

**DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT**

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**CONTINUUM OF CARE HOMELESS  
ASSISTANCE PROGRAMS –**

SUPPORTIVE HOUSING PROGRAM (SHP)

SHELTER PLUS CARE (S+C),

SECTION 8 MODERATE REHABILITATION  
SINGLE ROOM OCCUPANCY PROGRAM FOR  
HOMELESS INDIVIDUALS (SRO)



**Funding Availability for Continuum of Care Homeless Assistance Programs—Supportive Housing Program (SHP), Shelter Plus Care (S+C), Section 8 Moderate Rehabilitation Single Room Occupancy Program for Homeless Individuals (SRO)**

**Program Overview**

*Purpose of the Programs.* The purpose of the Continuum of Care Homeless Assistance Programs is to fund projects that will fill gaps in locally developed Continuum of Care systems to assist homeless persons to move to self-sufficiency and permanent housing. An important element of meeting this objective is to fund projects that will meet the Department's goal of ending chronic homelessness.

*Available Funds.* Approximately \$ 1.060 billion.

*Eligible Applicants.* The chart in Appendix A to this program section of this SuperNOFA identifies the eligible applicants for each of the three programs under the Continuum of Care.

*Application Deadline.* July 15, 2003.  
*Match.* Yes.

**Additional Information**

If you are interested in applying for funding under any of the Continuum of Care Homeless Assistance programs, please review carefully the General Section of the SuperNOFA and the following Additional Information. Failure to comply with the procedures specified may disqualify your application.

**I. Application Due Date, Application Kits, Further Information, and Technical Assistance**

*Application Due Date.* Your completed applications (an original containing the signed documentation and two copies) are due on or before July 15, 2003 to the addresses shown below.

*Security Procedures.* HUD security procedures apply to application submission. Please read the following instructions carefully and completely. HUD will not accept hand delivered applications at any office. Applications to HUD Headquarters must be either mailed using the United States Postal Service (USPS) or may be shipped via the following delivery services: United Parcel Service (UPS), FedEx, DHL, or Falcon Carrier. Express delivery service is highly recommended. *No other delivery services are permitted into HUD Headquarters without escort. You must, therefore, use one of the four carriers listed above. HUD strongly suggests application copies submitted to HUD Field Offices be sent via the United*

*States Postal Service, as access by other delivery services is not guaranteed.*

*Please remember that mail to Federal facilities is screened prior to delivery, so please allow time for your package to be delivered, and that it is addressed to the proper location and office.*

*Timeliness.* Your application will be considered timely filed if your application is either

(1) Postmarked on or before 12:00 midnight on the application due date; or

(2) Was placed in transit with an approved overnight delivery/express mail service on or before 12:00 midnight on the application due date; and was received by HUD Headquarters within fifteen (15) days of the application due date. All applicants must obtain and save a Certificate of Mailing (USPS Form 3817) showing the date when you submitted your application to the United States Postal Service (USPS) or documentary evidence showing the date that the application was placed in transit with an approved overnight delivery/express mail service. These will be your evidence that your application was timely filed.

*Approved Overnight Delivery/Express Mail Services.* Due to new security measures, you must use one of the four carrier services that do business with HUD Headquarters regularly. These services are UPS, DHL, FedEx, and Falcon Carrier. Delivery by these services must be made during HUD's Headquarters business hours, between 8:30 AM and 5:30 PM Eastern time, Monday to Friday. If these companies do not service your area, you should submit your application via the United States Postal Service.

*Addresses for Submitting Applications. To HUD Headquarters.* Submit your original completed application (the application with the original signed documentation) to: 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.* Also submit two copies of your completed application to the Community Planning and Development Division of the appropriate HUD Field Office for your jurisdiction. The field office copies also must be postmarked or placed in transit with an approved delivery/express mail service on or before 12:00 midnight on the application due date and received by the field office within fifteen (15) days. You must obtain and save a Certificate of Mailing (USPS Form 3817) showing the date when you submitted the field

office's copies of your application to the United States Postal Service (USPS). The determination, however, that your application was received on time will be made *solely on receipt of the application at HUD Headquarters in Washington.* Reviews will be based upon the contents of the application submitted to HUD Headquarters. However, in the event that the application received in Headquarters is missing pages or exhibits that result in your application not being selected for an award, HUD may request proof that your field office copies were submitted and received on time and may insert pages from the field office copies into the Headquarters copy for review.

*For Application Kits.* This year, the application kit will be attached to this program section of the SuperNOFA as Appendix B. An applicant may also obtain a copy of the application kit by calling the SuperNOFA Information Center at 1-800-HUD-8929 (voice) (this is a toll-free number) or you may download an application by Internet at <http://www.hud.gov>.

*For Further Information.* You may contact the HUD Field Office serving your area, at the telephone number shown in Appendix A to the General Section of the SuperNOFA, or you may contact the Community Connections Information Center at 1-800-998-9999 (voice) or by Internet at: <http://www.hud.gov>. Individuals who are hearing-or speech-impaired should use the Information Relay Service at 1-800-877-8339 (these are toll-free numbers).

*For Technical Assistance.* Before the application deadline, HUD staff will be available to provide you with general guidance. HUD staff, however, cannot provide you with guidance in actually preparing your application. HUD Field Office staff also will be available to help you identify organizations in your community that are involved in developing the Continuum of Care (CoC) system. Following conditional selection of applications, HUD staff will be available to assist selected applicants in clarifying or confirming information that is a prerequisite to the offer of a grant agreement or Annual Contributions Contract by HUD. However, between the application deadline and the announcement of conditional selections, HUD will accept no information that would improve the substantive quality of your application pertinent to HUD's funding decision.

*Satellite Broadcast.* HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you

should consult the HUD Web site at <http://www.hud.gov>.

## II. Amount Allocated

Approximately \$1.060 billion is available for this Continuum of Care (CoC) competition in FY 2003. Any unobligated funds from previous CoC competitions or additional funds that may become available as a result of deobligations or recaptures from previous awards or budget transfers may be used in addition to 2003 appropriations to fund applications submitted in response to this program section of this SuperNOFA. The FY 2003 HUD Appropriation Act requires HUD to obligate all Continuum of Care homeless assistance funds by September 30, 2005. These funds will remain available for expenditure for five years following that date. The funds available for the CoC program can be used under any of three programs that can assist in creating community systems for combating homelessness. The three programs are:

- (1) Supportive Housing (SHP);
- (2) Shelter Plus Care (S+C); and
- (3) Section 8 Moderate Rehabilitation Single Room Occupancy for Homeless Individuals (SRO).

The chart in Appendix A to this program section of this SuperNOFA summarizes key aspects of the programs, and also provides the citations for the statutes and regulations that authorize these programs. The regulations listed in the chart provide more detailed descriptions of each of the programs.

As noted in Appendix A, for FY 2003, the minimum term of assistance for all new SHP projects is two (2) years. The minimum term for new HMIS is one (1) year. Any requests for one-(1) year terms for new SHP projects will be automatically changed to a two-year term if funded. In this case, the one-year budget will be doubled and the applicant will provide the difference between the awarded SHP amount and the two-year total budget. If the applicant does not agree to these conditions, the award will be deselected. The renewal term of expiring SHP projects will remain at the applicant's choice of one-, two- or three-year term.

As in previous funding availability announcements for the CoC Homeless Assistance Programs, HUD will not specify amounts for each of the three programs this year. Instead, the distribution of funds among the three programs will depend largely on locally determined priorities and overall demand. Local priorities notwithstanding, the FY 2003 HUD

Appropriations Act requires that not less than 30 percent of this year's Homeless Assistance Grants appropriation, excluding amounts provided for one-year renewals under the Shelter Plus Care Program, must be used for permanent housing projects. (See Sections V(A)(5)(b) and V(A)(8) of this program section of the SuperNOFA for additional information.) Since this permanent housing set-aside requirement is expected to continue to be part of future competitions and may affect project funding selections as described below, you are strongly encouraged to begin planning as soon as possible for new permanent housing projects to be included as part of your submission in this and future competitions.

Secretary Martinez has established as a HUD priority the elimination of chronic homelessness in ten years. Continuums, therefore, are strongly encouraged within the rating and ranking process to use the funds available in this NOFA to target the chronic homeless in their communities. Such projects awarded through any of the three programs will contribute to the Department's priority of ending chronic homelessness.

Under the FY 2003 HUD Appropriations Act, eligible Shelter Plus Care Program grants whose terms are expiring in FY 2004, and Shelter Plus Care Program grants that have been extended beyond their original five-year terms but which are projected to run out of funds in FY 2004, will be renewed for one year provided that they are determined to be needed by the CoC as evidenced by their inclusion on the priority chart. These projects must also meet the applicant and sponsor eligibility and capacity requirements described in Section V(A)(1) of this NOFA. However, these S+C renewal projects will not count against a continuum's pro rata need amount. On the other hand, no S+C renewal adjustment will be made to a CoC's pro rata need amount since these projects are being funded outside of the competition. Please be advised that S+C renewal applications that are not submitted as part of either a "consolidated" or "associated" CoC application will not be considered as eligible for funding. (See Section VI for a description of the three options for submitting applications.) Non-competitive S+C renewals should be submitted by the application deadline.

## III. Program Description; Eligible Applicants; Eligible Activities

### (A) Program Description

(1) *Developing Continuum of Care Systems.* The purpose of the Continuum of Care Homeless Assistance Programs is to fund projects that will fill gaps in locally developed CoC systems to assist homeless persons, especially the chronically homeless, to move to self-sufficiency and permanent housing. The process of developing a CoC system to assist homeless persons is part of the community's larger effort of developing a Consolidated Plan. For a community to successfully address its often complex and interrelated problems, including homelessness, the community must marshal its varied resources—community and economic development resources, social service resources, housing and homeless assistance resources—and use them in a coordinated and effective manner. The Consolidated Plan serves as the vehicle for a community to comprehensively identify each of its needs and to coordinate a plan of action for addressing them.

In addition to prevention, a CoC system consists of four basic components:

- (a) A system of outreach and assessment for determining the needs and conditions of an individual or family who is homeless;
- (b) Emergency shelters with appropriate supportive services to help ensure that homeless individuals and families receive adequate emergency shelter and referral to necessary service providers or housing finders;
- (c) Transitional housing with appropriate supportive services to help those homeless individuals and families who are not prepared to make the transition to permanent housing and independent living; and
- (d) Permanent housing, or permanent supportive housing, to help meet the long-term needs of homeless individuals and families.

A CoC system is developed through a community-wide or region-wide process involving nonprofit organizations (including those representing persons with disabilities), government agencies, public housing authorities, faith-based and other community-based organizations and other homeless providers, housing developers and service providers, private businesses and business associations, law enforcement agencies, funding providers, and homeless or formerly homeless persons. To ensure that the CoC system addresses the needs of homeless veterans, it is particularly

important that you involve veteran service organizations with specific experience in serving homeless veterans. A CoC system should address the specific needs of each homeless subpopulation: those experiencing chronic homelessness, veterans, persons with serious mental illnesses, persons with substance abuse issues, persons with HIV/AIDS, persons with co-occurring diagnoses, victims of domestic violence, youth, and any others. The term "co-occurring diagnoses" may include diagnoses of multiple physical disabilities or multiple mental disabilities or a combination of these two types.

Your application is more likely to be given a high score under the CoC scoring factors if the application demonstrates the achievement of three basic goals:

- That you have provided maximum participation by nonprofit organizations (including those representing persons with disabilities), government agencies, public housing authorities, faith-based and other community-based organizations and other homeless providers, housing developers and service providers, private businesses and business associations, law enforcement agencies, funding providers, and homeless or formerly homeless persons.

- That you have created, maintained and built upon a community-wide inventory of housing and services for homeless families and individuals; identified the full spectrum of needs of homeless families and individuals; and coordinated efforts to fill gaps between the current inventory and existing needs. This coordinated effort must appropriately address all aspects of the continuum, especially permanent housing.

- That you have instituted a CoC-wide strategy to coordinate homeless assistance with mainstream health, social services and employment programs for which homeless individuals and families may be eligible. These programs include Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funded through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, Welfare-to-Work grant program, and Veterans Health Care.

Should HUD determine, in its sole discretion, that sufficient evidence exists to confirm that the entity responsible for convening and managing the CoC process in a community has failed to follow locally established or

accepted procedures governing the conduct of that process or has failed to provide for a fair process, including a project priority selection process that gives equal consideration to projects proposed by nonprofit organizations, HUD reserves the authority to impose sanctions up to and including a prohibition on that entity and the individuals comprising that entity from participating in that capacity in the future. In making this determination, HUD will consider as evidence court proceedings and decisions, or the determinations of other independent and impartial review bodies. This authority cannot be exercised until after a description of procedural safeguards, including an opportunity for comment and appeal, and the specific process and procedures for imposing a prohibition or debarment, have been published in the **Federal Register**.

In deciding what geographic area you will cover in your CoC strategy, you should be aware that the single most important factor in being awarded funding under this competition will be the strength of your CoC strategy when measured against the CoC rating factors described in this program section of the SuperNOFA. When you determine what jurisdictions to include in your CoC strategy area, include only those jurisdictions that are involved in the development and implementation of the CoC strategy.

The more jurisdictions you include in the CoC strategy area, the larger the pro rata need share that will be allocated to the strategy area (as described in Section V(A)(5) of this program section of the SuperNOFA). However, it would be a mistake to include jurisdictions that are not fully involved in the development and implementation of the CoC strategy since this would adversely affect the CoC score. If you are a rural county, you may wish to consider working with larger groups of contiguous counties to develop a region-wide or multi-county CoC strategy covering the combined service areas of these counties.

Since the basic concept of a CoC strategy is to create a single, coordinated, inclusive homeless assistance system for an area, the areas covered by CoC strategies should not overlap. If the geography included in your CoC strategy geographically overlaps to the extent that it competes with another application, projects within the CoC application that receive the highest CoC score will be eligible for up to 40 Need points. Projects in the competing CoC application with the lower CoC score will be eligible for only 10 Need points. In no case will the same geographical area be used more than one

time in assigning Need points. The local HUD Field Office can help you determine if any of the areas proposed for inclusion by your CoC system is also likely to be claimed under another CoC system in this competition.

(2) *Prioritizing*. In HUD's view, project priority decisions are best made through a local process, which includes nonprofit organizations. Again this year, you must list all projects proposed for funding in priority order from the highest priority to the lowest, and indicate the applicant, project sponsor, and term for each project. Generally, this priority order will mean, for example, that if HUD has funds available only to award 8 of 10 proposed projects, then it will award funding to the first eight eligible projects listed, except as may be necessary to achieve the 30 percent overall permanent housing requirement—in which case higher priority non-permanent housing projects may be de-selected to fund lower priority permanent housing projects. Since you are now able to closely calculate your Continuum of Care's total pro rata need amount using information provided to you from HUD, and now that you no longer need to carry the large cost burden imposed by Shelter Plus Care five-year renewals, the tiering of projects (splitting into two or more projects by year or by units) on your priority list is not permitted.

To promote permanent housing, a special incentive is being provided to CoC systems that place an eligible, new permanent housing project in the number one priority slot on the priority list. The only eligible activities that will be counted toward the incentive for the number one priority project are housing activities and for SHP, administration. For the SHP program, housing activities include acquisition, new construction, rehabilitation, leasing of housing and operating costs for housing. Because S+C and SRO provide only rental assistance, they are by definition housing activities and are eligible as well. See Section V(A)(5)(b) of this program section of the SuperNOFA for a description of this incentive.

HUD will use this priority list to award up to 40 points per project under the "Need" scoring factors. Higher priority projects will receive more points under Need than lower priority projects. A project priority chart is included in the application kit and you should complete and submit it. If you do not submit clear project priority designations for the continuum, or if HUD, at its sole discretion, cannot determine priority designations, then HUD will give all projects the lowest score for Need.

(3) *Project renewals.* If your SHP or S+C grant will be expiring in calendar year 2004, or if your S+C Program grant has been extended beyond its original five-year term and is projected to run out of funds in FY 2004, you must apply under this CoC program section of the SuperNOFA to get continued funding.

Your local needs analysis process must consider the need to continue funding for projects expiring in calendar year 2004. HUD will not fund competitive renewals out of order on the priority list except as may be necessary to achieve the 30 percent overall permanent housing requirement. HUD reserves the authority to use FY 2004 funds, if available, to conditionally select for one year of funding lower-rated eligible SHP renewal projects that are assigned 40 need points in either a "consolidated" or "associated" CoC application receiving at least 20 points under the CoC scoring factor that would not otherwise receive funding for these projects.

It is important that SHP renewals and S+C non-competitive renewals meet minimum project eligibility and capacity standards identified in this program section of the SuperNOFA or they will be rejected from consideration for either competitive or non-competitive funding.

For the renewal of an SHP project, you may request funding for one (1), two (2) or three (3) years. The total amount of the request cannot exceed the average yearly amount received in total for leasing, supportive services, and/or operations for the grant being renewed, plus up to five percent for administration.

For the renewal of an S+C project, including S+C SROs, the grant term will be one (1) year, as specified by Congress. For the renewal of S+C rental assistance that is Tenant-based (TRA), Sponsor-based (SRA) or Project-based (PRA), 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 2002, the number of units requested for renewal this year may not exceed the number of units funded in 2002. While full funding of existing grants may be requested, there is no guarantee that the entire amount will be awarded. As is the case with SHP, HUD will recapture S+C grant funds remaining unspent at the end of the previous grant period when it renews a grant. The one-year term of non-competitively awarded S+C renewal projects may not be extended.

The renewal of S+C SROs will also be non-competitively awarded in this application process. The process for determining renewal funding amounts for S+C SROs, however, is substantially similar to the Section 8 Mod Rehab SRO program and is described in the application kit.

This program section of the SuperNOFA is not applicable to the renewal of funding under the Section 8 Mod Rehab SRO program. The renewal of expiring SRO projects is not part of the competitive SuperNOFA process. Rather, expiring SROs will be identified at the beginning of the applicable year by the public housing authority and HUD field office. One-year renewal funds will be provided by HUD under a separate, non-competitive process. For further guidance on Section 8 Mod Rehab SRO renewals, please contact your local HUD Field Office.

As a project applicant, you are eligible to apply for renewal of a grant only if you have executed a grant agreement for the project directly with HUD. If you are a project sponsor or subrecipient who has not signed such an agreement, you are not eligible to apply for renewal of these projects. HUD will reject applications for renewal submitted by ineligible applicants. If you have questions about your eligibility to apply for project renewal, contact the local HUD field office. To be considered an applicant when applying as part of a "consolidated" application, you must be an eligible applicant for the program for which you are applying, and you must submit an original, signed Form HUD-424 and the necessary certifications and assurances. (See Section VI for a description of the three options for submitting an application.) Only public housing authorities and private nonprofits are eligible applicants for the Section 8 Mod Rehab Single Room Occupancy SRO program. If you are a unit of general local government acting as an applicant for a consolidated application and plan to include a request for Section 8 SRO funds, you must have a public housing authority or nonprofit listed as the Section 8 SRO applicant and they must submit a signed Form HUD-424, along with all necessary certifications and assurances applicable to the Section 8 SRO project.

(B) *Eligible Applicants.* See Appendix A.

(C) *Eligible Activities.* See Appendix A.

#### IV. Program Requirements

(A) *Statutory and Regulatory Requirements.* If your project is selected for funding as a result of the competition, you will be required to

coordinate and integrate your homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funding through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, Welfare-to-Work grant program and Veterans Health Care. In addition, as a condition for award, any governmental entity serving as an applicant must agree to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. While the state or local governmental entity having jurisdiction in the area of the Continuum's application has the formal responsibility to enact the discharge policy, the Continuum is expected to actively involve itself in the planning and implementation of the discharge policy. Starting in 2003, the effort of a CoC in this area will be rated in Exhibit 1 of the application. This condition for award is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and to forestall attempts to use scarce McKinney-Vento Act funds to assist such persons in lieu of State and local resources.

(B) Program specific requirements follow:

(1) *SRO Program.* As an applicant, you need to know that the following limitations apply to the Section 8 SRO program:

- Under section 8(e)(2) of the United States Housing Act of 1937, no single project may contain more than 100 assisted units;
- Under 24 CFR 882.802, applicants that are private nonprofit organizations must subcontract with a Public Housing Authority to administer the SRO assistance;
- Under section 8(e)(2) of the United States Housing Act of 1937 and 24 CFR 882.802, rehabilitation must involve a minimum expenditure of \$3,000 for a unit, including its prorated share of work to be accomplished on common areas or systems, to upgrade conditions to comply with the Housing Quality Standards.

