steps to be taken).
 - e. 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 a particular area for the entire period of participation, how and why the project will implement this requirement.
4. **Supportive services the participants will receive.** Demonstrate for each of the following:
 - a. How the supportive services needs of participants will be ASSESSED **and** TRACKED.
 - b. How the TYPE (e.g., case management, job training) **and** SCALE (e.g., the frequency and duration) of the supportive services proposed will fit the needs of the participants.
 - c. WHERE the supportive services will be provided **and** what TRANSPORTATION will be available to access those services.
5. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their INCOMES **and** to LIVE INDEPENDENTLY.

Section B. Experience Narrative

Section B is a description of the experience of all organizations involved in carrying out the proposed project. (Refer to section V(A)(1) of the NOFA for Project Applicant and Sponsor Eligibility and Capacity Standards.) 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 **all** HUD McKinney grants received or your participation in the Single Family Property Disposition (SFPD) Homeless Program, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date.
3. Please explain any delays in implementing any of the grants listed in (2) above which exceed applicable program timeliness standards.
4. Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (2) above.

Section C.1. Component Selection

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. Project Information (please type or print)

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

Section D. 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)	
<hr/>	
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 from Parts 1 and 2 [(a) + (b) +(c)]	

Section E. Major Milestones

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

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

Section F. Budget

Fill out the information requested for the S+C component you are requesting funding for. Make certain that **only one** component (TRA, SRA, PRA without rehab, PRA with rehab, and SRO) budget is completed in this section.

F.1. Tenant-based Rental Assistance (TRA) Project Budget

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 (FR) on January 2, 2001, by the number of units of a given size by 60 months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the January 2, 2001, FR Notice.] 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 Requested Units		FMR		Number of Months		Total Amount	
		X	\$	X		=	\$	
SRO					60			
0 Bedroom					60			
One Bedroom					60			
Two Bedroom					60			
Three Bedroom					60			
Four Bedroom					60			
Other: (specify)					60			
Total TRA Assistance							\$	

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F.2. Sponsor-based Rental Assistance (SRA) Project Budget

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 (FR) on January 2, 2001, by the number of units of a given size by 60 months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the January 2, 2001, FR Notice.]

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	
Total SRA Assistance				\$

F.3. Project-based Rental Assistance (PRA) Project Budget

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 (FR) on January 2, 2001, by the number of units of a given size by the number of months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the January 2, 2001, FR Notice.] If the units will be rehabilitated and your project qualifies for 10 years of rental assistance, 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 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	
Total PRA without Rehab				\$

Chart 2. PRA Units with Rehabilitation

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			120	
0 Bedroom			120	
One Bedroom			120	
Two Bedroom			120	
Three Bedroom			120	
Four Bedroom			120	
Other: (specify)			120	

Total PRA with Rehab	\$
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F.4. Single Room Occupancy Moderate Rehabilitation (SRO)
Rental Assistance

A. Project Site. Complete a separate F.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. 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. You may not request assistance for more than 100 units per site. Use the existing FMRs published in the Federal Register (FR) on January 2, 2001. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the January 2, 2001, FR Notice.]

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. Homeless Veterans

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

Section H. Additional Information

HUD 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 will be primarily operated either (1) in an area outside of Metropolitan Area, or (2) in an area 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:

REMINDER: Did you assemble your application, including certifications, in accordance with the instructions on page iii of the 2001 application?

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

Renewal Eligibility and Process

This Exhibit 3R is for Shelter Plus Care (S+C) **renewal** projects only. If you are requesting funds for a **new** S+C project, **do not** use Exhibit 3R. You must complete Exhibit 3 instead. Submit a **separate** Exhibit 3R for **each** renewal project. (A renewal project may include no more than one component (i.e., TRA, SRA, PRA) and may be carried out by no more than one project sponsor.)

Congress has established a separate fund for the purpose of non-competitively renewing for **one year** eligible S+C Program grants. You are eligible to apply for this renewal funding if your current Shelter Plus Care grant agreement is expiring in calendar year 2002 or if your grant has been extended beyond its original five-year term but you are projected to run out of funds in 2002. You may request up to the amount determined by multiplying the number of units under lease at the time of your application for renewal funding by the applicable current Fair Market Rent(s) by 12 months, except that for S+C grants having been awarded one year of renewal funding in 2000, the number of units requested for renewal this year may not exceed the number of units funded in 2000. Upon renewal, the unspent balance of funds at the end of the previous grant period will be recaptured. The one-year term of non-competitively awarded S+C renewal projects awarded in 2000 and in 2001 may not be extended.