- Under section 441(e) of the McKinney-Vento Act and 24 CFR 882.805(d)(1), HUD publishes the SRO per unit rehabilitation cost limit each year to take into account changes in construction costs. This cost limitation applies to rehabilitation that is compensated for in a Housing Assistance Payments Contract. For purposes of Fiscal Year 2003 funding, the cost limitation is raised from \$18,500 to \$19,000 per unit to take into account increases in construction costs during the past 12-month period.

- The SRO Program is subject to the Federal labor standards provisions at 24 CFR part 882, subpart H.

- Individuals assisted through the SRO Program must meet the definition of homeless individual found at section 103 of the McKinney-Vento Act.

(2) *Shelter Plus Care/ SRO Component.* With regard to the SRO component of the Shelter Plus Care program, if you are a State or a unit of general local government, you must subcontract with a Public Housing Authority to administer the Shelter Plus Care assistance. Also with regard to this component, no single project may contain more than 100 units.

(3) *Supportive Housing Program.* Please be advised that where an applicant for Supportive Housing Program funding is a State or unit of general local government that utilizes one or more nonprofit organizations to administer the homeless assistance project(s), administrative funds provided as part of the SHP grant must be passed on to the nonprofit organization(s) in proportion to the administrative burden borne by them for the SHP project(s). HUD will consider States or units of general local government that pass on at least 50 percent of the administrative funds made available under the grant as having met this requirement. This requirement does not apply to either the SRO Program, since no administrative funds are provided as part of the grant, or to the S+C Program, since paying the costs associated with the administration of these grants is ineligible by regulation.

(4) *HUD will require recordation of a HUD-approved use and repayment covenant* (a form may be obtained from your field office) for all grants of funds for acquisition, rehabilitation or new construction. The covenant will enforce the use and repayment requirements found at section 423(b)(1) and (c) of the McKinney Act.

(C) *Match.* You must match Supportive Housing Program funds provided for acquisition, rehabilitation, and new construction with an equal

amount of funds from other sources. For operating costs, since by law SHP can pay no more than 75% of the total operating budget for supportive housing, you must provide at least 25% of the total annual operating costs. In addition, for all SHP funding for supportive services and Homeless Management Information Systems (HMIS) you must provide a 25% cash match. The cash source may be you, the Federal Government, State and local governments, or private resources. You must match rental assistance provided through the Shelter Plus Care Program in the aggregate with supportive services.

(D) *Timeliness Standards.* As an applicant, you are expected to initiate your approved projects promptly in accordance with Section II of this NOFA. In addition, HUD will take action if you fail to satisfy the following timeliness standards:

(1) *Supportive Housing Program*

- HUD will deselect your award if you do not demonstrate site control within one (1) year of the date of your grant award letter, as required by the McKinney-Vento Act (see 42 U.S.C. 11386(a)(3)) and implemented in program regulations at 24 CFR 583.320(a).

- HUD may de-obligate SHP funds if the following additional timeliness standards are not met:

- You must begin construction activities within eighteen (18) months of the date of HUD's grant award letter and complete them within thirty-six (36) months after that notification.

- For activities that cannot begin until construction activities are completed, such as supportive service or operating activities that will be conducted within the building being rehabilitated or newly constructed, you must begin these activities within three (3) months after you complete construction.

- You must begin all activities that may proceed independent of construction activities within twelve (12) months of the date of HUD's grant award letter.

(2) *Shelter Plus Care Program*

*Components Except SRO Component.* HUD may de-obligate S+C funds if you do not meet the following timeliness standards:

- For Tenant-based Rental Assistance, for Sponsor-based Rental Assistance, and for Project-based Rental Assistance without rehabilitation, you must start the rental assistance within twelve (12) months of the date of HUD's grant award letter.

- For Project-based Rental Assistance with rehabilitation, you must complete

the rehabilitation within twelve (12) months of the date of HUD's grant award letter.

(3) *SRO Program and SRO Component of the Shelter Plus Care Program.*

For projects carried out under the SRO program and the SRO component of the S+C program, the rehabilitation work must be completed and the Housing Assistance Payments contract executed within twelve (12) months of execution of the Annual Contributions Contract. HUD may reduce the number of units or the amount of the annual contribution commitment if, in HUD's determination, the Public Housing Authority fails to demonstrate a good faith effort to adhere to this schedule.

## V. Application Selection Process

(A) *Review, Rating and Conditional Selection.* HUD will use the same review, rating, and conditional selection process for all three programs (SHP, S+C and SRO). The standard factors for award identified in the General Section of this SuperNOFA have been modified in this program section as described below. Only the factors described in this program section—Continuum of Care and Need—will be used to assign points. To review and rate applications, HUD may establish panels. In order to obtain certain expertise and outside points of view, including views from other Federal agencies, these panels may include persons not currently employed by HUD. Two types of reviews will be conducted. Paragraphs (1) and (2) below describe threshold reviews and paragraphs (3) and (4) describe factors—Continuum of Care and Need—that will be used to assign points. Up to 100 points will be assigned using these factors.

(1) *Applicant and sponsor eligibility and capacity.* HUD will review your capacity as the applicant and project sponsor to ensure the eligibility and capacity standards in this section are met. If HUD determines these standards are not met, the project will be rejected from the competition. The eligibility and capacity standards are:

- You must be eligible to apply for the specific program;
- You must demonstrate ability to carry out the project(s). With respect to each proposed project, this means that, in addition to knowledge of and experience with homelessness in general, the organization carrying out the project, its employees, or its partners, must have the necessary experience and knowledge to carry out the specific activities proposed, such as housing development, housing management, and service delivery;

- If you or the project sponsors are current or past recipients of assistance under a HUD McKinney-Vento Act program, there must have been no delay in meeting applicable program timeliness standards unless HUD determines the delay in project implementation is beyond your or the project sponsor's control, no unresolved HUD finding, or no outstanding audit finding of a material nature regarding the administration of the program; and

- You and the project sponsors must be in compliance with applicable civil rights laws and Executive Orders, and must meet the threshold requirements of Section V of the General Section of the SuperNOFA.

(2) *Project eligibility.* HUD will review projects to determine if they meet the following eligibility standards. If HUD determines the following standards are not met by a specific project or activity, the project or activity will be rejected from the competition.

- The population to be served must meet the eligibility requirements of the specific program as described in the program regulations and you must provide evidence of eligibility specified in the application kit. The application must clearly establish eligibility pertaining to homelessness and disability status.

- Projects that involve rehabilitation or new construction must meet the accessibility requirements of Section 504 of the Rehabilitation Act of 1973, the design and construction requirements of the Fair Housing Act and the accessibility requirements of the Americans with Disabilities Act, as applicable.

The project must be cost-effective in HUD's opinion, including costs associated with construction, operations and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.

- For the Section 8 SRO program, only individuals meeting HUD's definition of homeless are eligible for assistance. Therefore, any individual occupying a unit at the time of application is not eligible for the SRO program and upon returning after having vacated their unit during the rehabilitation period is not eligible to receive rental assistance under the SRO Program since they do not meet the McKinney-Vento Act definition of homeless individual.

- For those projects proposed under the SHP innovative category: Whether or not a project is a considered innovative will be determined on the basis that the particular approach proposed is new and can be replicated.

- Applicant agrees to participate in a local HMIS system when implemented. Standards for participation in an HMIS will soon be published by HUD.

(3) *Project quality.* HUD will review projects to determine if they meet the following quality standards. The housing and services proposed must be appropriate to the needs of the persons to be served. HUD may find a project to be inappropriate if:

- The type, scale and general location of the housing or services do not fit the needs of the proposed participants. A S+C or SHP project renewal will be considered as having met this requirement through its previously approved grant application unless information to the contrary is received.

- A specific plan for ensuring that clients will be assisted to obtain the benefits of the mainstream health, social service, and employment programs for which they are eligible is not provided.

- The description of the project does not show how participants will be helped to access permanent housing and achieve self-sufficiency. A S+C project renewal will be considered as having met this requirement through its previously approved grant application.

- Renewal projects do not evidence satisfactory performance for their existing grant in HUD's opinion based upon the substantial achievement of their program goals as reflected in their most recent Annual Progress Report. (New projects funded for one year in 2001 are not subject to this requirement.)

- Renewal projects do not evidence that they have assisted clients to obtain the benefits of the mainstream health, social service, and employment programs for which they were eligible as evidenced in their most recent Annual Progress Report.

- An applicant that proposes a new project does not evidence satisfactory performance for their existing or prior grants based upon the substantial achievement of their program goals as reflected in their most recent Annual Progress Report.

(4) *Continuum of Care.* HUD will award up to 60 points as follows:

(a) *Process and Strategy.* HUD will award up to 20 points based on the extent to which your application demonstrates:

- The existence of a coordinated and inclusive community process, including organizational structure(s), for developing and implementing a CoC strategy which includes nonprofit organizations (such as veterans service organizations, organizations representing persons with disabilities, faith-based and other community-based

organizations, and other groups serving homeless persons), State and local governmental agencies, public housing authorities, housing developers and service providers, law enforcement, hospital and medical entities, funding providers, local businesses and business associations, and homeless or formerly homeless persons; and

- That a well-defined and comprehensive strategy has been developed which addresses the components of a CoC system (*i.e.*, prevention, outreach, intake, and assessment; emergency shelter; transitional housing; permanent and permanent supportive housing) and that strategy has been designed to serve all homeless subpopulations in the community (*e.g.*, seriously mentally ill, persons with multiple diagnoses, veterans, persons with HIV/AIDS), including those persons living in emergency shelters, supportive housing for homeless persons, or in places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

*The CoC's statement on process and strategy must also include the following:*

A description of how the Continuum will work with the appropriate local government entity to develop and implement a discharge policy for persons leaving publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons; and a description of the CoC's strategy and schedule for implementing an HMIS and its progress to date.

(b) *Gaps and Priorities.* HUD will award up to 15 points based on the extent to which your application:

(i) Describes the gap analysis performed, uses reliable information and sources that are presented completely and accurately; and

(ii) Proposes projects that are not inconsistent with the gaps analysis described in the CoC strategy, describes a fair project selection process, explains how gaps identified through the analysis are being addressed, and correctly completes the priority chart.

When HUD reviews a community's CoC to determine the points to assign, HUD will consider whether the community took its renewal needs into account in preparing its project priority list. (See discussion on renewals in Section III(A)(3) of this NOFA.)

(c) *Supplemental Resources.* HUD will award up to 15 points based on the extent to which your application incorporates mainstream resources and

demonstrates leveraging of funds requested under this program section of the SuperNOFA with other resources, including private, other public, and mainstream services and housing programs. To achieve the highest rating for this factor, applicants must evidence explicit Continuum-wide strategies to coordinate homeless assistance with mainstream health, social services and employment programs for which homeless populations may be eligible, and to use those benefits as appropriate and practicable to help offset supportive service costs of the programs that would otherwise be paid for with HUD funding. These include Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funding through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, the Welfare-to-Work grant program, and Veterans Health Care. To the extent that such mainstream benefits supplement, and ideally reduce, HUD's coverage of supportive service costs, greater resources will be available for housing.

(d) *Emphasis on housing.* HUD will award up to 10 points based upon the relationship between funds requested for housing activities and funds requested for supportive service activities among projects assigned 40 need points (excluding S+C renewals). Points will be awarded on a sliding scale with the Continuums with the highest percentage of approvable requests for funds for housing activities receiving the highest points. HUD will count as housing activity all approvable funds for rental assistance and approvable funds for acquisition, rehabilitation, construction, leasing and operations when used in connection with housing. HMIS costs will be excluded from this calculation as either a housing or supportive service cost.

(5) *Need.* HUD will award up to 40 points for need. There is a three-step approach to determining the need scores to be awarded to projects:

(a) *Determining relative need:* To determine the homeless assistance need of a particular jurisdiction, HUD will use nationally available data, including the following factors as used in the Emergency Shelter Grants program: data on poverty, housing overcrowding, population, age of housing, and growth lag. Applying those factors to a particular jurisdiction provides an estimate of the relative need index for that jurisdiction compared to other jurisdictions applying for assistance under this program section of the SuperNOFA.

(b) *Applying relative need:* HUD will then apply that relative need index to the total amount of funding estimated to be competitively available under this program section of the SuperNOFA to determine a jurisdiction's pro rata need. However, in order to promote permanent housing for the homeless, if a CoC's number one priority project qualifies as an eligible, new permanent housing project, then the full amount of that project's housing eligible activities, up to the lesser of 100 percent of the CoC's preliminary pro rata need or \$750,000, will be added to the final pro rata need amount for the Continuum. For this purpose, HUD will consider the same housing activities identified in Section D above as counting toward the permanent housing bonus. HUD also reserves the right to adjust pro rata need, if necessary, to address SHP project renewals.

(c) *Awarding need points to projects:* Once the pro rata need is established, it is applied against the priority project list in the application. Starting from the highest priority project, HUD proceeds down the list to award need points to each project. An eligible project will receive the full 40 points for need if at least one half of its requested amount falls within the pro rata need amount for that CoC. Thereafter, HUD proceeds further down the priority project list and awards 15 points for need to each project if at least one half of its requested amount falls within the "second level" of pro rata need amount for that CoC. The "second level" is the amount between the pro rata need and twice the pro rata need for the CoC. Remaining projects each receive 10 points. If projects are not prioritized for the Continuum, then all projects will receive 10 points for Need.

In the case of competing CoC applications from a single jurisdiction or service area, projects in the application that received the highest score out of the possible 60 points for CoC are eligible for up to 40 points under Need. Projects in the competing applications with lower CoC scores are eligible for only 10 points under Need.

(6) *Ranking.* HUD will add the score for CoC to the Need score to obtain a total score for each project. The projects will then be ranked from highest to lowest according to the total combined score.

(7) *Conditional Selection and Adjustments to Funding.*

(a) *Conditional Selection.* Whether a project is conditionally selected, as described in Section V (B) below, will depend on its overall ranking compared to others, except that HUD reserves the right to select lower rated eligible

projects in order to meet the 30 percent overall permanent housing requirement. (See Section V (A)(8) for additional selection information.)

When insufficient funds remain to fund all projects in the competition having the same total score, HUD will first fund permanent housing projects if necessary to achieve the 30 percent overall permanent housing requirement. HUD will then break ties among the remaining projects with the same total score by comparing scores received by the projects for each of the following scoring factors, in the order shown: Need, Overall CoC score, CoC Process and Strategy, CoC Gaps and Priorities, and CoC Supplemental Resources. The final tie-breaking factor is the priority number of the competing projects on the applicable CoC priority list(s).

(b) *Adjustments to Funding.* The Secretary of HUD has determined that geographic diversity is appropriate to carrying out homeless assistance programs in an effective manner. HUD believes that geographic diversity can be achieved best by awarding grants to as many CoCs as possible. To this end, in instances where any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Northern Mariana Islands, the Virgin Islands, and American Samoa does not have at least one funded COC, HUD reserves the right to fund eligible project(s) receiving 40 Need points in the CoC with the highest total score in that jurisdiction. To qualify for funding, the total score for these first level projects on the CoC priority list must be at least 65 points. In the case of two or more CoCs with the same total score, HUD will use the tie-breaking rules described above. In addition, if the highest priority project passing threshold requirements within a CoC fails to meet the criteria for receiving 40 Need points, HUD reserves the right to reduce the total requested amount for that project to allow it to qualify for 40 Need points. Finally, if the total amount that would be awarded for first level projects in a CoC exceeds the final pro rata need amount for that COC by more than \$200,000, the lowest priority first level project being selected for funding will be reduced to the amount necessary to ensure that the total sum being awarded for such projects does not exceed the final pro rata need amount by more than \$200,000. HUD may otherwise adjust funding of applications in accordance with the provisions of Section VI(E) of the General Section of the SuperNOFA. In addition, HUD reserves the right to ensure that a project that is applying for, and eligible for,

selection under this competition is not awarded funds that duplicate activities.

(8) *Additional Selection*

*Considerations.* HUD also will apply the limitations on funding described below in making conditional selections.

In accordance with the appropriation for homeless assistance grants in the Fiscal Year 2003 Appropriation Act for HUD, HUD will use not less than 30 percent of the total FY 2003 Homeless Assistance Grants appropriation, excluding amounts provided for renewals under the Shelter Plus Care Program, to fund projects that meet the definition of permanent housing. Projects meeting the definition of permanent housing for this purpose are: (1) New Shelter Plus Care projects, (2) Section 8 SRO projects, and (3) new and renewal projects under the Supportive Housing Program that are designated as either permanent housing for homeless persons with disabilities or Safe Havens projects having the characteristics of permanent housing for homeless persons with disabilities, including leases with the program participants, that, in addition, have been assigned at least 15 Need points, and which are submitted as part of either a "consolidated" or "associated" Continuum of Care application receiving at least 20 points under the Continuum of Care scoring factor. However, no Continuum of Care application may receive more than 30 percent of its pro rata need, up to \$3 million, for "second-level" permanent housing projects assigned 15 Need points that are selected for funding under this procedure. (See Section V(A)(5)(c) for definition of "second-level".) As stated above, HUD will award no less than 30 percent of the total FY 2003 Homeless Assistance Grants appropriation, excluding amounts for Shelter Plus Care renewals, for permanent housing projects unless an insufficient number of approvable permanent housing projects are submitted. In order to meet this permanent housing funding requirement and stay within the total funding amount available, initially selected Supportive Service Only (SSO) and non-permanent housing projects may need to be de-selected to add an adequate number of permanent housing projects, even if they are lower scoring housing projects. As a result, within a Continuum, higher priority SSO and non-permanent housing projects may need to be de-selected to include lower priority permanent housing projects. This is because HUD will initially select projects (permanent housing, SSO and other non-permanent housing alike) until the 30 percent permanent housing

requirement is met. Since this will likely exceed the total funding amount available for award, HUD will, if necessary, first proceed to de-select new SSO projects initially selected, starting with lowest scoring new projects and proceeding if needed to the lowest scoring new non-permanent housing projects initially selected. If the funding line is still exceeded, HUD will proceed to de-select SSO and non-permanent housing renewal projects until all selected projects are within the funding line.

In accordance with section 429 of the McKinney-Vento Act, HUD will award Supportive Housing funds as follows: not less than 25 percent for projects that primarily serve homeless families with children; not less than 25 percent for projects that primarily serve homeless persons with disabilities; and not less than 10 percent for supportive services not provided in conjunction with supportive housing. After projects are rated and ranked, based on the factors described above, HUD will determine if the conditionally selected projects achieve these minimum percentages. If not, HUD will skip higher-ranked projects in order to achieve these minimum percentages.

In accordance with section 463(a) of the McKinney-Vento Act, as amended by the Housing and Community Development Act of 1992, at least 10 percent of Shelter Plus Care funds will be awarded for each of the four components of the program: Tenant-based Rental Assistance; Sponsor-based Rental Assistance; Project-based Rental Assistance; and Section 8 Moderate Rehabilitation of Single Room Occupancy Dwellings for Homeless Individuals (provided there are sufficient numbers of approvable projects to achieve these percentages). After projects are rated and ranked, based on the factors described above, HUD will determine if the conditionally selected projects achieve these minimum percentages. If necessary, HUD will skip higher-ranked projects in order to achieve these minimum percentages.

In accordance with section 455(b) of the McKinney-Vento Act, no more than 10 percent of the assistance made available for Shelter Plus Care in any fiscal year may be used for programs located within any one unit of general local government. In accordance with section 441(c) of the McKinney-Vento Act, no city or urban county may have Section 8 SRO projects receiving a total of more than 10 percent of the assistance made available under this program. HUD is defining the 10 percent availability this fiscal year as \$10

million for Shelter Plus Care and \$10 million for Section 8 SRO. However, if the amount awarded under either of these two programs exceeds \$100 million, then the amount awarded to any one unit of general local government (for purposes of the Shelter Plus Care program) or city or urban county (for the purposes of the SRO program) could be up to 10 percent of the actual total amount awarded for that program.

Lastly, HUD reserves the right to reduce the amount of a grant if necessary to ensure that no more than 10 percent of assistance made available under this program section of the SuperNOFA will be awarded for projects located within any one unit of general local government or within the geographic area covered by any one Continuum of Care. If HUD exercises a right it has reserved under this program section of the SuperNOFA, that right will be exercised uniformly across all applications received in response to this program section of the SuperNOFA.

(B) *Action on Conditionally Selected Applications.* HUD will notify conditionally selected applicants in writing. As necessary, HUD will subsequently request them to submit additional project information, which may include documentation to show the project is financially feasible; documentation of firm commitments for cash match; documentation showing site control; information necessary for HUD to perform an environmental review, where applicable; and such other documentation as specified by HUD in writing to the applicant, that confirms or clarifies information provided in the application. HUD will notify SHP, SRO, S+C and S+C/SRO applicants of the deadline for submission of such information. If an applicant is unable to meet any conditions for fund award within the specified timeframe, HUD reserves the right not to award funds to the applicant, but instead either to use them to select the next highest ranked application(s) from the original competition for which there are sufficient funds available; or to add them to funds available for the next competition for the applicable program.

(C) *Applicant Debriefing.* See Section VII(E)(2) of the General Section of the SuperNOFA.

## VI. Application Submission Requirements

The application kit provides the application materials, including Form HUD-424 and certifications, that must be used in applying for homeless assistance under this SuperNOFA.

These application materials substitute for the forms, certifications, and assurances listed in Section II(H) of the General Section of the SuperNOFA (collectively, the "standard" forms).

In addition to the required narratives, the items that you must submit to HUD as part of the application for homeless assistance funding are the following:

- (1) 2003 Application Summary Form
- (2) Continuum of Care and Project Exhibits
- (3) Gaps Analysis Form
- (4) Project Priorities Form
- (5) Project Leveraging Form
- (6) HUD-424
- (7) Applicant Certifications
- (8) Consolidated Plan Certification(s)

The standard forms can be found in Appendix B to the General Section of the SuperNOFA. The remaining forms (*i.e.*, excluding such items as narratives), referred to as the non-standard forms, can be found in the Application Kit.

The application requires a description of the Continuum of Care system and the proposed project(s). To ensure that no applicant is afforded an advantage in the rating of the Continuum of Care element (described in Section V(A)(4) above), HUD is establishing a limitation of 25 pages, excluding required multiple page tables or charts but including any attachments, on the length of Exhibit 1 of any application submitted in response to this NOFA. HUD will not consider the contents of any pages exceeding this limit when rating the Continuum of Care element of any application. The application kit also contains certifications that the applicant will comply with fair housing and civil rights requirements, program regulations, and other Federal requirements, and (where applicable) that the proposed activities are consistent with the HUD-approved Consolidated Plan of the applicable State or unit of general local government. Projects funded under this SuperNOFA shall operate in a fashion that does not deprive any individual of any right protected by the Fair Housing Act (42 U.S.C. 3601-19), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 *et seq.*), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) or the Age Discrimination Act of 1975 (42 U.S.C. 6101).

There are three options for submitting an application under this program section of the SuperNOFA.

*One:* A "Consolidated Application" is submitted when a jurisdiction (or a consortium of jurisdictions) submits a single application encompassing a

Continuum of Care strategy and containing all the projects within that strategy for which funding is being requested. Individual projects are contained within the one consolidated application. Grant funding may go to one entity which then administers all funded projects submitted in the application, or under this option, grant funding may go to all or any of the projects individually. Your application will specify the grantee for each project.

*Two:* "Associated Applications" are submitted when applicants plan and organize a single Continuum of Care strategy that is adopted by project sponsors or operators who choose to submit separate applications for projects while including the identical Continuum of Care strategy. In this case, project funding would go to each successful applicant individually and each would be responsible to HUD for administering its separate grant.

*Three:* A "Solo Application" is submitted when an applicant applies for a project exclusive of participation in any community-wide or region-wide Continuum of Care development process.

Options one and two are not substantively different and will be considered equally competitive. 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.

#### **VII. Corrections to Deficient Applications**

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications (See Section V of the General Section).

#### **VIII. Appeals Process**

Applicants may appeal the results of HUD's review and selection process if they believe a HUD error has occurred. Appeals must be in writing to the Assistant Secretary for Community Planning and Development and must state what HUD error the applicant believes has occurred.

#### **IX. Environmental, Local Resident Employment, and Relocation Requirements**

##### *(A) Environmental Requirements*

(1) *Finding of No Significant Impact.* A Finding of No Significant Impact (FONSI) with respect to the environment was made for this program section of the SuperNOFA, in accordance with HUD regulations at 24 CFR part 50 that implement section 102(2)(C) of the National Environmental

Policy Act of 1969 (42 U.S.C. 4223). The FONSI is available for public inspection during regular business hours in the Department's Office of the Rules Docket Clerk, Office of General Counsel, Room 10276, Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410-0500.

(2) *Environmental Reviews.* All Continuum of Care assistance is subject to the National Environmental Policy Act and applicable related Federal environmental authorities. Section 208 of Public Law 106-377 (114 Stat. 1441, approved October 27, 2000) amended section 443 of the Stewart B. McKinney-Vento Homeless Assistance Act to provide that for purposes of environmental review, Continuum of Care projects shall be treated as assistance for special projects that are subject to section 305(c) of the Multifamily Housing Property Disposition Reform Act of 1994, and shall be subject to HUD's regulations implementing that section. The effect of this provision is that environmental reviews for Continuum of Care activities are to be completed by responsible entities (States or units of general local government) in accordance with 24 CFR part 58, whether or not the applicant is itself a State or a unit of general local government. Applicants (such as PHAs or nonprofit organizations) that are not States or units of general local government must request the unit of general local government to perform the environmental review. This statutory provision supersedes those portions of 24 CFR 582.230 and 583.230 that provide for automatic HUD environmental review in the case of applications from such entities. With this exception, conditional selection of projects under the Continuum of Care Program is subject to the environmental review requirements of 24 CFR 582.230, 583.230, and 882.804(c), as applicable. Recipients may not commit or expend any Continuum of Care assistance or nonfederal funds on project activities (other than those listed in 24 CFR 58.22(c), 58.34 or 58.35(b)) until HUD has approved a Request for Release of Funds and environmental certification from the responsible entity. The expenditure or commitment of Continuum of Care assistance or nonfederal funds for such activities prior to this HUD approval may result in the denial of assistance for the project under consideration.

##### *(B) Local Resident Employment*

To the extent that any housing assistance (including rental assistance) funded through this program section of the SuperNOFA is used for housing

rehabilitation (including reduction and abatement of lead-based paint hazards, but excluding routine maintenance, repair, and replacement) or housing construction, then it is subject to section 3 of the Housing and Urban Rehabilitation Act of 1968, and the implementing regulations at 24 CFR part 135. Section 3, as amended, requires that economic opportunities generated by certain HUD financial assistance for housing and community development programs shall, to the greatest extent feasible, be given to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to businesses that provide economic opportunities for these persons.

*(C) Relocation*

The SHP, S+C, and SRO programs are subject to the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA). These requirements are explained in HUD Handbook 1378, Tenant Assistance, Relocation and Real Property

Acquisition. Any person or family who moves, even temporarily, as a direct result of acquisition, rehabilitation or demolition for a project that is assisted through one of these programs (whether or not HUD funded the acquisition, rehabilitation or demolition) is entitled to relocation assistance. Displacement that results from leasing a unit in a structure may also trigger relocation requirements. Relocation assistance can be expensive. To avoid unnecessary costs, it is important to provide occupants with timely information notices, including a general information notice to be sent at the time the application is submitted to HUD. HUD Handbook 1378 contains guideform information notices. The HUD field office can provide a copy of the handbook and copies of appropriate information booklets to be provided to occupants. Accordingly, if the site is occupied, the applicant should contact the HUD field office in the planning stage to obtain advice, including help in estimating the cost of required relocation assistance.

**X. Authority**

The Supportive Housing Program is authorized by title IV, subtitle C, of the Stewart B. McKinney-Vento Homeless Assistance Act (McKinney-Vento Act), 42 U.S.C. 11381. Funds made available under this program section of the SuperNOFA for the Supportive Housing Program are subject to the program regulations at 24 CFR part 583.

The Shelter Plus Care program is authorized by title IV, subtitle F, of the McKinney-Vento Act, 42 U.S.C. 11403. Funds made available under this program section of the SuperNOFA for the Shelter Plus Care program are subject to the program regulations at 24 CFR part 582.

The Section 8 Moderate Rehabilitation Program for Single Room Occupancy Dwellings for Homeless Individuals (SRO) is authorized by section 441 of the McKinney-Vento Act, 42 U.S.C. 11401. Funds made available under this NOFA for the SRO program are subject to the program regulations at 24 CFR part 882, subpart H.

**APPENDIX A**  
**CONTINUUM OF CARE HOMELESS ASSISTANCE PROGRAMS**

<b>ELEMENTS</b>	<b>SUPPORTIVE HOUSING</b>	<b>SHELTER PLUS CARE</b>	<b>SECTION 8 SRO</b>
<b>AUTHORIZING LEGISLATION</b>	Subtitle C of Title IV of the McKinney-Vento Homeless Assistance Act	Subtitle F of Title IV of the McKinney-Vento Homeless Assistance Act	Section 441 of the McKinney-Vento Homeless Assistance Act
<b>IMPLEMENTING REGULATIONS</b>	24 CFR part 583	24 CFR part 582	24 CFR part 882
<b>ELIGIBLE APPLICANT(S)</b>	<ul style="list-style-type: none"> <li>• State</li> <li>• Units of general local government</li> <li>• Special purpose units of government such as public housing agencies (PHAs)</li> <li>• Private nonprofit organizations</li> <li>• CMHCs that are public nonprofit organizations</li> </ul>	<ul style="list-style-type: none"> <li>• States</li> <li>• Unites of general local governments</li> <li>• PHAs</li> </ul>	<ul style="list-style-type: none"> <li>• PHAs</li> <li>• Private nonprofit organizations</li> </ul>
<b>ELIGIBLE COMPONENTS</b>	<ul style="list-style-type: none"> <li>• Transitional housing</li> <li>• Permanent housing for disabled persons only</li> <li>• Supportive services not in conjunction with supportive housing</li> <li>• Safe Havens</li> <li>• Innovative supportive housing</li> </ul>	<ul style="list-style-type: none"> <li>• Tenant-based</li> <li>• Sponsor-based</li> <li>• Project-based</li> <li>• SRO-based</li> </ul>	<ul style="list-style-type: none"> <li>• SRO housing</li> </ul>
<b>ELIGIBLE ACTIVITIES</b> See footnotes 1,2 and 3	<ul style="list-style-type: none"> <li>• Acquisition</li> <li>• Rehabilitation</li> <li>• New construction</li> <li>• Leasing</li> <li>• Operating costs</li> <li>• Supportive services</li> <li>• Homeless Mngt. Info. System (HMIS)</li> </ul>	<ul style="list-style-type: none"> <li>• Rental assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Rental assistance</li> </ul>
<b>ELIGIBLE POPULATIONS</b> See footnote 2	<ul style="list-style-type: none"> <li>• Homeless persons</li> </ul>	<ul style="list-style-type: none"> <li>• Homeless disabled individuals</li> <li>• Homeless disabled individuals &amp; their families</li> </ul>	<ul style="list-style-type: none"> <li>• Homeless individuals</li> </ul>
<b>POPULATIONS GIVEN SPECIAL CONSIDERATION</b>	<ul style="list-style-type: none"> <li>• Homeless persons with disabilities</li> <li>• Homeless families with children</li> </ul>	Homeless persons who: <ul style="list-style-type: none"> <li>• Are seriously mentally ill</li> <li>• Have chronic problems with alcohol and/or drugs</li> <li>• Have AIDs &amp; related diseases</li> </ul>	N/A
<b>INITIAL TERM OF ASSISTANCE</b>	Minimum 2 years for SHP Minimum 1 year for HMIS	5 years: TRA, SRA, and PRA if no rehab 10 years: SRO, and PRA with rehab	10 years

**Footnote 1:** Homeless prevention activities are statutorily ineligible under these programs.

**Footnote 2:** Persons at risk of homelessness are statutorily ineligible for assistance under these programs.

**Footnote 3:** Acquisition, construction, rehabilitation, leasing, and operating costs for emergency shelters are statutorily ineligible for assistance under Shelter Plus Care and Section 8 SRO.



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# **Continuum of Care Homeless Assistance Programs**

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

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: 2003 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 2003 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 since it is the document that controls the competition. If there is a conflict between information provided in the application kit and information provided in the published NOFA, the information in the published NOFA prevails.**

The homeless assistance application has two parts. The first is the process and outcome of the community-based homeless assistance plan – the Continuum of Care. The second consists of the exhibits for the specific program funds for which you are applying – Supportive Housing Program (SHP) New and Renewal, Shelter Plus Care (S+C) New and 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 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 is 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, or overnight delivery). **Please note that hand delivery is no longer permitted.**

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.

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

## Application Exhibits

There are six 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, 2R, 3, 3R and 4 correspond to the three programs (SHP – New, SHP – Renewal, S+C - New, S+C - Renewal and SRO) and are used to describe the projects for which funding is requested. The SHP – Renewal Exhibit is new and will contain information pertaining to previously funded supportive housing projects.

A completed application will include one Exhibit 1 (Continuum of Care) and any number of Exhibits 2 (SHP New), and 2R (SHP Renewal), 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 were proposing five SHP Renewal projects and one S+C New project, then you would submit one Exhibit 1, five Exhibits 2R 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 2003 NOFA. Scoring high on Exhibit 1 will be the key to the success of an application in this competition.

### Exhibits 2 and 2R: 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 that it meets the requirements for private nonprofit status listed in the Glossary on page iv.

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.

When applying for SHP assistance, you should submit one Exhibit 2 for each new project and/or one Exhibit 2R for each renewal project.

### Exhibits 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 (CoC) strategy and up to 40 points for that community's relative need for housing and services for homeless persons. The NOFA describes fully the criteria HUD will use to assign points and should be read carefully. Please note this year that there will not be a bonus of up to two (2) points for projects located within an Empowerment Zone/Enterprise Community (EZ/EC).

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.

## Assembling Your Application

Please assemble your application as outlined below, with tabs marking each exhibit and project and all pages numbered sequentially. 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 HUD-424, the form that indicates who the applicant is for a project. (Project sponsors do not fill out an HUD-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 HUD-424 form, 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
3. Certifications/Forms
  - a. HUD-424 Form (signed by applicant)
  - b. Applicant certifications (signed by applicant)
  - c. Private nonprofit documentation [SHP, SRO, and S+C (SRA component) programs] – New Applicants
  - d. Community mental health association documentation (for SHP public nonprofits only) – New Applicants
4. Project exhibits including a Consolidated Plan Certification, HUD Form 2880-Disclosure/Update Report, **and Special Project Certifications** – (a) Coordination and Integration of Mainstream Programs, and (b) Discharge Policy (as applicable).

### 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 30 using letter suffixes where appropriate to indicate pages that do not count toward the 30 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 2003 for the deadline date. Please carefully review the NOFA for specific information on meeting the application submission deadline.

## Glossary

**Applicant.** An entity that applies to HUD for funds. In order to be an applicant, you must submit a HUD-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.

**Chronically Homeless Person.** An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time.

**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.

**Homeless Management Information Systems (HMIS).** An HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services. An HMIS may also cover a statewide or regional area, and include several CoCs. The HMIS can provide data on client characteristics and service utilization.

**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. For a more detailed discussion, see the Questions and Answers Supplement. 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** (includes faith-based and community-based organizations). 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 a HUD-424, unless it is also the applicant.

**HUD Form 424.** The information sheet required to be submitted by applicants requesting HUD Federal Assistance.



## Exhibit 1: Continuum of Care

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### 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.

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

- Homeless prevention
- 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 many homeless people will not 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, such as nonprofit organizations (including faith-based and community-based organizations), State and local governmental agencies, public housing authorities (PHAs), service providers, local businesses and business associations, law enforcement, private funders 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. This assessment will help to ensure that the needs of all homeless persons will be met to the extent practicable.

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)(4) of the NOFA], HUD is establishing a limitation of 30 pages on the length of Exhibit I. Except as indicated herein, all pages, including attachments, are counted towards the 30-page limitation. **HUD will not consider the contents of any pages exceeding this limit when rating Exhibit I: Continuum of Care of any application.**

### 1. Your Continuum of Care's accomplishments.

Briefly describe the specific accomplishments over the past 12 months in implementing your Continuum of Care strategy. (Please keep discussion to no more than half a page)

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

In order to determine the quality and inclusiveness of your Continuum of Care (CoC) **planning process**, please provide the following:

- a. **Identify** the lead entity (i.e., convener 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 with no overlapping or duplicative efforts.
- c. **List** the dates and main topics of your CoC planning meetings held since June 2002, which should demonstrate that these meetings (**both plenary and committee**) are: (1) regularly scheduled; (2) held year round; and (3) not solely focused on developing an application in response to the NOFA.
- d. **List**, using the format on the following page:
  - (1) the specific names and types of organizations involved in your Continuum of Care (CoC) planning process, such as State and local government agencies, Public Housing Authorities (PHAs), nonprofit organizations, individual businesses or business associations, homeless or formerly homeless persons, and others, including law enforcement, hospital or medical facility representatives, and funders;
  - (2) the one or two subpopulation(s) the organization/entity primarily serves and whose interests they are specifically focused on representing; and
  - (3) each organization's level of participation in the planning process. High participation levels might include: steering committee member attends all monthly planning meetings, housing subcommittee member attends most CoC planning meetings, gaps analysis subcommittee chairperson attends all group meetings and most CoC planning meetings, etc. In order to obtain a higher competitive score for "participation", planning participants must attend most of the planning and/or committee meetings. In addition, if more than one geographic area is claimed on the 2003 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 count as only one page towards the 30-page limitation.)

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
Example: Nonprofit Org.: ABC, Inc.	City of Ajax	HIV/AIDS	Com. Chair attends all planning meetings
State agencies:			
Local government agencies:			
Public Housing Authorities (PHAs):			
Nonprofit organizations: (includes Faith-Based organizations):			
Businesses / Business Associations:			
Homeless / Formerly homeless persons:			
Other: e.g.: Law Enforcement: Hospital/Medical: Funders:			

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

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

The key to developing a successful Continuum of Care is to continually assess the existing system and identify shortcomings or gaps, then establish a set of goals and carry out a series of action steps intended to address these shortcomings or gaps. With this in mind, please provide the following:

**A. Chronic Homelessness Strategy/Goals**

Chronic homelessness refers to an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.

- (1) **Past Performance.** In 2001, HUD established a goal of eliminating chronic homelessness within 10 years. HUD is beginning to track progress made toward this ambitious goal. Please tell us using no more than 2 pages: (a) the specific actions that your community has taken over the past year towards ending chronic homelessness; and (b) any remaining obstacles to achieving this goal.
- (2) **Current Chronic Homelessness Strategy.** In order to keep HUD informed of your chronic homelessness strategy, please provide a brief summary of the community's strategy for ending chronic homelessness by 2012, including any updates to your strategy. As a part of this discussion, please include in this narrative the number of sheltered and unsheltered chronically homeless persons identified on the "CoC: Homeless Population and Subpopulations Chart" (see page 10). *(Your response is expected to be no more than 2 pages, however, none of it will count towards your 30-page limitation.)*
- (3) **Future Goals.** Describe your specific future-oriented goals, and specific action steps for each to be undertaken over the next 18 months in carrying out a strategy to end chronic homelessness in your community. Specify the entity that has the lead responsibility for success or failure in carrying out each step and provide specific target dates for completion. Be sure to include among your goals/action steps each of the plans for housing and services mentioned in sections 3.E. and 3.F. Please use the following format. (Add to as needed for additional goals.)

Goal: End Chronic Homelessness ("What" are you trying to accomplish)	Action Steps ("How" are you to go about accomplishing it)	Responsible Person/Organization ("Who" is responsible for accomplishing it)	Target Dates (mo/yr will be accomplished)
Ex: Count unsheltered homeless to establish baseline	Annual street counts of unsheltered homeless persons	Emergency Shelter Commission	January 2004
Goal 1:			
Goal 2:			
Goal 3:			

#### B. Other Homelessness Goals Chart

- (1) Please provide a summary of accomplishments made over the past year in addressing your community's other homelessness goals.
- (2) In addition to the goals for ending chronic homelessness, please describe any other goals and specific action steps that your community has developed to address homelessness. Specify the entity that has lead responsibility for carrying out each step and specific target date for completion. Please use the following format.