Your S+C renewal application must be submitted to HUD in accordance with the NOFA requirements. Since these renewals must meet the expressed Congressional intent not to divorce S+C renewals from the accountability requirements that are needed to preserve the financial integrity of the projects, and to ensure that these projects continue to meet the needs of homeless people, all S+C renewals must be included as part of a community's Continuum of Care (CoC) submission. Therefore, S+C renewals must be given consideration as part of the local CoC planning process and, if approved for submission by the CoC, must be listed as the last entries on the CoC's Project Priority Chart. Please be advised that S+C renewal applications which are not submitted as part of either a "consolidated" or "associated" CoC application will not be considered as eligible for this funding. (See Section VI of the NOFA for a description of the three options for submitting applications.)

For S+C Program renewal grants expiring or, if having had their grant terms extended, running out of funds during the period October 1, 2002 through December 31, 2002 (the first quarter of FY 2003), it is anticipated that the FY 2002 HUD appropriation will again establish a separate fund to renew them non-competitively for one year. However, if such a separate fund is not established or is insufficient, then some or all of these renewal grant requests will be included in and subject to all rules pertaining to the competitive funding process.

Section A. Project Narrative

Section A is a description of the existing project that you are submitting for renewal.

1. **Project summary.** Provide a brief overview of the status of your existing S+C project in one paragraph.
2. **Homeless population served.** Identify the following for the population currently being served or to be served by the project.
 - a. Their characteristics and needs for housing and supportive services.
 - b. For those not already in residence, where they will come from (streets, emergency shelters, or transitional housing for homeless persons who came from street/shelters).
 - c. The outreach or referral plan to bring new residents into the project.

Section B. Experience Narrative

Section B is a description of the experience of all organizations involved in carrying out the project. (Refer to section V(A)(1) of the NOFA for Project Applicant and Sponsor Eligibility and Capacity Standards.) 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 project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to carrying out the 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 **all** HUD McKinney grants received or your participation in the Single Family Property Disposition (SFPD) Homeless Program, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date.
3. Please explain any delays in implementing any of the grants listed in (2) above which exceed applicable program timeliness standards.
4. Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (2) above.

Section C.1. Component Selection

Select the S+C component which describes your existing project (check only one box)

TRA SRA PRA without Rehab

Section C.2. Project Information

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

Section D. Targeted Disabilities

In each category shown in the chart below indicate the number of participants receiving rental assistance at the time of your application. Include each participant only once, in either Part 1 or Part 2. Part 1 should only include persons with disabilities who do 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 from Parts 1 and 2 [(a) +(b) + (c)]	

Section E. Renewal Grant Budget

Complete this budget section for the TRA, SRA or PRA project you are submitting for renewal.

Remember that a separate Exhibit 3R must be submitted for each project.

1. Need for Renewal

To determine if a renewal grant is needed for your project, please complete the following chart (skip "A," "B," and "C" if awarded a one-year renewal in 2000) :

- A. S+C Funds Originally Awarded \$ _____
- B. Expenditure projected through 2002 \$ _____
- C. Difference (A minus B) \$ _____
- D. Is your grant expiring or, if having been extended, are you projecting to run out of funds during the period October 1, 2002 and December 31, 2002? Check **one** box only: Yes No

If balance remains after the funds projected to be spent by the end of calendar year 2002 ("B" above) are subtracted from the amount awarded for your existing grant ("A" above), a renewal grant is not needed at this time. Instead, a grant extension should be requested from the appropriate HUD Field Office.

2. Renewal Budget

The amount of rental assistance requested for a renewal may not exceed the number of S+C units currently under lease times the applicable current FMR(s) times 12 months, except that for S+C grants having been awarded one-year of renewal funding in 2000, the number of units requested for renewal this year may not exceed the number of units funded in 2000. If you received a one-year S+C renewal grant in 2000, please provide the number of units approved for funding that year: _____

3. Grant Amount

In the following chart, show the number of units, by size, to be owned or leased during the one-year renewal period. This number may not exceed the S+C number of units currently under lease or, for S+C grants having been awarded one-year of renewal funding in 2000, the number of units funded in 2000. Multiply the applicable existing FMRs as published in the Federal Register on January 2, 2001, by the number of units of a given size by 12 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. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the January 2, 2001, FR Notice.] *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 \$	Number of Months	=	Total Amount Requested \$
SRO	X			12		
0 Bedroom				12		
One Bedroom				12		
Two Bedroom				12		
Three Bedroom				12		
Four Bedroom				12		
Other: (specify)				12		
Total Assistance						\$