Goal: Other Homelessness	Action Steps	Responsible Person/Organization	Target Dates
Goal 1:			
Goal 2:			
Goal 3:			

#### C. Discharge Planning Policy

The McKinney-Vento Act requires that any governmental agency receiving funding may not receive HUD McKinney funds unless they develop and implement, to the extent practicable, policies for the discharge of persons from publicly funded institutions or systems of care. These institutions and systems of care include health care facilities, foster care or other youth facilities, and corrections programs and institutions. The purpose of developing and implementing discharge policies is to prevent persons being discharged from immediately becoming homeless.

**Describe** how your CoC will work with the appropriate local and State governments to ensure that a discharge policy for persons leaving publicly funded institutions or systems of care is being developed and implemented to prevent the discharge of persons from immediately resulting in homelessness.

#### D. Unexecuted Grants Awarded Prior to the 2002 Continuum of Care Competition

Homeless assistance awards are intended to rapidly help homeless individuals and families become more self-sufficient. It is expected that continuums will keep apprised of grants awarded to homeless providers in their jurisdiction(s) and become aware of projects that are not moving forward. Using the prescribed format, please provide a list of all HUD McKinney-Vento Act awards announced prior to 2002 that are not yet under contract (i.e. signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Ex: MI23B901002	Michiana Homes, Inc.	TH for Homeless Families	\$514,000
<b>Total</b>			

**E. Service Activity Chart**

Using the format below, describe the fundamental service components of your Continuum of Care system currently in place, and any additional services being planned. Describe how homeless persons access or receive assistance under each component other than *Outreach*. (Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

<b>Fundamental Components in CoC System -- Service Activity Chart</b>
<p><b>Component:</b> <i>Prevention</i>  <u>Services in place:</u> Please arrange by category (e.g., rental/mortgage assistance), being sure to identify the service provider.  <u>Services planned:</u>  <u>How persons access/receive assistance:</u></p>
<p><b>Component:</b> <i>Outreach</i>  <u>Outreach in place:</u> (1) Please describe the outreach activities for homeless persons who are <b>living on the streets</b> in your CoC area <b>and</b> how they are connected to services and housing.                      (2) Describe the outreach activities that occur for other homeless persons.  <u>Outreach planned:</u> Describe any planned outreach activities for (1) persons living on the streets; and (2) for other homeless persons.</p>
<p><b>Component:</b> <i>Supportive Services</i>  <u>Services in place:</u> Please describe how each of the following services are provided in your community (as applicable): case management, life skills, alcohol and drug abuse treatment, mental health treatment, AIDS-related treatment, education, employment assistance, child care, transportation, and other.  <u>Services planned:</u>  <u>How homeless persons access/receive assistance:</u></p>

**F. Housing Activity Chart**

How to Complete the Housing Activity Chart

Starting with the information on the 2002 Housing Activity Chart, please update that information and show all housing activity on the following chart for 2003. Please provide information on each facility concerning: (1) the location of the facility/voucher program, using HUD's geographic codes, (2) the target populations, and (3) each facility/voucher program under development.

**Geo Code column:** Indicate the Geographic Area Code (Geo Code) for the facility. Where there is only one geographic code for the Continuum, check the box and indicate that code in the first facility listing only. If the project is located in multiple jurisdictions, select the jurisdiction where the majority of the inventory is located.

**Target Population columns:**

**Column A,** Select the code that best represents your project: SM=only Single Males (18 years and over); SF=only Single Females (18 years and over); SMF=only Single Males and Females (18 years and over with no children); FC=Families with Children; YM=only unaccompanied Young Males (under 18 years), YF=only unaccompanied Young Females (under 18 years), YMF=unaccompanied Young Males and Females (under 18 years), and O=Others.

**Column B,** Indicate whether the facility serves these additional characteristics: DV=only Domestic Violence victims, VET=only Veterans, and AIDS=only persons with HIV/AIDS.

**Current Inventory:** List all facilities and voucher programs that are currently operating.

**Under Development:** List all the projects that are fully funded but are not yet serving homeless people.

*(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)*

Fundamental Components in CoC System -- Housing Activity Chart								
Component: <i>Emergency Shelter</i>								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2002	2003	2002	2003
Ex: Homeless Help, Inc.	Donovan's Shelter	180084	SF	DV	25	30		
Ex: Jacob's House	Voucher Program	090102	FC				42	54
			Subtotal					
Under Development								
Ex: Michael's House, Inc.	Haven Place		SF					27
			Subtotal					
Component: <i>Transitional Housing</i>								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2002	2003	2002	2003
EX: Alpha, Inc.	A New Beginning	180084	SM	VET	18	23		
			Subtotal					
Under Development								
			Subtotal					
Component: <i>Permanent Supportive Housing**</i>								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2002	2003	2002	2003
EX: Lazarus, Inc.	Home At Last	180084	SM		35	50		
			Subtotal					
Under Development								
			Subtotal					

\*CoCs that list only one geographic code in their Application Summary sheet may check this box and should identify the Geographic Code. All other CoCs must identify the location of each facility by the geographic code.

\*\*Permanent Supportive Housing is Shelter Plus Care (S+C), Section 8 SRO and Supportive Housing Program-Permanent Housing component (SHP-PH). It also includes any permanent housing projects dedicated exclusively to serving homeless persons such as public housing units that have been dedicated to housing homeless persons.

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#### 4. Instructions for Continuum of Care Housing Gaps Analysis and Homeless Population Charts

##### Housing Gaps Analysis Chart

This required chart summarizes the information from the Fundamental Components in the CoC System -- Housing Activity Chart and represents the CoC's judgment as to the need for additional emergency, transitional housing and permanent supportive housing resources. The estimated unmet need is based upon the status of the inventory at a point-in-time (one-day) and takes into account both existing beds and funded new beds that are not yet ready for occupancy but are under development.

Include this required chart with your Continuum of Care narrative in your Exhibit 1 submission.

1. **Complete the first column "Current Inventory in 2003."**  
Enter the number of existing beds serving the community in 2003. This inventory includes only beds currently available for occupancy. The completion of the "Current Inventory in 2003" for emergency shelter, transitional housing, and permanent supportive housing beds must be carried over from the subtotals shown under "Current Inventory" in each of the three housing component areas contained in the Fundamental Components Housing Activity Chart.
2. **Complete the second column "Under Development in 2003."**  
Enter the number of funded new beds not ready for occupancy but under development in 2003. The completion of "Under Development in 2003" must be carried over from the subtotals shown under "Under Development" in each of the three housing component areas contained in the Fundamental Components Housing Activity Chart.
3. **Complete the third column "Unmet Need/Gap."**  
Enter the number of beds the CoC determines to be the unmet remaining need for each category. This number should represent the need for additional beds after the current inventory and under development inventories are considered. This represents the Continuum of Care's judgment on the need for additional beds under each category.

##### Homeless Population and Subpopulations Chart

**Completing Part 1: Homeless Population.** This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The counts must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

**Completing Part 2: Homeless Subpopulations.** This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The numbers must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

**Sheltered Homeless.** Count adults, children and youth residing in shelters for the homeless. "Shelters" include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. **Do not count:** (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent's homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

**Unsheltered Homeless.** Count adults, children and youth sleeping in places not meant for human habitation. Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.

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**5. Methods used to Collect Information for the Housing Gaps Analysis and Homeless Population/Subpopulations Charts**

In order to assess the quality of the data identified by your community, please provide the following:

- a. **For Housing Gaps Analysis Chart** identify the data source (e.g., City Shelter Survey), and the methods (e.g., mail survey) for filling out the "Current Inventory in 2003" and "Under Development in 2003" columns. Briefly describe the basis for the community's determination as to the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless.
- b. **Provide your community's definition of emergency shelter and transitional housing.**
- c. **For the Part 1 Homeless Population and Subpopulations Chart** indicate the specific **point-in-time** date of data collection (e.g., March 30, 2003) for both the "sheltered" and "unsheltered." This must be only a one-day/night count. Describe your community's process and methods for collecting the data, including the reason(s) your community chose those methods. If your community conducts an enumeration of persons at least annually or uses administrative data from outreach programs to those living on the street, please provide a description of the lead agency/contact person and the process for data collection and coverage in the community.
- d. **For the Part 2 Homeless Population and Subpopulations Chart** indicate the methods for determining homeless subpopulations in general **and** the chronic homeless in particular.
- e. **Describe your community's plans** for conducting an annual update of the Fundamental Components in the CoC System Housing Activity Chart.
- f. **Describe your community's process** for conducting regular point-in-time counts (not less than once every three years) of the "sheltered" and "unsheltered" categories in order to complete Part 1 and 2 of the Homeless Population and Subpopulations Chart **and** the collection methods you plan to use.

**Continuum of Care: Housing Gaps Analysis Chart**

	Current Inventory in 2003	Under Development in 2003	Unmet Need/ Gap
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**Individuals**

Example	Emergency Shelter	100	40	26
Beds	Emergency Shelter			
	Transitional Housing			
	Permanent Supportive Housing			
	Total			

**Persons in Families With Children**

Beds	Emergency Shelter			
	Transitional Housing			
	Permanent Supportive Housing			
	Total			

**Continuum of Care: Homeless Population and Subpopulations Chart**

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Example:</b>	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals				
2. Homeless Families with Children				
2a. Persons in Homeless Families with Children				
<b>Total (lines 1 + 2a)</b>				
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless				
2. Seriously Mentally Ill				
3. Chronic Substance Abuse				
4. Veterans				
5. Persons with HIV/AIDS				
6. Victims of Domestic Violence				
7. Youth				

**6. Homeless Management Information System (HMIS).** (Your response to this item will not count towards your 30-page limitation.)

Congress has established a national goal that all communities should be collecting an array of data on the homeless, including unduplicated counts of the homeless, their use of services and the effectiveness of local assistance systems. In order to achieve this objective, HUD has encouraged communities to develop a Homeless Management Information System (HMIS).

- a. Describe in a brief narrative your Continuum of Care (CoC) strategy to implement an HMIS, providing a schedule for implementation and describing the progress you have made to date, including obtaining the participation of emergency shelter, transitional housing and McKinney-Vento permanent supportive housing providers.
- b. Please check one of the following which best reflects the status of your CoC in having a Continuum-wide HMIS (see Section O of the "Questions and Answers" supplement to the application before completing):

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

- c. **If your CoC has already implemented or is seeking to update or expand its HMIS system,** identify in the table below how many of the Current Inventory in 2003 beds listed on your Housing Gaps Analysis chart are included in the CoC's HMIS and are currently providing data on clients into the system. For each Current Inventory in 2003 Housing Activity category, indicate the number of beds that are providing client level data into the HMIS and the percent of coverage for that category. For example: there are 100 beds in the Current Inventory in 2003 for the Individuals/Emergency Shelter category and client level data into the HMIS are provided for 60 of these beds. Place 60 beds/60 percent in the following chart for the Individuals/Emergency Shelter category.

	Current Inventory in 2003 Beds/Percentage Providing Client Data into HMIS	
	Individuals	Families
Emergency Shelter	____/____	____/____
Transitional Housing	____/____	____/____
Permanent Supportive Housing	____/____	____/____

**7. Priorities.**

Having now assessed the need in your community and having compared it to your existing Continuum of Care system, please provide the following:

- a. Using your gaps analysis findings, complete the *Continuum of Care: Project Priorities* chart that follows according to the instructions provided. (Refer to the chart for specific instructions and examples.)
- b. Describe the methods you use to determine whether projects up for renewal are: (1) performing satisfactorily and (2) effectively addressing the need(s) for which they were designed.
- c. Describe how each project proposed for funding 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 count as only one page towards the 30-page limitation.)
- d. Demonstrate how the project selection and priority placement processes were conducted **fairly and impartially**, and gave equal consideration to projects sponsored by nonprofit organizations. In doing so, (1) specify your open solicitation efforts for projects; (2) identify the objective rating measures applied to the projects and demonstrate that participants on the review panel or committee are unbiased; and (3) explain the voting system used. Finally (4), if written complaints concerning the process were received during the last 12 months, please briefly describe them and how they were resolved.

**8. Supplemental Resources.**

HUD funding is limited and, therefore, can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. This being the case, please provide the following:

- A. **Project Leveraging.** Fill out the *Continuum of Care: Project Leveraging* chart. (See instructions with chart).
- B. **Enrollment and Participation in Mainstream Programs.**  
Describe your Continuum of Care-wide strategy currently in place to **systematically**:
  - (1) **IDENTIFY ELIGIBILITY** of homeless persons for mainstream programs.
  - (2) **HELP ENROLL** them in the following programs for which they are eligible: SSI, TANF, Medicaid, Food Stamps, SCHIP, Workforce Investment Act, Veterans Health Care.
  - (3) **ENSURE THEY RECEIVE** assistance under each of the programs for which they are enrolled.
- C. **Participation in Mainstream Programs and Employment.**

In order for HUD to assess the results of your continuum's effort in implementing this strategy, please complete the following chart. The source of information is from the most recent Annual Progress Report (APR) for all SHP and SPC renewals being submitted in this year's competition.

**Instructions for filling out the Participation in Mainstream Programs and Employment chart:**

- Column 1 – *Income Source.* Use these income sources from the APR (Question 11).
- Column 2 – *Adults Who Exited (All Renewals).* For each SHP and SPC renewal being submitted in this year's competition, use APR Question 2C (*Number who left the program during the operating year*). For each APR, add the *Number of Singles Not in Families* and the *Number of Adults in Families*. The total represents the number of adults who exited the project during the operating year. Add the total from each renewal's APR to get the total number of adults in the CoC who left the projects during the operating year.
- Column 3 – *Source of Income at Entry.* Using the information in each project's APR Question 11C (*Income Sources at Entry*), add the total number of exiting adults who, upon entry to the project, already had each source of income.
- Column 4 – *% with Income at Entry.* Divide Column 3 by Column 2, multiply by 100 and round.
- Column 5 – *Source of Income at Exit.* Using the information in each project's APR Question 11D (*Income Sources at Exit*), add the total number of adults who, upon exiting the project, had each source of income.
- Column 6 – *% with Income at Exit.* Divide Column 5 by Column 2, multiply by 100 and round.
- Column 7 – *Entry / Exit Difference.* Subtract Column 4 from Column 6.

**IMPORTANT:** If you are not submitting any renewals in this year's competition, provide the chart using the most recent APR for all currently operating SHP and SPC projects in your continuum.

**Participation in Mainstream Programs and Employment Chart**

What is the total number of projects represented in this chart? \_\_\_\_\_

1 Income Source	2 Adults Who Exited (All Renewals)	3 Source of Income at Entry	4 % w/ Income at Entry (Col 3+Col 2)	5 Source of Income at Exit	6 % w/ Income at Exit (Col 5+Col 2)	7 Entry/Exit Difference (Col 6 – Col 4)
a. SSI	854	129	15.1%	174	20.4%	5.3
e. TANF	854	91	10.7%	126	14.8 %	4.1
a. SSI						
e. TANF						
h. Employment Income						
k. Medicaid						
l. Food Stamps						
n. No Financial Resources						

- D. **Use of Other Mainstream Resources.** Using the following format, describe how the identified mainstream resources are currently (within the past 2 years) being used to assist **homeless persons** (see definition of "homeless person" in Glossary). "Prevention" activities are *not* to be included. Please ensure that there is no overlap between the resource funds listed on your Project Leveraging Chart and the uses/projects described below. (Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

Mainstream Resources	Use of Resource in CoC System for <u>Homeless</u> Persons (e.g., rehab of rental units, job training, etc.)	Specific Project Name	\$ Amount or number of units/beds provided within last 2 years specifically for the homeless
CDBG			
HOME			
Housing Choice Vouchers (only if "priority" is given to homeless)			
Public Housing (only if units are dedicated to homeless)			
Mental Health Block Grant			
Substance Abuse Block Grant			
Social Services Block Grant			
Welfare-to-Work			
State-Funded Programs			
City/County Funded Programs			
Private			
Foundations (Identify by name)			

## 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 2003 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 a HUD-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 pre-filled, 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, renumbering as necessary.
4. In the ***fourth column***, enter the requested amount of project funding for each project.
5. In the ***fifth column***, enter the requested term of your project in years.
6. In the ***sixth column***, enter the ***component/type*** of each project. Codes for the project components/type are:  
***SHP new and renewal***—Transitional Housing (TH), Permanent Housing for Persons with Disabilities (PH), Supportive Services Only (SSO), Safe Haven (SH), Homeless Management Information Systems (HMIS), and Innovative Supportive Housing (IH)  
***Shelter Plus Care new and renewal***—Tenant-based Rental Assistance (TRA), Sponsor-based Rental Assistance (SRA), Project-based Rental Assistance (PRA), Project-based Rental Assistance with Rehabilitation (PRAR), and Section 8 Moderate Rehabilitation Single Room Occupancy rental assistance (SRO).
7. 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.)
8. ***Place all Shelter Plus Care renewal projects as the last entries in the chart. They are not prioritized with the other programs because they are being funded non-competitively; however, the law requires that they be a part of the national competition.***
9. ***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 other than S+C renewals) need to include such projects in their priority list. 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 2004 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-Vento homeless assistance projects that will not have sufficient funds to continue operating throughout 2004. 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 a HUD-424.***

**Continuum of Care: Project Priorities**

*(This entire chart will count as only one page towards the 30-page limitation)*

(1) Applicant	(2) Project Sponsor and Project Name	(3) Numeric Priority	(4) **Requested Project Amount	(5) Term of Project	(6) Program and Component/Type*				
					SHP new	SHP renew	S+C new	S+C renew	SRO new
Example: ABC Nonprofit	ABC Nonprofit/ Sarah's House	1	\$1,026,000	3 (yrs)	PH				
Example: XYZ County	AJAY Nonprofit/ Spencer's Place	2	\$800,000	5 (yrs)			TRA		
		1							
		2							
		3							
		4							
		5							
		6							
		7							
		8							
		9							
		10							
		11							
		12							
<b>**Total Requested Amount:</b>									

**\*Place the components/type for each project under column 6.**

**\*\*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 September 30, 2002 Federal Register.

## 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 value of commitments of land, buildings and equipment are **one-time only** and cannot be claimed by more than one project (e.g., the value of donated land, buildings or equipment claimed in 2002 and prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions). The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated **and** in your possession prior to the deadline for submitting your application, 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 Technical Submission* if a project is conditionally selected. If you *do not* have in hand at the time of application submission a written agreement for a contribution that will be used in your project, *do not* enter the contribution. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).**

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 and 2R: Supportive Housing Program (SHP)

The following information pertains to Exhibit 2 (SHP New) and Exhibit 2R (SHP Renewal). **Exhibit 2R is new this year.** It was developed for renewal projects since the majority of CoC applications are for SHP renewal projects. Since HUD has prior history working with these applicants/grant recipients, this streamlined exhibit was developed for ease in filling out the application. The Project Components and SHP Guidance sections apply to both exhibits.

### Program Components/Type

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

**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 or operating the housing for 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.

**Safe Haven** projects must meet the following criteria: (1) have **no** limit on length of stay; (2) serve 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; (3) provide 24-hour residence for an unspecified duration; (4) provide private or semiprivate accommodations; and (5) have 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. **A Safe Haven project that has the characteristics of the SHP/Permanent Housing component and requires participants to execute a lease agreement may now be classified as permanent supportive housing.**

For many persons with mental illness who have been living on the streets, the transition to self-sufficiency 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.

**Homeless Management Information System (HMIS)** is now a separate component/type for new and renewal dedicated HMIS projects in the 2003 CoC competition. There is also a separate budget activity for specifying costs in dedicated HMIS projects and in SHP projects including HMIS costs as a share of their participation in an HMIS. SHP may be used to pay the costs of implementing and operating an HMIS. Eligible HMIS costs are: equipment, software, computer services, personnel to manage and operate the system, training, and staff that analyze the data and prepare reports for providers, the CoC, and HUD.

**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, supportive services only or HMIS. 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 Serenity House will provide 10 units of permanent housing to homeless persons with serious mental illness. The project sponsor is requesting funding for rehabilitation, supportive services, and operations. The supportive services will be provided by the local day treatment center. This is one project and is classified under the permanent housing component.

**Example 2:** 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 3:** 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 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 a dedicated HMIS project. The project's funds will be used to purchase HMIS software and computers and to pay the salary of HMIS staff. (See the "Question and Answer" supplement to the application for further information on funding for HMIS activities.)

## SHP Guidance

**Eligible and Ineligible Activities and Limitations.** There are eight activities that can be funded under SHP. They are acquisition, rehabilitation, new construction, leasing, operating costs, supportive services, HMIS and administrative costs. This year, HMIS will be classified as its own eligible SHP activity rather than as a supportive service. See the "Questions and Answers" supplement to the application for additional discussion on this topic. Specific activities that are *not eligible* by law under the six program components/type 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 non-disabled 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 K of this exhibit for the specific limits.)
- Homeless prevention activities.
- Planning costs for HMIS.

**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 funds must provide a cash contribution of at least 20 percent of the total supportive services costs. HMIS activities must also have a cash contribution of at least 20 percent of the total HMIS 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. Because Lead-Based Paint requirements can be complex, please contact your local HUD Field Office for guidance during the planning stages of your project.

## 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 a HUD-424.*

A project may request one, two or three years of renewal funding if it previously received HUD McKinney-Vento Act funds under the Supportive Housing Program, including those previously renewed, and will expire during calendar year 2004. 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 **average of the term activities of the previous grant award**. 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. HMIS activities being renewed should be included on the HMIS budget chart.

## **Exhibit 2: Supportive Housing Program - New**

### **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:

- *New project applicants for TH, PH, Safe Havens, or Innovative components* - answer items 1-6, and 8 (if applicable).
  - *New project applicants for the SSO component* - answer items 1, 2, 4, 5, 6 and 8 (if applicable).
  - *New project applicants for dedicated HMIS projects* - answer items 1 and 7.
1. **Project summary.** Please provide the following:
    - a. Applicant **and** sponsor names
    - b. Program component
    - c. Total SHP request and the percent of this request for housing activities. SHP housing activities include acquisition, rehabilitation, and new construction; leasing of housing; and operations for supportive housing.
    - d. The type of housing (e.g., apartments, group home) proposed, if applicable
    - e. The population(s) to be served (N/A for dedicated-HMIS projects)
    - f. Grant term of the proposed project (**2 year minimum**, except for dedicated HMIS projects)
  2. **Homeless population to be served.** Briefly describe the following:
    - a. Their characteristics and need for housing and supportive services.
    - b. Where they will come from. Indicate percentage coming from: (e.g., streets, emergency shelters, transitional housing for homeless persons who came from street/shelters, or other). "Other" must be clearly explained.
    - 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 basic COMMUNITY AMENITIES (e.g, medical facilities, grocery store, recreation facilities, schools, etc.) will readily be ACCESSIBLE (e.g., walking distance, bus, etc.) to your clients.
    - c. For transitional housing component only: the residents' length of stay.
    - d. For permanent housing for persons with disabilities component where **more** than 16 persons will reside in a structure: describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood.
    - e. 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 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.
    - b. WHERE the supportive services will be provided **and** what TRANSPORTATION will be available to participants to access those services.
    - c. The details of your plan to ensure that all homeless clients will be individually assisted to identify, apply for and obtain benefits under each of the following mainstream health and social services programs for which they are eligible: SSI, TANF, Medicaid, Food Stamps, SCHIP, Food Stamps, Workforce Investment Act and Veterans Health Care programs.
  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 maximize their ability to LIVE INDEPENDENTLY.
7. **Homeless Management Information System.** Describe the following:
  - a. 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.
  - b. **For all dedicated HMIS projects** (New, Expansion, and Updated) demonstrate that at least 50 percent of the beds (emergency, transitional and McKinney-Vento permanent housing) listed in the "Current Inventory in 2003" categories in the Fundamental Components in the CoC System – Housing Activity Chart will be included in the CoC-wide HMIS.
  - c. Name the lead agency designated to oversee the HMIS project.
  - d. Provide the timetable for implementing the new or expanded HMIS.
  - e. Demonstrate that no State or local government funds would be replaced with the funding being requested of HUD for this project.
8. **Discharge Policy.** For State and local government applicants who submitted a Discharge Policy certification within their 2001 or 2002 application, please describe any policies and protocols subsequently developed or implemented affecting the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in your jurisdiction. Indicate how these changes have or will prevent such discharges from immediately resulting in homelessness for such persons. (You may submit a single response for all projects for which you are the applicant. Be sure a copy is inserted with each project.)

**Section B. Experience Narrative**

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 the following:

1. 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.
2. If your project structure will be constructed or rehabilitated, please describe experience in these areas and/or experience in contracting for and overseeing the rehabilitation or construction of housing.
3. List **all** HUD McKinney-Vento Act grants, other than ESG, received after 1997, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
Example: 1999	CA16B900-060	\$500,000	\$375,412

4. Please explain any delays in implementing any of the grants listed in (3) above which exceed the SHP timeliness standards described in Section IV (D) of the Notice of Funding Availability (NOFA).
5. Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (3).

**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 Components/Type**

Please check the box that best classifies the project for which you are requesting funding. Check only **one** box. The components/type are:

- Transitional Housing
- Permanent Housing for Persons with Disabilities
- Supportive Services Only
- Safe Havens  Check here if your Safe Haven project has the characteristics of SHP/Permanent Housing (see page 18 of Exhibit 2) and will require participants to execute a lease agreement.
- HMIS
- 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 see Exhibit 2R.)*

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 four purposes listed below. SHP cannot be used to fund ongoing 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.
  - Bring existing facilities up to a level that meets State and local government health and safety standards. Please explain.
  - 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. Document the specific steps you took 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 Chart 1 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 dedicated HMIS projects.

**Chart 3** is for recording the supportive services proposed for your homeless clients. Do not include costs for HMIS activities as these costs should be included in Section G.

**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 (a given night). You should only fill out this column if you checked "Yes" in section E. 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)
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.*

**Chart 3: Supportive Services**

If your new project is requesting the use of SHP funds for any supportive services, please complete Chart 3 on the following page for your project's supportive services budget. If you need additional space for more services, you may reproduce this chart.

In the first column, the supportive service activity is given. Please enter the quantity for each supportive service that will be provided in your project (see example below). Any other eligible supportive service and quantity that will be paid for using SHP funding that is not listed on the chart may be added under "other service activity". For staff positions please include the job title and quantity (or FTE—full time equivalent); for supportive services (such as transportation services) please include the type (e.g., bus tokens) and quantity. Please ensure that the total SHP dollars requested match the amount you entered in the "SHP Request" column on Line 6, Supportive Services, in your Project Budget in Section K.

In the second column, enter the amount of SHP funding requested for each eligible supportive service that will be provided in your project.

In the third column, enter the estimated number of persons that will be served at a point in time.

Supportive services are designed to address the special needs of the homeless persons to be served by the project. Services may be provided directly by the project sponsor and/or through an arrangement with public or private service providers, including the grantee. By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee must make a cash payment for at least 20% of the project's total supportive services budget annually.

SHP supportive service funds may be used to pay for the actual costs of supportive services and other costs directly associated with providing such services (see the SHP Rule at Section 583.120). Eligible supportive services include, but are not limited to: child care, employment assistance, outreach, outpatient health services, case management, food, housing placement assistance, life skills, and other services. Transportation associated with the delivery of supportive services (e.g., money for bus tokens to go to mental health counseling; the purchase of a van to transport homeless children to daycare) is also an eligible supportive service cost.

If a project sponsor's staff will deliver a service, only the staff time directly related to the delivery of that service to the project is eligible for SHP supportive services funding. For example, the project sponsor, ABC, Inc., will use 25% of its substance abuse counselor's time for recovery planning for residents of its transitional housing program. The remainder of the counselor's time will be spent counseling persons in another program. Using this example, only 25% of the counselor's salary may be paid for with SHP supportive service funds.

**Example:**

<b>Supportive Service Costs</b>	<b>SHP Dollars Requested (2 or 3 years)</b>	<b>Est. No. of Persons Served (point in time)</b>
<b>Service Activity:</b> Case Management <b>Quantity:</b> 2 FTE @ \$25,000 per year	\$100,000	60
<b>Service Activity:</b> Education—job training <b>Quantity:</b> 20 slots per year	\$ 50,000	40

**Chart 3: Supportive Services**

<b>Supportive Service Costs</b>	<b>SHP Dollars Requested (2 or 3 years)</b>	<b>Est. No. of Persons Served (point in time)</b>
Service Activity: Outreach Quantity:		
Service Activity: Case Management Quantity:		
Service Activity: Life Skills (outside of case management) Quantity:		
Service Activity: Alcohol and Drug Abuse Services Quantity:		
Service Activity: Mental Health and Counseling Services Quantity:		
Service Activity: HIV/AIDS Services Quantity:		
Service Activity: Health Related and Home Health Services Quantity:		
Service Activity: Education and Instruction Quantity:		
Service Activity: Employment Services Quantity:		
Service Activity: Child Care Quantity:		
Service Activity: Transportation Quantity:		
Service Activity: Transitional Living Services Quantity:		
Other Service Activity: (please specify *) Quantity:		
<b>Total Supportive Services Costs**</b>		
<b>Total SHP Dollars Requested***</b>		

*\*If not specified, the costs will be removed from the budget.*

*\*\*The total supportive service costs entered here should equal the amount shown in the "Total Budget" column, Line 6, of the Project Budget portion of Section K.*

*\*\*\*SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 6, of the Project Budget portion of Section K.*

### Section G. HMIS Budget for Dedicated and Shared HMIS Projects

Complete the entire HMIS Budget Chart for a dedicated HMIS project. A project for shared HMIS costs with other projects need *only* complete the "Total" lines of the chart. In the personnel section, the number of staff positions in Full-Time Equivalents (FTEs) should be present for each category, where appropriate.

**Example:**

Personnel	SHP Dollars Requested (1, 2, or 3 years)
Project Management /Coordination 1 – Staff x .5 FTE @ \$56,000/annual x 3 years = \$84,000	\$84,000
Administrative Support Staff 1 – Staff x .5 FTE @ \$16,000/annual x 3 years = \$24,000	\$24,000

**Chart: HMIS Budget**

Cost Item	SHP Dollars Requested
<b>Equipment</b>	<b>Total</b>
Central Server(s)	
Personal Computers and Printers	
Networking	
Security	
<b>Software</b>	<b>Total</b>
Software/User Licensing	
Software Installation	
Support and Maintenance	
Supporting Software Tools	
<b>Services</b>	<b>Total</b>
Training by Third Parties	
Hosting/Technical Services	
Programming: Customization	
Programming: System Interface	
Programming: Data Conversion	
Security Assessment and Setup	
On-line Connectivity (Internet Access)	
Facilitation	
Disaster and Recovery	
<b>Personnel</b>	<b>Total</b>
Project Management/Coordination	
Data Analysis	
Programming	
Technical Assistance and Training	
Administrative Support Staff	
<b>HMIS Space and Operations</b>	<b>Total</b>
Space Costs	
Operational Costs	
<b>Total HMIS Costs*</b>	
<b>Total SHP Dollars Requested**</b>	

*\*The total HMIS costs entered here should equal the amount shown in the "Total Budget" column, Line 8, of the Project Budget portion of Section K.*

*\*\*SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 8, of the Project Budget portion of Section K.*

## Section H. Operations Budget

Complete the Chart on the following page for your new project's total operations budget. *Please remember operating costs are ineligible for Supportive Services Only projects.*

In the first column, the operating cost activity is given. You must enter the quantity (if applicable) for each operating item that will be paid for using SHP funds. Add any other eligible operating costs that will be paid for using SHP funding that is not listed on the chart. For staff positions, please include the job title, salary, % of time allocated for the position, and fringe benefits. Please ensure that the total SHP dollars requested match the amount you entered in the "SHP Request" column on Line 7, Operations, in your Project Budget in Section K.

In the second column, enter the amount of SHP funding requested (2 or 3 years) for each eligible operating cost that will be needed in your project.

Operating costs are those costs associated with the day-to-day operation of supportive housing. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project. Examples of SHP operating costs include utilities, maintenance, security and salaries of staff not delivering services, such as the project manager or executive director, and indirect operating costs that meet the standards of OMB Circulars A-87 and A-122.

If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, if a project sponsor's executive director will spend 10% of his/her time providing management to the housing project, then (up to) 10% of his/her salary can be charged as an SHP operating expense. As another example, in cases of shared utilities, SHP operating funds may pay only for the portion of the utilities associated with the housing project based on the square footage of the project's space. If the housing project occupies 25% of the building's space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds.

SHP operating funds **may not** be used to pay for the following costs:

- a. Operating costs of a supportive services only facility;
- b. Administrative expenses such as audits and preparing HUD reports;
- c. Rent of space for supportive housing and/or supportive services (see Real Property Leasing);
- d. The payment of principal and interest on a loan for a facility currently being used as supportive housing and/or for the delivery of services; and
- e. Depreciation, because it does not constitute an incurred cost that requires a cash outlay.

SHP funds can be used to pay up to 75% of the total operations budget for the housing project. This means that the project sponsor must make a cash payment for 25% of the project's operating budget annually.

### Example:

Operating Costs	SHP Dollars Requested (2 or 3 years)
Utilities	\$32,000
Maintenance Engineer (salary, % time, fringe benefits) \$40,000/annually .20 x .15 fringe benefits x 2 years = \$18,400	\$18,400

**Chart: Operating Costs**

Identify the day-to-day costs of operating supportive housing that will be paid for using SHP funding during the requested term of the project.

Operating Costs	SHP Dollars Requested (2 or 3 years)
Maintenance, Repair	
Staff (position, salary, % of time, fringe benefits)	
Utilities	
Equipment (lease/buy)	
Supplies (quantity)	
Insurance	
Furnishing (quantity)	
Relocation (no. of persons)	
Food	
Other operating costs (please specify*)	
Other operating costs (please specify*)	
<b>Total Operating Costs Budget**</b>	
<b>Total SHP Dollars Requested ***</b>	

*\*If not specified, the costs will be removed from the budget.*

*\*\*The total operating costs entered here must equal the amount shown in the "Total Budget" column, Line 7 of the Project Budget portion of Section K.*

*\*\*\*Total SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 7, of the Project Budget portion of Section K.*

## Section I. Leasing

SHP funds may be used to lease space for supportive housing or supportive services. If you are requesting SHP leasing funds, fill out the appropriate tables that follow. Housing and service space may be in the form of scattered-site leased units, or within a structure. The structures to be leased may be structures currently configured for, or structures to be converted to provide, supportive housing and/or supportive services. **Under no circumstances may SHP leasing funds be used to lease units or structures owned by the project sponsor, the selectee, or their parent organizations. This includes organizations which are members of a general partnership where the general partnership owns the structure.**

### A. Leased Unit(s) for Housing and/or Services

If you propose to lease units in more than one metropolitan or non-metropolitan area, fill in the appropriate number of tables for each area with a different FMR or actual rent. Please reproduce this Chart as needed to accommodate projects using more than one FMR or actual rent.

Enter the number of unit(s) by the bedroom size to be leased and the lower of the actual rent or the FMR as published in the Federal Register on September 30, 2002. (FMRs may be found using this WEB site: <http://www.huduser.org/datasets/fmr.html>) The space to be leased may be scattered-site (e.g., one-bedroom apartments in five different apartment complexes) or contained within a structure (e.g., a group home with six bedrooms).

Multiply the number of units by the FMR or actual rent, whichever is lower, by the length of the grant (# of units x FMR or actual rent x months based on grant term) and enter the result in the total column.

Please note that the FMR for a single room occupancy (SRO) unit is equal to 75% (0.75) of the 0-bedroom FMR. The FMRs for unit sizes larger than 4-bedrooms are calculated by adding 15% to the 4-bedroom FMR for each extra bedroom. For example, the FMR for a 5-bedroom unit is 1.15 times the 4-bedroom FMR, and the FMR for a 6-bedroom unit is 1.30 times the 4-bedroom FMR.

If your project has been approved for **exception rents**, use those amounts when completing these charts **AND submit your current approval letter** with this document.

Chart A should be filled out only if you will lease individual units or structures that are currently configured for housing and/or services and, therefore, an FMR or actual rent can be used. **If you have negotiated an actual rent (s) which is lower than the FMR, please use that amount instead of the FMR. The actual rent may not exceed the FMR.**

#### Chart A:

Name of metropolitan or non-metropolitan FMR area:

Address (indicate if scattered site):

Size of units	No. of units	FMR or actual rent	No. of months	Total (d)
1. SRO	x			
2. 0 bdrm	x			
3. 1 bdrm	x			
4. 2 bdrm	x			
5. 3 bdrm	x			
6. 4 bdrm	x			
7. 5 bdrm	x			
8. 6 bdrm	x			
9. Other	x			
10. Totals				\$

**B. Leased Structure(s) for Housing and/or Services**

If you will lease a structure or portion of a structure for housing and/or services, fill out Chart B below using a monthly leasing cost that is comparable to and no more than the rents being charged for similar space in the area. This applies to structures already configured for housing and for those that will be converted. **If your project has more than one structure, reproduce Chart B and fill it out starting with structure 2.**

Multiply the monthly leasing costs by the number of months requested for funding and enter the result in the total column.

Chart B should be filled out only if you will lease a structure or portion of a structure for which an FMR is not applicable.

**Chart B:**

Structure 1	Monthly Leasing Cost	Number of Months	Total
	\$ x	=	\$

Address:

**Section J. Homeless Veterans**

1. Are veterans the primary target population?

Yes  No

**Section K. Budget**

Section K consists of two budgets—a project budget and a structure budget. Please refer to the budgets for specific instructions.

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 activities. 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. Dedicated HMIS projects may request funding for either one, two, or three years. **All other projects may be for a grant term of 2 or 3 years only. If the grant term is not provided, HUD will consider that the project has a three (3) year grant term.** 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.*

If your project contains one structure or no structures, this is the only budget you need to fill out. If your project contains multiple structures, please add up the SHP structure budgets *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			
6. Supportive Services	**		
7. Operations	***		
8. HMIS	**		
9. SHP Request (subtotal lines 4 through 8)			
10. Administrative Costs (up to 5% of line 9)	****		
11. Total SHP Request (total lines 9 and 10)			

\* 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 and HMIS budget.

\*\*\* By law, SHP can pay no more than 75% of the **total** operating budget.

\*\*\*\* 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 (C) (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.

**NOTE: The total SHP Request on line 11 cannot exceed the dollar amount on the Priority Chart for the project.**

**Structure Budget for Projects With More Than One Structure**

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, fill 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 **two or three years**, which is the SHP grant term. 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 **two or 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		
5. Supportive Services		
6. Operations		
7. Total		

**Structure B**

Structure Address:  
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing		
5. Supportive Services		
6. Operations		
7. Total		

**Structure C**

Structure Address:  
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing		
5. Supportive Services		
6. Operations		
7. Total		

**Structure D**

Structure Address:  
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing		
5. Supportive Services		
6. Operations		
7. Total		

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**Section L. 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)
    - Chronically Homeless
    - Severely Mentally Ill
    - Chronic Substance Abusers
    - Dually Diagnosed
    - AIDS or Related Diseases
    - Victims of Domestic Violence
    - Youth
    - Women with Children
    - Veterans
  
  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: \_\_\_\_\_

## Exhibit 2R: Supportive Housing Program –Renewals

This exhibit is for Supportive Housing Program (SHP) renewal projects only. It consists of instructions and items you need to respond to for your renewal project. The material has been organized as follows: (1) assembly order of all information and documents needed to apply for SHP renewal; (2) instructions on how to fill out the form; and (3) the forms to fill out. Please respond to all items and assemble your application as directed below.