Section F. Homeless Veterans

1. Are veterans the primary target population of your project?

Yes No

2. Are veterans among the homeless sub-population(s) your project specifically targets and intends to serve?

Yes No

Section G. Additional Information

HUD 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 is your project serving? (Check all that apply)

- Victims of Domestic Violence
 Women with Children

2. Is the project located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of Metropolitan Area, or (2) in an area 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. Is the project located in, or does it 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: _____

REMINDER: Did you assemble your application, including certifications, in accordance with the instructions on page iii of the 2001 application?

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 January 2, 2001. 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. While housing providers should help residents to locate appropriate services, including services offered by the housing provider, to the extent possible, HUD encourages providers to develop housing programs which do not require participation in specific services as part of their tenancy requirements.

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, 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 your proposed project and is not intended to address only those portions of the site that will receive SRO funding. Please respond to **all** of the items in this section.

1. **Project summary.** Provide a brief overview of your project in one paragraph. Please provide a photograph of the building to be assisted with the address (street, city, zip).
2. **Homeless population to be served.** Identify the following for the population to be served by the proposed project.
 - a. Their characteristics and needs for housing and supportive services.
 - b. Where they will come from (streets, emergency shelters, or transitional housing for homeless persons who came from street/shelters).
 - c. The outreach or referral plan to bring them into the project.
3. **Housing where participants will reside.** Demonstrate for each of the following:
 - a. How the TYPE (e.g., apartments, group home) **and** SCALE (e.g., number of units, number of persons per unit) of the proposed housing will fit the needs of the participants.
 - b. That the housing will be ACCESSIBLE to persons with disabilities in accordance with applicable laws.

- c. What basic COMMUNITY AMENITIES (e.g. grocery store, medical facilities, recreation) will be available **and** what TRANSPORTATION will be available to access those amenities.
 - d. How participants' SAFETY in the proposed housing will be ensured (provide specific steps to be taken).
 - e. The rehabilitation proposed for the property, and the responsibility you and any other organizations will have in operating and maintaining the property.
4. **Supportive services the participants will receive.** Demonstrate each of the following:
- a. How the supportive services needs of participants will be ASSESSED **and** TRACKED.
 - b. How the TYPE (e.g., case management, job training) **and** SCALE (e.g., the frequency and duration) of the supportive services will fit the needs of the participants.
 - c. WHERE the supportive services will be provided **and** what TRANSPORTATION will be available to the participant to access those services.
5. **Self-sufficiency.** Describe how participants will be assisted to **both** increase their INCOMES **and** to LIVE INDEPENDENTLY.

Section B. Experience Narrative (To be completed by all applicants)

Section B is a description of the experience of all the organizations involved in carrying out the proposed project. (Refer to section V(A)(1) of the NOFA for Project Applicant and Sponsor Eligibility and Capacity Standards.) 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.
2. Describe experience contracting for and overseeing the rehabilitation of housing, and experience administering rental assistance.
3. List **all** HUD McKinney grants received or your participation in the Single Family Property Disposition (SFPD) Homeless Program, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date.
4. Please explain any delays in implementing any of the grants listed in (3) above which exceed applicable program timeliness standards.
5. Identify any unresolved HUD findings, or outstanding audit findings, related to any of the grants listed in (3) above.

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) as published in the Federal Register (FR) on January 2, 2001, and the total amount of rental assistance requested. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the January 2, 2001 FR Notice.] 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 project.

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 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	
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. 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 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 it (name of applicant) is selected for an SRO award, this agency will administer the rental assistance.

(Signature of PHA official)

(PHA number)

Section G. Section 213 Letter

Please 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 CFO 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 H. Homeless Veterans

1. Are veterans the primary target population of your proposed project?

Yes No

2. Are veterans among the homeless subpopulations your project will specifically target and intends to serve?

Yes No

Section I. Additional Information

HUD needs the following information to respond to public inquiries about program benefits. Your responses will not effect 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 will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area 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 YWCA 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
 - NoIf “yes” please provide the name of the military installation:

REMINDER: Did you assemble your application, including certifications, in accordance with the instructions on page iii of the 2001 application?