Renewal Application Information Assembly Order	Where to Find
HUD-424 (For grantees only)	Application Kit, following Q and A Supplement
Project Information	See Section A, items 1-4
Supportive Services Chart	See Section B
Operating Costs Chart	See Section C
HMIS Budget (only for dedicated projects)	See Section D
<b>Required Attachments:</b>	<b>All Found in Application Kit, Following Q and A Supplement</b>
1. Applicant Certification	
2. Special Project Certification for Coordination and Integration of Mainstream Programs	
3. Discharge Planning Certification for State and Local Gov't. Applicants	
4. Consolidated Plan Certification	
5. Disclosure of Lobbying Activities	
6. Applicant/Recipient Disclosure/Update Report	
7. Acknowledgement of Applicant Receipt	

### Section A. Project Information Instructions

Items 1-3 a, b, and c - Self-explanatory.

Items 3 d and e - Attach responses from most recent APR for Questions 11 (Monthly Income at Entry and at Exit) and 16 (Overall Program Goals). If little or no progress, provide an explanation and specific plans for improvement.

Item 4 - Fill out project budget for the proposed activities in which you are requesting funds, including the cash match resources and the total project budget.

### Section B. Supportive Services Chart Instructions

Please fill out the Supportive Services Renewal Chart and add lines to the chart, as needed.

In the first column, fill in the supportive service expense. For staff positions, please include the job title and quantity (or FTE-full time equivalent); for supportive services, such as transportation, please include the type (e.g., bus tokens) and quantity. An example is provided below. In the year 1 column, enter the amount needed to pay for the service in the first year. If the grant is multi-year, enter the funds needed for Year 2, and if applicable, Year 3. In the last column, total the amount of funds needed for the full grant term.

By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee must make a cash payment for 20% of the project's supportive services budget annually. For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. For Years 2 and 3, if applicable, a grantee needs only to certify that cash resources will also be provided. **Please note that the match requirement for Year 2 and Year 3 must be met by the end of each of those years.**

#### EXAMPLE:

Supportive Service Expense	Year 1	Year 2	Year 3	Total
<b>Service Category: Transportation</b>				
<b>Quantity:</b>	\$52,000	\$14,500	\$14,500	\$81,000
1 - 15 Passenger Van @ \$37,500				
Gasoline/Maintenance/Repair				
@ \$3,000/annual x 3 years = \$9,000				
Supportive Services Van Driver .5 FTE				
@ \$20,000/annual x 3 years = \$30,000				
Staff Fringe/Benefits .5 FTE				
@ \$3,000/annual x 3 years = \$4,500				

Please note that percentages are used during the application process to project the estimated staff time associated with an SHP grant position(s). Applicants are reminded that all staff salary payments must be based on **actual, incurred costs** that are supported by signed and dated timesheets.

### Section C. Operating Costs Chart Instructions

Please fill out the Operating Costs Renewal Chart and add to the chart as needed.

Operating costs are those costs associated with the day-to-day operation of supportive housing. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project. If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, in cases of shared utilities, SHP operating funds may only pay for the portion of the utilities associated with the housing project based on the square footage of the project's space. If the housing project occupies 25% of the building's space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds.

In the Year 1 column of the form, enter the total amount of funds to be used to pay for the first year expenses. If the grant is a multi-year grant, enter the total funds to be used for the second and third years, if applicable. In the last column, total the amount of funds needed to help pay for the identified operating expense for the grant term.

For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. **Please note that the match requirement for Year 2 and Year 3, if applicable, must be met by the end of each of those years.**

#### EXAMPLE:

Operating Expense	Year 1	Year 2	Year 3	Total
<b>Furnishings</b>				
10 - single beds @ \$150 = \$1,500	\$3,000	\$3,000		\$6,000
10 - 3-drawer dressers @\$300 = \$3,000				
10 - bed linens/blanket/pillows @\$150 = \$1,500				

Please note that percentages are used during the application process to project the estimated staff time associated with SHP funded position(s). Applicants are reminded that all staff salary payments must be based on **actual, incurred costs** that are supported by signed and dated timesheets.

### Section D. HMIS Budget Instructions – Dedicated Projects and Shared Costs

Complete the entire HMIS Budget Chart for a dedicated HMIS project. A project for shared HMIS costs with other projects need *only* complete the "Subtotal" lines of the chart. HMIS costs are those costs associated with the implementation of an HMIS. If requesting SHP HMIS funds, only the portion of the costs directly related to the HMIS is eligible. In the personnel section, the number of staff positions in Full-Time Equivalents (FTEs) should be present for each category, where appropriate.

#### EXAMPLE:

Personnel	Year 1	Year 2	Year 3	Total
<b>Personnel</b>				
Project Management / Coordination	\$43,000	\$43,000	\$43,000	\$129,000
1- .5 FTE @\$56,000/annual x 3 years =\$84,000				
Data Analysis				
1- .25 FTE @\$28,000/annual x 3 years=\$21,000				
Administrative Support Staff				
1- .5 FTE @\$16,000/annual x 3 years =\$24,000				

In the Year 1 column of the form, enter the total amount of funds to be used to pay for the first year expenses. If the grant is a multi-year grant, enter the total funds to be used for the second and third years, if applicable. In the last column, total the amount of funds needed to help pay for the identified operating expense for the grant term.

For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. **Please note that the match requirement for Year 2 and Year 3, if applicable, must be met by the end of each of those years.**

**Section A. Project Information**

**1. Basic Identification**

- a. Grantee Name:
- b. Project Name:
- c. Sponsor Name:
- d. Address:
- e. Telephone:
- f. Fax Number:
- g. Contact Person:
- h. Project Congressional District:
- i. Project 6-digit Geographic Code:
- j. Project Number of Grant Being Renewed: \_\_\_\_\_
- k. Component/Type: (please check one) TH  PH  SSO  SH  HMIS  IH
- l. Grant Term: (please check one) 1  2  3

**2. Number of Participants/Number of Beds**

- a. Subpopulations served (check all that apply): Chronically Homeless  Veterans   
 Seriously Mentally Ill  Substance Abuse  Dually Diagnosed  HIV/AIDS   
 Youth  Domestic Violence
- b. Veterans are the primary target population:  Yes  No
- c. Project is in a rural area:  Yes  No
- d. Sponsor is a religious/faith-based organization:  Yes  No
- e. Number of beds in project (specify a number): \_\_\_\_\_
- f. Number of persons in families served (at a point in time): \_\_\_\_\_
- g. Number of single individuals served (at a point in time): \_\_\_\_\_
- h. Number of persons in families and single individuals who are disabled (at a point in time): \_\_\_\_\_

**3. Performance**

- a. Are there any significant changes in the project since the last funding approval:  Yes  No  
 If "yes", briefly describe the changes.
- b. If one or more extensions have been provided for your current grant, please indicate: \_\_\_\_\_
  - If not applicable, indicate here: \_\_\_\_\_
  - The number of extensions approved: \_\_\_\_\_
  - The extension period (e.g., two months, one year): \_\_\_\_\_
  - The reasons why the extension(s) was necessary: \_\_\_\_\_
- c. If not operating at full capacity, please explain the reasons.
- d. APR questions 11 and 16 are attached (required):  Yes  No
- e. Additional explanation for questions 11 and 16 is attached:  NA  Yes  No

**4. Project Budget**

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Real Property Leasing			
2. Supportive Services	*		
3. Operations	**		
4. HMIS	*		
5. SHP Request (subtotal lines 1 through 4)			
6. Administrative Costs (up to 5% of line 5)	***		
7. Total SHP Request (total lines 5 and 6)			

\* By law, SHP funds can be no more than 80% of the total supportive services and HMIS budget.

\*\* By law, SHP can pay no more than 75% of the total operations budget.

\*\*\* 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).

**NOTE:** The total SHP Request on line 7 cannot exceed the dollar amount on the Priority Chart for the project.

**Section B. Supportive Services Chart – Renewal Projects**

Supportive Service Expense	Year 1	Year 2	Year 3	Total
1. Service Category: Quantity:				
2. Service Category: Quantity:				
<b>3. Total Supportive Services Budget</b>				
<b>4. SHP REQUEST</b>				
<b>5. Selectee's Match (Line 3 minus Line 4)</b>				

**Section C. Operating Costs Chart – Renewal Projects**

Operating Expense	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair				
2. Staff (position, salary, % time, fringe benefits)				
3. Utilities				
4. Equipment (lease/buy)				
5. Supplies (quantity)				
6. Insurance				
7. Furnishings (quantity)				
8. Other Operating Costs* (amounts/ quantities)				
<b>9. Total Operating Budget</b>				
<b>10. SHP REQUEST</b>				
<b>11. Selectee's Match (Line 9 minus line 10)</b>				

\*If not specified, the costs will be removed from the budget.

**Section D. HMIS Budget – Renewal Projects**

Cost Item	Year 1	Year 2	Year 3	Total
<b>Equipment</b>				
Central Server(s)				
Personal Computers and Printers				
Networking				
Security				
<b>Subtotal</b>				
<b>Software</b>				
Software/User Licensing				
Software Installation				
Support and Maintenance				
Supporting Software Tools				
<b>Subtotal</b>				
<b>Services</b>				
Training by Third Parties				
Hosting/Technical Services				
Programming: Customization				
Programming: System Interface				
Programming: Data Conversion				
Security Assessment and Setup				
On-line Connectivity (Internet Access)				
Facilitation				
Disaster and Recovery				
<b>Subtotal</b>				
<b>Personnel</b>				
Project Management/Coordination				
Data Analysis				
Programming				
Technical Assistance and Training				
Administrative and Support Staff				
<b>Subtotal</b>				
<b>HMIS Space and Operations</b>				
Space Costs				
Operational Costs				
<b>Subtotal</b>				
<b>Total HMIS Budget</b>				
<b>SHP Request</b>				
<b>Selectee's Match</b>				

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## Definitions for Supportive Services In HUD's Homeless Assistance Programs

Applicants are advised that the supportive services proposed to be provided must be appropriate to the design of their project and the needs of participants. In addition, no SHIP funds may be used to replace state or local funds previously used, or designated for use, to assist homeless persons

**Alcohol and Drug Abuse Services** are those activities that are primarily designed to prevent, deter, reduce, or eliminate substance abuse or addictive behaviors. Treatment services may include intake and assessment; treatment matching and planning; behavioral therapy and counseling appropriate to the client and the severity of the problem; substance abuse toxicology and screening; clinical and case management; outcome evaluation; and self-help and peer support activities.

**Case Management Services** are services or activities for the arrangement, coordination, monitoring, and delivery of services to meet the needs of individuals and families. Component services and activities may include individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

**Counseling Services** (See Mental Health and Counseling Services)

**Child Care Services** for children (including infants, pre-schoolers, and school age children) are services or activities provided in a setting that meets applicable standards of state and local law, in a center or in a home, for a portion of a 24-hour day. Component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals and snacks, transportation, health support services, social service counseling for parents, and plan development.

**Education and Instructional Services** are those training services provided to improve knowledge, daily living skills, or social skills. Services may include instruction or training in (but not limited to) such issues as consumer education, health education, education to prevent substance abuse, community protection and safety education, literacy education, English as a second language, and General Educational Development (GED). Component services or activities may include screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; and referral to community resources.

**Employment Services** are those services or activities provided to assist individuals in securing employment; acquiring or learning skills that promote opportunities for employment, advancement, and increased earning potential; and in retaining a job. Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling or job coaching; transportation; and referral to community resources.

**Health Related and Home Health Services** are those in-home or out-of-home services or activities that provide direct treatments or are designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; providing directly or assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; provision of appropriate medication; and providing follow-up services as needed.

**HIV/AIDS Services** include HIV/AIDS primary and secondary prevention services, HIV/AIDS counseling and testing, primary care, provision of HIV/AIDS anti-retroviral and other medications, rehabilitative, and supportive services for persons affected and infected with HIV.

**Housing Services** are those services or activities designed to assist individuals or families in locating and obtaining suitable housing. Component services or activities may include tenant counseling; assisting individuals and families to understand leases, secure utilities, make moving arrangements; representative payee services concerning rent and utilities; and mediation services related to neighbor/landlord problems that may arise.

**Information and Referral Services** are those services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not diagnosis and evaluation) to facilitate appropriate referral to these community resources.

**Legal Services** are those services or activities provided by a lawyer or other person(s) under the supervision of a lawyer to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation. Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

**Life Skills** training provides critical life management skills that may never have been learned or have been lost during the course of mental illness, substance use, and homelessness. They are targeted to assist the individual to function independently in the community. Component life skills training includes the budgeting of resources and money management, household management, conflict management, shopping for food and needed items, nutrition, the use of public transportation, and parent training.

**Mental Health and Counseling Services** are those services and activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or symptom management. Component services may include crisis interventions; individual, family or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

**Outreach Services** include extending services or assistance in order to provide basic materials, such as meals, blankets, or clothes, to homeless persons; or to publicize the availability of shelters and programs to make homeless persons aware of various services and programs.

**Transitional Living Services** are those services and activities designed to help make the transition from homelessness to stable housing. Component services or activities may include supervised practice living, budgeting, one-time payments associated with establishing tenancy, food planning and preparation, and post-foster care services for homeless persons.

**Transportation Services** are those services or activities that provide and arrange for the travel, including travel costs, of individuals in order to access treatment, medical care, services, or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

**Other Services** are services that are appropriate, and do not fall within the definitions of the preceding services. If this category is used, the services should be defined.

## Exhibit 3:

### Shelter Plus Care Program (S+C) - New

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This Exhibit 3 is for **new** Shelter Plus Care projects only. Eligible applicants for this program are States, units of local government and Public Housing Authorities. 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 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 or for purposes of controlling housing costs, you may require participants to live in a particular structure 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, should the sponsor lose its capacity to own or lease the assisted units, the grantee must identify an alternate sponsor in order to continue to serve the original 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.

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## Persons With Disabilities

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

Persons with disabilities are those who have a disability that:

- Is expected to be of long-continued and indefinite duration;
- Substantially impedes his or her ability to live independently; **and**
- Is 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 non-disabled participants
  - Assistance for transitional housing

## S+C 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 priority 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.** Please provide the following:
  - a. Applicant **and** sponsor (if appropriate) names
  - b. Program component
  - c. Total S+C request
  - d. The type of housing and number of units proposed
  - e. The population to be served
2. **Homeless population to be served.** Briefly describe the following:
  - a. Their characteristics and needs for housing and supportive services.
  - b. Where they will come from. Indicate percentage coming from: streets, emergency shelters, transitional housing for homeless persons who came from street/shelters or other. Clearly explain "other."
  - c. The outreach proposed to bring them into the project.
3. **Discharge planning changes.** For State and local government applicants who submitted a Discharge Policy certification in the FY 2002 application, please describe any policies and protocols subsequently implemented or developed effecting the discharge of persons from publicly funded institutions or systems of care (e.g. health care facilities, foster care or other youth facilities or correction programs and institutions) in your jurisdiction. Indicate how these changes have or will prevent such discharges from immediately resulting in homelessness for such persons. (You may provide a single response, a copy of which may be included in each of your project applications).
4. **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 basic **COMMUNITY AMENITIES** (e.g., grocery store, medical facilities, recreation) will be readily **ACCESSIBLE** (e.g., walking distance, near bus line) to your clients.
  - c. 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.
5. **Supportive services the participants will receive.** Demonstrate for each of the following:
  - a. 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.
  - b. **WHERE** the supportive services will be provided **and** what **TRANSPORTATION** will be available to access those services.
  - c. The details of your plan to ensure that all homeless clients in this project will be systematically assisted to identify, apply for and obtain benefits under all of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, State CHIP, SSI, Food Stamps, Work Force Investment Act and Veterans' Health Care programs.
6. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their **INCOMES** and to maximize their ability to **LIVE INDEPENDENTLY**.

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## 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 their role in the proposed project as well as their overall 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, other than ESG, received after 1997, 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)	
<b>(a) Total Participants:</b> (not in families)	
<hr/>	
<b>Part 2: Participants in Families</b>	
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>(b) Total Participants:</b> (in families)	
<b>(c) Number of other Family Members Living with Participants</b>	
<b>Total Persons Served from Parts 1 and 2 [(a) + (b) + (c)]</b>	

## Section E. Major Milestones

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

First Unit Occupied	Supportive Services Begin	Last Unit Occupied
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. **Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached.**

### 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 September 30, 2002, 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 September 30, 2002, 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 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		
<b>Total TRA Assistance</b>							<b>\$</b>

**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, or documentation of nonprofit status as described in the Glossary on page iv.
- 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	

Reminder: You may only have one sponsor per project.

**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 September 30, 2002, 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 September 30, 2002, 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	
<b>Total SRA Assistance</b>						\$

**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 September 30, 2002, 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 September 30, 2002, 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	
<b>Total PRA without Rehab</b>						<b>\$</b>

**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	
<b>Total PRA with Rehab</b>						<b>\$</b>

## 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 September 30, 2002. [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 September 30, 2002, FR Notice.]

Name of metropolitan or nonmetropolitan area for the FMR used.

Dwelling Units	Number of Units	Mod. Rehab X SRO FMR \$	Number of X 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)	\$
<b>Total</b>	<b>\$</b>

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

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**Section G. Homeless Veterans**

1. Are veterans among the homeless subpopulation(s) your project will specifically target and intend to serve?

Yes       No

2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?

Yes       No

**Section H. Chronically Homeless**

Are chronically homeless persons among the homeless subpopulation(s) your project intends to serve?

Yes       No

**Section I. 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. 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

2. 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

3. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

Yes  
 No

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

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

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### **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 SRO) and may be carried out by no more than one project sponsor.)

The FY 2003 HUD Appropriations Act permits the noncompetitive renewal of eligible S+C program grants for one-year terms. You are eligible to apply for renewal funding if your current Shelter Plus Care grant agreement is expiring in calendar year 2004 or if your grant has been extended beyond its original five-year term but you are projected to run out of funds in 2004. 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. However S+C grants that have been awarded one year of renewal funding in the FY 2002 competition, may only request for renewal this year the number of units funded in that competition. 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 2001 and 2002 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.

### **Section A. Project Narrative**

Section A is a description of the existing project that you are submitting for renewal. You should include any changes resulting from amendments made to the project.

**Project summary.** Please provide the following:

- a. Grantee Name
- b. Program component
- c. Total S+C request
- d. The type of housing and number of participants originally proposed and ultimately served
- e. The population to be served

**Section B. Performance**

1. Are there any significant changes in the project since the last funding approval: Yes  No   
If "yes" briefly describe the changes.
  
2. Are all units funded with S+C funds occupied? Yes  No   
If not, please explain the reasons.
  
3. Attach responses from most recent APR for Questions 11 (Monthly Income at Entry and at Exit) and 16 (Overall Program Goals). If little or no progress, provide an explanation and specific plans for improvement.

**Section C.1. Component**

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

- TRA       SRA       PRA without Rehab       SRO

**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):	<b>Grant being renewed -- Grant Number:</b>

### 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.*

<b>Part 1: Individual Participants not in Families</b>	<b>Number of Participants</b>
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>(a) Total Participants: (not in families)</b>	
<b>Part 2: Participants in Families</b>	
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>(b) Total Participants: (in families)</b>	
<b>(c) Number of other Family Members Living with Participants</b>	
<b>Total Persons Served from Parts 1 and 2 [(a) +(b) + (c)]</b>	

### Section E. Renewal Grant Budget

Complete this budget section for the TRA, SRA, PRA or SRO 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 to Question 2 if awarded a one-year renewal in 2002**):

A. S+C Funds Originally Awarded \$ \_\_\_\_\_  
 B. Expenditure projected through 2004 \$ \_\_\_\_\_  
 C. Difference (A minus B) \$ \_\_\_\_\_

If balance remains after the funds projected to be spent by the end of calendar year 2004 ("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 2002, the number of units requested for renewal this year may not exceed the number of units funded in 2002. If you received a one-year S+C renewal grant in 2002, please provide the number of units approved for funding that year: \_\_\_\_\_.

In the following chart for TRA, SRA or PRA renewals, show the number of units, by size, to be owned or leased during the one-year renewal period. Multiply the applicable existing FMRs as published in the Federal Register on September 30, 2002, 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 September 30, 2002, FR Notice.] *Complete a separate chart for each jurisdiction that has a different FMR.*

**Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached.**

**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					12	
0 Bedroom					12	
One Bedroom					12	
Two Bedroom					12	
Three Bedroom					12	
Four Bedroom					12	
Other: (specify)					12	
<b>Total Assistance</b>						\$

In the following chart for S+C/SRO renewals, show the number of units to be owned during the one-year renewal period. Multiply the number of units by the current contract rent (at time of expiration) by 12 months.

**SRO Renewals Only**

Dwelling Units	Number of Units	X	Contract Rent	X	Number of Months	Total Amount Requested = \$
					12	\$
<b>Total Assistance</b>						\$

**If your project was completed in stages, you need to submit a separate exhibit for each distinct stage.**

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## Section F. Homeless Veterans

1. Are veterans among the homeless subpopulation(s) your project will specifically target and intend to serve?  
 Yes     No
2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?  
 Yes     No

## Section G. Chronically Homeless

Are chronically homeless persons among the subpopulation(s) your project intends 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. The project is in a rural area:  
 Yes     No
2. The sponsor is a religious/faith-based organization:  
 Yes     No

## **Exhibit 4: Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program**

Eligible applicants for this program are non profit organizations and Public Housing Authorities.

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 new project. (Moderate Rehabilitation SROs will be renewed under a separate, non-competitive process.) In calculating your rental assistance amount, please use the Fair Market Rents (FMR) published in the Federal Register on September 30, 2002. 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.
- For the FY 2003 competition, the per unit cost limitation for rehabilitation work is \$19,000.
- If a structure you plan to use in your project currently has occupants, you need to be aware that there are relocation requirements. These occupants cannot return to units assisted by this project following rehabilitation. 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.** Please provide the following:
  - a. Names of applicant and sponsor (if appropriate)
  - b. Program component
  - c. Total SRO request
  - d. The type of housing and number of units proposed
  - e. The population to be served
  - f. A photograph of the building to be assisted with the address (street, city, zip)
2. **Homeless population to be served.** Briefly describe the following:
  - a. Their characteristics and needs for housing and supportive services.
  - b. Where they will come from. Indicate percentage coming from: streets, emergency shelters, transitional housing for homeless persons who come from street/shelters or other. Clearly explain "other."
  - c. The outreach proposed 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) of the proposed housing will fit the needs of the participants.
  - b. That the basic COMMUNITY AMENITIES (e.g. grocery store, medical facilities, recreation) will be readily ACCESSIBLE (e.g., walking distance, near bus line) to your clients.
  - c. 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 service 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
  - d. The details of your plan to ensure that all homeless clients in this project will be systematically assisted to identify, apply for and obtain benefits under all of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, State CHIP, SSI, Workforce Investment Act, Food Stamps and Veterans' Health Care programs.
5. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their **INCOMES** and to maximize their ability to **LIVE INDEPENDENTLY**.

## Section B. Experience Narrative

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 their role in the proposed project as well as their overall 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-Vento grants, other than ESG, received after 1997, 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 September 30, 2002, 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 September 30, 2002 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)	\$
<b>Total</b>	\$

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
<b>Total Funds</b>	

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**Section E. 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 F. Homeless Veterans**

Are veterans the primary target population?

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 will your project serve? (Check all that apply)

- Chronically Homeless
- Severely Mentally Ill
- Chronic Substance Abusers
- Dually Diagnosed
- AIDS and Related Diseases
- Victims of Domestic Violence
- Veterans

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: \_\_\_\_\_

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# **QUESTIONS AND ANSWERS**

## **A Supplement to the 2003 Continuum of Care Homeless Assistance NOFA and Application**

**Office of Community Planning and Development  
U.S. Department of Housing and Urban Development**

2003

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**Questions and Answers**  
**A Supplement to the 2003 Continuum of Care Homeless Assistance**  
**NOFA and Application**

To assist you in preparing your 2003 Continuum of Care (CoC) Homeless Assistance application, HUD developed the following questions and answers. For your convenience, they are grouped together by topic headings.

HUD Headquarters will hold satellite training conferences to answer other questions you may have. In addition, many HUD field offices will hold training sessions on the NOFA and the application. Please contact your local HUD field office to learn more about these training opportunities. A listing of the HUD Area and State Offices is provided as an appendix to the NOFA.

**A. Major Changes for 2003**

**CONTINUUM OF CARE CHANGES:** There have been modifications to the Exhibit 1 questions, and changes to the number of points assigned to various scoring factors:

- The “Gaps and Priorities” scoring has been reduced from 20 to 15 points.
- The “Housing Emphasis” scoring has been increased from 5 to 10 points.
- There will be no points added this year for EZ/ECs.
- **Goals and System Development:** This section requests information about your performance in reaching your chronic homelessness goals and other system goals. You are also required to describe your discharge planning policy and list your continuum’s unexecuted HUD grants.
- The definition for chronic homelessness is included in the application.
- **Housing Activity Chart:** This chart includes the information used in the 2002 competition with an update for this year’s competition to reflect the changes in your housing activities. You will also include geo codes and target population codes for each facility/program.
- **Gaps Analysis:** Last year’s Gaps Analysis Chart is now two separate charts. The first chart, Housing Gaps Analysis, shows the housing gaps reflecting your current inventory and the inventory under development for this year. The second chart is the “Homeless Populations and Subpopulations Chart.” For the first time, you will be showing an estimate of the chronic homelessness population for your community.
- **Mainstream Program and Employment Chart:** This new chart uses information collected from the Annual Progress Report (APR) of renewal grantees to show how homeless participants are accessing mainstream programs.
- **Permanent Housing Bonus:** In order to encourage the development of permanent housing units, the pro rata need bonus has been increased from \$500,000 to a maximum of \$750,000 for a number one priority project that qualifies as an eligible new project. Only the housing activities of the new project count toward the bonus. Housing activities include: rental assistance, acquisition, new construction, rehabilitation, leasing, and operating costs.
- The page limit has been increased to 30 pages for Exhibit 1: Continuum of Care.

**PROJECT CHANGES:**

- **Term for New SHP Projects:** Starting with this year's competition, the minimum term for new SHP projects must be two years.
- **SHP Renewal Exhibit:** A streamlined SHP Renewal exhibit is included in this year's application since most submitted projects are SHP renewals.
- **HMIS Categorization:** Dedicated HMIS projects should be classified as HMIS projects in the application where the type and component of the project is requested. This year, there is an HMIS budget line item for HMIS activities, separate from supportive services.
- **HMIS Participation:** All grantees receiving 2003 funds will be required to participate in a local HMIS system when such a system is implemented.
- **Calculating SHP Renewal Budgets:** Beginning in 2002, the limit for an SHP renewal request became the average annual amount of the term activities of the grant being renewed. Term activities are leasing, supportive services, and operations. Applicants may request up to 5% of each project award for administrative costs.

**CHANGES IN APPLICATION DELIVERY PROCEDURES:**

- Because of enhanced security procedures in the HUD Headquarters building, submission procedures have been changed. (See specific NOFA instructions.)

**B. Common Mistakes****1. What experiences can you share from past competitions to help me avoid making mistakes?**

Here is a list of common errors. Please read carefully the application and the NOFA for further clarification, or contact your HUD field office. Common mistakes include:

**EXHIBIT 1**

- using prior application forms, which do not incorporate new requirements;
- not explaining the method for collecting the data in the Gaps Analysis chart;
- in preparing Exhibit 1, not ensuring that the individual sections are consistent with each other and complete;

**EXHIBITS 2, 2R, 3, 3R, & 4**

- inserting the wrong HUD-424 for the applicant, especially if your project is a renewal;
- the project budget request in the exhibit exceeds the Project Priorities chart amount;
- not describing the new portion of an existing homeless assistance project where funds are being requested for an expansion of the project;
- incorrect renewal grant numbers;
- incorrect renewal amount request;
- not directly responding to all applicable questions in the project narrative;
- not requesting an extension of the current grant term before renewal application submission to ensure the project being requested expires in 2004;
- not indicating the grant term;
- not filling out the budget section completely; for example: -- SHP budget lacks applicant cash match; mathematical mistakes; not reflecting statutory match requirements; incorrect FMRs used.

### **C. Eligible Persons to be Served**

#### **1. Who can receive assistance from the projects proposed in an application?**

A person must be homeless in order to receive assistance under the SHP, S+C, and Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) programs. Other restrictions may also apply, depending upon the program.

A person is considered homeless only when he/she resides in one of the places described below:

- a. in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
- b. in an emergency shelter;
- c. in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter;
- d. in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
- e. is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or
- f. is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and he/she lacks the resources and support networks needed to obtain housing.

#### **2. Can a project serve persons at risk of becoming homeless?**

No. By law, only those persons who are homeless may be served by the programs under the NOFA. If your organization wants to serve persons at risk of becoming homeless, persons who are "doubled up," or persons who are "near homelessness," it would need to use another source. HUD administers the Emergency Shelter Grants (ESG) program that can fund homelessness prevention activities. A variety of other programs, such as Section 8, Community Development Block Grant (CDBG) and HOME, serve low-income persons who may be at risk of becoming homeless due to poor housing conditions, overcrowding or other reasons. Contact your local HUD field office for more information on these and other programs.

#### **3. Can a project serve a person being discharged from a State mental health institution in a state that requires housing to be provided upon the person's release?**

If your State has a policy requiring housing as part of a discharge plan, HUD does not consider those persons homeless since they will be placed in housing arranged by the State. Contact your State department of mental health or similar State agency for information on its discharge policy. If your State does not require housing as part of discharge planning, then those persons being discharged may be served as long as they will be homeless as described in Question #1 of this section.

As a condition for award in the competition, any governmental entity serving as an applicant must agree to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. This condition for award, in the form of a certification and required by law, is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and to forestall attempts to use scarce McKinney-Vento Act funds to assist such persons in lieu of State and local resources.

**4. Can a project serve a homeless youth after he/she becomes a ward of the state, or serve runaway youths?**

Project funding may not substitute for the assistance a State is required to provide a youth while in foster care. Project funding can, however, be used to supplement the State's assistance by providing a needed service that is not required to be provided by the State as part of its foster care system. Youth who run away from home are considered homeless if they are residing in those places listed under the criteria in Question #1 of this section, are without resources and support, and are not considered wards of the state.

**5. Can a homeless person moving into permanent housing receive services under SHP for an extended period of time?**

The person may receive supportive services for the term of the grant if he/she is living with a disability. If the person is not disabled, however, he/she may receive services for only up to six months after moving into permanent housing.

**6. Who does HUD consider to be chronically homeless?**

A chronically homeless person is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter during that time.

**D. SHP Administrative Costs**

**1. What is the requirement regarding splitting SHP administrative costs?**

This requirement is applicable only to States and units of general local governments who are the applicants for SHP funding for individual projects that will be operated by nonprofit organizations. If SHP funds for administrative costs are awarded to a State or unit of general local government where the projects will be operated by nonprofit organizations, some of these funds must be passed on to the nonprofit organization(s). As stated in the NOFA, this requirement is NOT applicable to the SRO and S+C programs, nor does it apply to applicants that are non-government entities.

**2. How much of SHP administrative funds referred to in Question #1 of this section must be passed on to the nonprofit organization(s) who will operate the homeless assistance project(s)?**

Administrative funds provided as part of the SHP grant should be split with the nonprofit organization(s) in proportion to the administrative burden borne by them for the SHP project(s). However, HUD will consider States or units of general local government that pass on at least 50 percent of the administrative funds as having met this Congressionally-mandated requirement.

## **E. Match Requirements**

### **1. Under the SHP, what is the operating cost match requirement? Is this a cash match?**

SHP funds may be used to pay for up to 75 percent of the total operating costs of supportive housing for all years of the grant term (this change is not applicable to grants awarded prior to calendar year 2000). For example, if the annual operating costs are \$100,000, SHP funds may be used to pay up to \$75,000, or 75 percent, of these costs in each year of the grant term and the grantee would be required to pay \$25,000, or 25 percent, each year.

The operating costs match to be paid by the grantee is a cash match. Documentation of firm commitments of cash resources for the first year of the grant term and certification that cash resources will be provided in the second and third year of the grant term, if applicable, must be submitted as part of the technical submission application (the form and content requirements of the cash match documentation and certification are explained in the applicable exhibits of the SHP Technical Submission document). In addition, the cash match must be verified in the Annual Progress Report. Donated or in-kind contributions do not count toward meeting this match.

### **2. Is the SHP operating costs match requirement applicable to projects submitted for renewal funding?**

Yes. Projects submitted for renewal are allowed to request up to 75 percent of the actual operating costs of supportive housing for all years of the grant term. However, renewal applicants may not request SHP funds to replace State or local government funds being used in the project.

### **3. What is the supportive services match requirement for SHP? Is this a cash match?**

The 2003 HUD Appropriation Act specifies a 25 percent match of SHP supportive service funding (i.e., for every \$100 in SHP funds, the applicant must provide \$25 toward supportive services). Another way to look at this is that the SHP request can be no more than 80 percent of the total budget for the supportive services line item (i.e., 80% of the \$125 (total budget) in the above example equals \$100). If you do not indicate in your SHP application budget that you are supplying the full match required, your SHP request will be reduced so that it is no greater than 80 percent of your total supportive services budget.

The supportive services match to be paid by the grantee is a cash match. Documentation of firm commitments of cash resources for the first year of the grant term and certification that cash resources will be provided in the second and third year of the grant term, if applicable, must be submitted as part of the Technical Submission (the form and content requirements of the cash match documentation and certification are explained in the applicable exhibits of the SHP Technical Submission). In addition, the cash match must be verified in the Annual Progress Report. Donated or in-kind services do not count toward meeting this match.

### **4. What if we have a renewal project that is requesting supportive services funds? Do those funds need to be matched?**

Yes. A renewal project requesting supportive services funds must also meet the match requirement as described in question #3 of this section.

## **F. Application**

### **1. Is there a firm page limit for Exhibit 1, the CoC narrative?**

Yes. Applicants must limit the number of pages in Exhibit 1 to 30 pages, including attachments. HUD will not review the pages exceeding the 30 page limit when rating Exhibit #1. In fairness to larger CoCs, and as noted in the application kit, only the first page of multiple page project priority and leveraging charts, and the first page of the response to items 2.D, 3.E, 3.F, 7.C, and 8.D will count toward the 30 page limit.

### **2. Is there a formatting requirement for the written commitments claimed on the Project Leveraging chart?**

The written commitment 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.

Written commitments are not submitted at the time of application. However, they must be submitted for verification by HUD prior to grant agreement execution. Only the value of contributions to a project for which the applicant has a written commitment at the time of application will be counted toward points for leveraging of other resources.

An additional change you should be aware of when filling out the leveraging chart is that the instructions now say that the value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project. For example, the value of donated land buildings or equipment claimed in 2002 or before for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions.

### **3. Each Exhibit 1, CoC, must be identical for each associated application under a continuum. Would HUD accept the associated applications from a given community if just one of the associated applications contained the entire Exhibit 1, with the other associated applications simply cross-referencing that exhibit?**

Yes. HUD will accept associated applications in which Exhibit 1 has been submitted in this way. However, for the application containing the complete Exhibit 1, please state at the beginning of that exhibit: "This is an associated application. Exhibit 1: CoC is being submitted in its entirety only in this application. The applications of all other associated applicants for this same continuum, as listed below, will cross-reference and adopt this exhibit." (List the names of all other associated applicants.)

For each of the associated applications not containing the complete Exhibit 1, please state: "This is an associated application. By agreement between all associated applicants, Exhibit 1: CoC has been submitted in its entirety only in the application from (state applicant's name). We adopt that Exhibit 1 and agree to follow it if our application is selected for funding."

### **4. If my application is received at the HUD Field Office by the deadline, but not at HUD Headquarters in Washington, D.C., is my application considered "on time" and will it be considered for funding?**

No. The determination of an "on time" application is made at HUD Headquarters in Washington, D.C. Your application must arrive by the deadline at HUD Headquarters in order for it to be considered for funding. HUD is constrained by the HUD Reform Act not to accept any applications that arrive after the deadline. (See NOFA for specific application delivery instructions.)

In addition, as stated in the NOFA, reviews will be based solely upon the contents of the application submitted to HUD Headquarters. Application materials submitted to the HUD Field Office and not to Headquarters, even if submitted prior to the deadline, will not be considered in the review of the CoC or of individual projects.

**5. The NOFA says that HUD will perform a “threshold” review of my application. What does this mean? What should I be aware of when preparing my application?**

HUD reviews your application to ensure that the applicant is eligible to apply for the program it selected and has the requisite capacity to carry it out. It also reviews the capacity of all other organizations involved with the proposed project. It is imperative, therefore, to demonstrate that applicants and any sponsors or other organizations involved have sufficient capacity. Be sure to answer all of the questions under the Experience Narrative section(s) of the program exhibit(s). It is also imperative that nonprofit applicants include documentation demonstrating their eligibility.

HUD also reviews your project exhibit to ensure that your project will only serve homeless people (see Section C, question #1, of this supplement), that what you propose is eligible, and, in the case of projects other than SHP renewals and S+C renewals, that your project meets threshold quality standards. You can help ensure that your project passes the quality review by completely answering all of the applicable Project Narrative questions in the program exhibit. These questions relate directly to the NOFA threshold standards so it is important that you address each and every applicable factor in the Project Narrative(s) and complete the charts for the program for which you are applying.

After consultations with HHS, the individual project quality threshold review criteria have been modified to obtain better information on the nature of the supportive services being proposed by the applicant (i.e., supportive service requests must be cost-effective). In addition, performance review standards have been included for renewal projects and can be used as the basis for rejecting poorly performing projects. Finally, all projects, including renewals (except S+C renewals), must submit a specific plan for ensuring that clients will individually be assisted to obtain the benefits of the mainstream assistance programs for which they are eligible.

Under SHP and S+C, renewal projects are considered to have met most of the threshold requirements through their previously approved grant applications. However, threshold reviews will be done on renewal projects to determine: (1) the eligibility of proposed activities; (2) the eligibility of the population to be served; and (3) the capacity of the applicant and project sponsor, including specific progress data contained in the APR.

## **G. Continuum of Care Geography**

**1. What options do communities have in deciding the area to be covered by a CoC?**

The primary consideration is to design a system that will most effectively meet the needs of the homeless population. Remember, the single most important factor in receiving funding under this competition is the strength of the CoC as measured against the CoC criteria in the NOFA.

Organizations within any locality may decide to: (a) create a CoC system within its own local boundaries; (b) join nearby communities in creating a multi-county or regional CoC system that fully involves all the communities included and serves the territory of the combined communities; (c) join with the State government or a Statewide organization in creating a Statewide CoC system; or (d) join with the State government or a Statewide organization in developing a CoC system for a specific community and/or county, or an entire region.

Local communities are strongly discouraged from attempting to divide up the geographic area of a locality and developing separate CoC systems with separate applications for each portion of the locality. Such an approach undercuts the concept of CoC because your strategy should be community-wide, comprehensive and inclusive.

**2. What options do State governments and Statewide organizations have in deciding the areas to be included in a CoC?**

Statewide applicants may:

- a. include the entire area of the state not covered by local CoC strategies in a single application which describes the Statewide CoC system for that entire area;
- b. include a part of the area of the State not covered by local CoC systems in a single application which describes the CoC system for that area, which could include one or more counties not covered by local CoC systems; or,
- c. submit two or more applications, each representing a separate CoC system developed by the State or a Statewide organization and its local partners for different sub-State areas not covered by local CoC systems. Each sub-State area could cover a single county or multi-county area.

The area proposed by a State government or Statewide agency should only include those counties and communities that are fully involved in the development and implementation of the CoC strategy with the State. This involvement should be described in Exhibit 1 of the application.

**3. How can a rural community maximize its opportunity for project funding under the NOFA?**

Because of their small demographic numbers, rural areas generally will have small pro rata need amounts. In order to maximize its funding potential, a rural area may wish to form a regional CoC system encompassing several contiguous counties. A single pro rata need figure for the combined geography will be calculated by adding the pro rata need figures together for each county. However, all geographic areas included in the regional CoC system need to be actively involved in the development and implementation of the CoC system and this involvement must be described in the CoC narrative.

**4. My community is involving the State in its CoC system. Should the community describe its coordination with the State in the community's Exhibit 1? What about the Statewide application, if there is one?**

Both the community and the Statewide applications should describe the coordination that has occurred in their respective applications. State support of a local CoC system can be a factor in the success of the local system. However, neither application should include the other as a jurisdiction covered by the other's strategy when describing the geographic area covered by their respective systems.

**5. What if a Statewide or regional applicant wants to propose a project in a locality covered by a separate CoC strategy?**

When a Statewide or regional entity wants to carry out a project within an area covered by a separate CoC strategy, that project must be included in the application submitted by the local community with the Statewide or regional entity listed as project sponsor and/or applicant. Since such a project would be proposed to fill a gap in a community's strategy, it would be listed only in the local community's CoC priority listing (NOT the Statewide or regional organization's) and would receive a Need score based on the priority listing in that local community's strategy. However, a single HMIS project may cover the implementation of an HMIS across multiple CoCs.

## **H. Housing Gaps Analysis/Homeless Population and Subpopulations Charts**

### **1. Why were changes made to the Gaps Analysis Chart?**

Starting in 2001, HUD began streamlining the Gaps Analysis Chart in response to feedback from CoC planners concerning the burden and utility of the data being collected. We eliminated the priority levels and made the supportive services section optional. A recent Urban Institute study of the Continuum of Care process confirmed the burdens of collecting the needs data and reiterated local concerns about the usefulness of the data being collected and meaningfulness of several elements of the chart.

For 2003, we have limited the Gaps Analysis process to the housing components of the CoC. Summary data from the Fundamental Components of the CoC System (Housing Activity) are used to complete the Housing Gaps Analysis Chart and unmet shelter and housing needs are based upon the CoC's judgment.

To get better and more consistent data on the size and characteristics of the homeless population, we have integrated elements of the 2002 homeless count table and the homeless subpopulation Gap Analysis table into a new Homeless Population and Subpopulation Chart.

Your local or State government planning agencies have information on how to do a survey, as well as the benefits of various survey designs. In addition, HUD, through the Interagency Council on the Homeless, published the manual, Practical Methods for Counting Homeless People, which also describes data collection methods and sources. You may order a copy of this manual by contacting the Urban Institute's publications office on 202-261-5687. The cost is \$13.50 and includes shipping and handling charges.

## **I. Project Priorities**

### **1. Why is HUD asking communities to prioritize their projects on the Project Priority chart in Exhibit 1? Who sets the priorities in a community?**

Prioritizing projects should be a logical outcome of the development of a community's CoC strategy and driven by the community's gaps analysis. This means that all organizations in the process have a voice in determining the community's priorities for funding. Priorities should be established through a fair and rational process using objective criteria. Selecting the entity (or entities) that facilitates or leads the selection process is completely up to the community. Different entities will take the lead in different communities.

As stated in the application and the NOFA, HUD expects your community's CoC strategy to be developed by and coordinated with an as inclusive group as possible. Organizations involved in this process should include nonprofit organizations as well as community and faith-based entities, government agencies, public housing authorities, housing developers and service providers, businesses and business associations, law enforcement agencies, hospitals, funding providers, and homeless and formerly homeless persons. These and other organizations should represent and address the specific needs of each homeless sub-population: the jobless, veterans, persons with serious mental illnesses, persons suffering from substance abuse, persons living with HIV/AIDS, victims of domestic violence, runaway youth and others.

2. **What if our community decides it is unable to prioritize individual projects? Can we just submit one large request for funding and decide later how to divide the request into projects based on an RFP (Request for Proposals) or similar process?**

No. The decision-making process for deciding the types of projects to include on the Project Priorities chart, and each project's priority for funding, must be completed prior to submission. A community cannot undertake an RFP or similar process after submission. If a Project Priorities chart is not submitted, all projects are likely to receive the lowest points for Need. Moreover, the CoC score will also be adversely affected by the absence of priorities.

3. **What happens if the dollars requested on the Project Priorities chart do not match the dollars requested in the project budget?**

If the project budget shows a higher dollar request than the Project Priorities chart, that amount will be reduced to match the Project Priorities chart. If the dollars requested in the project budget are lower than those shown on the Project Priorities chart, then the lower of the two amounts will be considered by HUD to be the requested amount.

4. **What happens if the grant term requested on the Project Priorities Chart does not match the grant term requested in the project budget?**

The grant term circled on the project budget will be used. Keep in mind that new SHP projects must have at least a two-year grant term.

## **J. Pro Rata Need and Need Scores**

1. **What is "pro rata need"?**

Pro rata need is the term used to describe the relative portion of national homeless assistance need assigned to a community or group of communities in HUD's CoC competition. The "pro rata need amount" is the expression of relative homeless assistance need in dollar terms for use in scoring the "need" rating factor within a CoC competition.

2. **How is the pro rata need amount determined for a community?**

There are several steps HUD uses to reach the final pro rata need amount for each community, as described below:

Step 1 - Preliminary pro rata need: Prior to application submission, HUD calculates a "relative need index" for each CDBG-entitled city and county and each non-CDBG-entitled county in the country. HUD uses the same indices of need in computing each community's index that is used in determining the formula amounts under the CDBG and ESG programs. Each city's and county's need index is then applied against the total amount of funding available nationally in each year's CoC competition to determine the preliminary pro rata need amount for each geographic area.

Following application submission, HUD assigns each city and county identified as participating in a CoC system in all submitted applications its preliminary pro rata need amount. HUD then aggregates the preliminary pro rata need numbers for all the geographic components participating in each CoC.

Step 2 - Renewal-adjusted pro rata need: Each CoC system's preliminary pro rata need amount will then be compared to the SHP project renewal need identified by that CoC in its Project Priorities chart. Only SHP renewal projects eligible for submission in the competition will be counted for this purpose. Similarly, only that portion of submitted renewal requests that are for activities that may be renewed

will be counted (i.e., a proposed expansion of a renewal project is not eligible as a renewal and must be presented as a new project and be shown separately on the Project Priorities chart).

When the total one-year renewal need amount of all eligible SHP renewals submitted in the competition exceeds the preliminary pro rata need amount for that CoC, an amount equal to the difference will be added to the CoC's preliminary pro rata need amount. The net effect of this will be that sufficient funds will be provided to every Continuum of Care so that all of their eligible SHP renewals can be funded for one year if they are successful in this year's funding round and if they are placed as top priorities in the application. However, if the total one year amount of eligible SHP renewals in a CoC is equal to or less than that CoC's preliminary pro rata need, no upward adjustment will be made to their pro rata need.

Note: If a Continuum of Care has a total one-year SHP renewal request greater than its preliminary pro rata need AND that CoC requests more than one year of assistance for one or more of its SHP renewals, this may likely result in at least one of their lower priority renewal requests not being funded due to insufficient pro rata need. If you are in this situation, you are urged to limit the term of your SHP renewal request(s) to one year.

No renewal adjustment will be made to a CoC's preliminary pro rata need amount for eligible S+C renewals being funded non-competitively for one year from the separate McKinney-Vento Act account set up for this purpose since their funding does not count against a CoC's pro rata need.

Step 3 - Permanent housing pro rata need bonus: Again this year, HUD will add a bonus amount on top of the renewal-adjusted pro rata need amount for any CoC system that identifies a new permanent housing project passing all threshold requirements as its number one priority project. In such instances, the full amount of such a project's eligible housing activities, up to the lesser of 100 percent of the CoC's preliminary pro rata need or \$750,000, will be added to the renewal-adjusted pro rata need amount for that CoC system. Please see Section M, question #3, for examples of the application of the permanent housing bonus.

The dollar amount determined after application of each of these steps, as applicable, is referred to as the "final pro rata need amount."

### **3. Why does my CoC's final pro rata need amount vary from one year to the next?**

As can be seen from the discussion above, final pro rata need is influenced by a number of variables that include: updated census data in the formula used to assign PRN; the total amount of dollars available for the competition nationally; the amount of eligible one-year SHP renewal need identified by your CoC system; and, whether or not your CoC system seeks a permanent housing bonus.

### **4. How is "pro rata need" used?**

HUD takes each CoC community's final pro rata need amount and applies it against the requested amount (as adjusted where necessary) of each project on the community's Project Priority chart. Starting with project priority #1 and proceeding down the chart, skipping individual projects rejected during the threshold review, projects whose requested amounts fall fully within the applicant's CoC pro rata need amount, as adjusted ("first level"), or those where more than one-half the requested amount falls within this "first level" receive the full 40 points available for Need. Continuing down the list, those projects whose requested amounts fall fully within the "second level" (two times the pro rata need amount, as adjusted), or those where more than one-half the requested amount falls within the "second level" receive 15 points. Any remaining projects on the priority list each receive 10 points.

There are only two exceptions to the above procedures. The first exception will occur if the first non-rejected project on any CoC system's priority list fails to meet the criteria for receiving 40 points. In

such instances, in order to achieve greater geographic diversity, the total requested amount for the first non-rejected priority project will be reduced to the applicant's CoC final pro rata need amount and assigned 40 points.

The second exception will occur if the total amount that would be awarded for "first level" projects in any CoC following the above procedures exceeds the final pro rata need amount for that CoC by more than \$200,000. In such instances, the lowest priority "first level" project being selected will be reduced to the level necessary to ensure that the total amount being awarded for such projects does not exceed the final pro rata need amount by more than \$200,000.

**5. If five different cities/counties develop a single CoC system, will the pro rata need figures of the five jurisdictions be added together?**

Yes. A single final pro rata need figure for the combined geography of the five jurisdictions will be calculated by adding the five separate Need figures. The combined figure will then be used to determine the number of projects on the single Project Priorities chart that will receive 40, 15 and 10 points for Need, as described above. To ensure that the full Pro Rata Need is received, be sure to include all the geography of participating cities/counties on the Application Summary.

**6. Given the situation in the previous question, do the projects then have to be located in all five jurisdictions proportionally?**

No. The projects do not have to be located in all five jurisdictions nor do they have to be located proportionally. However, the single CoC system must be designed to address the problem of homelessness in all five jurisdictions, and it must be clear in the application the various CoC organizations in all five jurisdictions are actively working together in planning and implementing the CoC. Otherwise, the very important CoC score, which represents up to 60 points, will be adversely affected.

## **K. Serving Veteran Needs**

**1. The NOFA mentions veterans groups. How should veterans organizations be involved in the CoC?**

Your community process for developing and implementing a CoC system should be comprehensive and inclusive. This means the needs of all homeless sub-populations in your community should be represented in your CoC planning process and project implementation. Because studies show that a significant segment of the homeless population are veterans, it's especially important to involve veterans organizations so that the needs of homeless veterans are addressed appropriately and effectively.

**2. Is there any guidance available on developing programs to address the needs of homeless veterans?**

In 2002, HUD has released two new technical assistance resources addressing the needs of homeless veterans. The first report, A Place at the Table: Homeless Veterans and Local Homeless Assistance Planning Networks, is designed to help organizations serving homeless veterans to more effectively participate in the homeless assistance program planning networks in their communities and, in particular, to access resources through the Continuum of Care planning process.

The second report, Coordinating Resources and Developing Strategies to Address the Needs of Homeless Veterans, provides information on promising practices for effectively coordinating HUD funding with other resources in order to address the special needs of homeless veterans. Both reports

can be found at the HUD homepage at <http://www.hud.gov/homeless/index.cfm> under homeless vets. Printed versions of these 2 reports will be available from Community Connections at 1-800-998-9999.

## **L. Projects**

### **1. What is the extension policy for SHP grants?**

For SHP grants expiring in a given calendar year, grantees that will have SHP or other funds to carry them beyond that calendar year have the option of extending their grant term for up to one year subject to HUD approval. Grant terms may be extended if:

- (1) the renewal project fails to receive funding in a competition and wants to become eligible to apply again in the next competition;
- (2) the grantee of a project currently eligible for renewal fails to apply in a competition but wants to be eligible to apply in the next competition; or
- (3) there is an overabundance of renewal requests in the community in a particular year.

Grant terms may not be extended for more than one year. In addition, extensions for less than a year are acceptable if an entire year is not needed to carry the term into the next calendar year. For example, if a grant term ends in November 2002, it need only be extended for 2 months to carry the grant term into January 2003.

To obtain an extension, grantees must request that their local HUD field office process a grant agreement amendment. Such requests must be submitted before the application deadline. With the request for an amendment, grantees must submit information to the field office demonstrating how they fit one of the criteria above and that they have the financial resources to carry out the project fully in accordance with all of the provisions of their grant agreement during the extension period. (See Section N, question #8, regarding funding sources that may be used to continue a project.)

Please note that if a project fails to be renewed in a competition, it would not be eligible to apply for renewal again in the next competition unless the grantee submits a request for and receives an extension of the project's term.

### **2. If my project has several structures and we are also providing supportive services, including outreach, how would I include the supportive service on the budget sheets?**

New projects will be including a structure budget for each of the structures in your project. If supportive services are also included, then spread the services among the structure budgets so that the structure budgets add up to the total budget.

### **3. May SHP funds be used in public housing facilities?**

Yes. An SHP project may use public housing units only after the PHA disposes of the units, through deed or lease, to the SHP grantee and obtains HUD approval of the disposition. After the disposition, these units can receive no public housing capital or operating subsidy.

### **4. In the 2003 HUD Appropriations Act, Congress has included a provision to ensure the timely implementation of projects awarded funding in the CoC competition. Does this affect my project?**

Recipients conditionally awarded funds in the 2003 CoC funding round must have a fully executed grant agreement or, in the case of the Section 8 Moderate Rehabilitation SRO Program, Annual Contributions Contract, by September 30, 2005. If a grant agreement or ACC is not executed by that date, the award will be withdrawn. These funds will remain available for expenditure for five years from that date.

**5. If a grantee has money left over after the term of their SHP grant, can the grant be extended in order to spend the remaining money?**

SHP projects cannot be extended merely to spend the remaining grant funds. However, if a grant is extended into the next calendar year so that it can become eligible to apply for renewal in the next competition, grant funds remaining from the current term may be used as a source of funding to continue the project during the extension.

**6. In the application for SHP, under Section D of Exhibit 2, when would it be appropriate to use the "New" exhibit?**

You would use the "new" SHP exhibit in the following situations:

- if you were proposing a brand new project that has not provided services or supportive housing for homeless persons;
- if you are making an addition to an existing non-SHP funded project (only the addition is considered eligible for funding);
- if you are making an addition to an existing SHP funded project (only the addition is considered eligible for funding; see Section N, question #4, regarding how to apply for renewal and expansion of the same project);
- if you are bringing your project up to code (only activities which are code-related are eligible);
- if you are replacing non-renewable Federal or private funds in an existing project; or
- if you are re-starting an SHP project which received SHP funding in the past, but the SHP funding ended when the project term expired, and the project did not continue to provide services or supportive housing for homeless persons.

**7. Do new and renewal SHP project applicants use identical forms?**

No. There are two exhibits for SHP projects this year. The new projects will use the first exhibit (2) and the renewals will use the second exhibit (2R).

**8. Are there any new Lead-Based Paint or Environmental review requirements this year?**

No. However, the changes made in 2001 were so important that they are worth repeating here.

The changes in the Lead-Based Paint regulations, which became effective for recipients of funding in the 2001 competition, are extensive. The regulations set hazard reduction requirements that give much greater emphasis than existing regulations on reducing lead in house dust. Scientific research has found that exposure to lead in dust is the most common way young children become lead poisoned. Therefore, the new regulation requires dust testing after paint is disturbed to make sure the home is lead-safe. Specific requirements depend on whether the housing is being disposed of or assisted by the Federal Government, and also on the type and amount of financial assistance, the age of the structure, and whether the dwelling is rental or owner-occupied. For additional information, contact your local Field Office.

In regard to environmental reviews, an important statutory change now provides that for recipients who are private nonprofit organizations or public housing authorities (PHA), the environmental review may be performed by responsible entities (units of general local government in whose jurisdiction the activity is located or States) in accordance with 24 CFR Part 58 - "Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities" whether or not the grantee is itself a unit of local government or State.

If a responsible entity is either unwilling or unable to perform an environmental review for grantees who are public housing agencies or private nonprofit organizations (Section 58.11), or if HUD determines that the responsible entity should not perform the environmental review on the basis of performance, timing or compatibility of objectives, HUD may designate another responsible entity to conduct the review under Part 58 or may itself conduct the environmental review based on Part 50.

- 9. State and local governments funded in previous competitions were required to certify that they would develop policies and protocols for people being discharged from publicly funded institutions. How do State and local grantees report on our efforts toward implementing the requirements of that certification?**

Project applicants who are State or local governments awarded funds in previous competitions are asked in the Project Narrative, Section A, to provide a description of any policies and protocols they have developed/implemented regarding discharges from publicly funded institutions. They should also indicate how these changes have or will prevent such discharges from resulting in homelessness for discharged persons. A copy of the description should be placed in each submitted project.

- 10. Can Section 8 project-based assistance (PBA) or Section 8 tenant-based assistance (TBA) be used in a SHP funded transitional housing program?**

No. HUD will not fund **new** projects mixing Section 8 assistance in SHP-funded transitional projects. Experience with such funding has resulted in many complex operating issues when the two subsidy streams are combined. Section 8 is intended to be a permanent housing resource and should be integrated into the CoC in that manner.

- 11. If my project is a new "Supportive Services Only" project, do I still have to answer all of the narrative questions in the Project Narrative, including the questions related to housing?**

Applicants for the Supportive Services Only component of the SHP must answer all items in Exhibit 2, Section A, Project Narrative, except item #3 and #7.

## **M. Permanent Housing Requirement**

- 1. What exactly is the 30 percent permanent housing requirement in this year's competition?**

The FY 2003 HUD Appropriations Act specifies that S+C renewal grants awarded this year shall be funded from the appropriation. The Act stipulates that after funding the S+C renewals, 30 percent must be awarded to permanent housing projects. The 30 percent requirement applies to the competition overall, not to individual applications. In other words, HUD is not requiring each community to submit 30 percent of its projects as permanent housing. However, in order to meet this statutory requirement, HUD may have to skip over higher scoring non-permanent housing projects in order to fund lower scoring permanent housing projects or, within a continuum, skip over higher priority non-permanent housing projects in order to fund lower priority permanent housing projects. In order to reduce the chances that one of your non-permanent housing projects will be skipped over for funding, every effort should be made to improve your CoC narrative.

Certain projects in the Safe Haven component of the Supportive Housing Program may now be included in the definition of permanent housing for the purpose of determining compliance with the 30 percent permanent housing requirement. Projects now meeting the definition of permanent housing for this purpose are projects under the following programs:

- S+C (new);
- Section 8 SRO; and
- the SHP/Permanent Housing component (new and renewal);
- Safe Haven projects which have the characteristics of the permanent housing component of SHP, including a lease with the resident.

You should be careful in your application to establish that your Safe Haven project qualifies as permanent housing.

**2. If HUD finds that it must select for funding lower rated permanent housing projects and, consequently, must skip over non-permanent housing projects above the funding line to meet the 30 percent permanent housing requirement, how will it be done?**

Should it be necessary to skip over non-permanent housing projects for funding in order to achieve the 30% requirement, HUD will first skip over new non-permanent housing projects when making project selections in order to meet the 30 percent requirement. If the 30 percent requirement has not been met after skipping over the new non-permanent housing projects, then HUD will skip over non-permanent housing renewal projects. In skipping over new non-permanent housing projects, HUD will begin with the lowest rated (eligible) fundable new non-permanent project at the projected funding line and continue up the rankings until the 30 percent requirement is met. If it is necessary to skip over non-permanent housing renewal projects, HUD will proceed in the same way.

If it becomes necessary to select for funding lower rated permanent housing projects below the funding line as to achieve the 30% permanent housing requirement, these permanent housing projects, in order to be eligible for funding for this purpose, must have been assigned at least 15 Need points and be submitted as part of either a "consolidated" or an "associated" Continuum of Care application that received at least 20 points under the Continuum of Care scoring factor. However, no Continuum of Care application may receive more than 30% above its final pro rata need amount, up to \$3 million, for permanent housing projects assigned only 15 Need points ("second-level" projects) that are selected for funding under this procedure.

**3. How does the "incentive" for first priority NEW permanent housing projects work?**

To help ensure that the 30 percent permanent housing requirement is met and to promote permanent housing generally, an incentive is provided in this year's competition. If a CoC's number one priority project qualifies as an eligible, new permanent housing project, then the full amount of that project's eligible housing activities, up to the lesser of 100 percent of that CoC's preliminary pro rata need or \$750,000, will be added to the renewal-adjusted pro rata need amount for the continuum. The project must be specified as the number one priority on the continuum's priority chart and it must be a new project, not a renewal. The project must also be found eligible by passing the project threshold review.

Example #1: A new S+C project is proposed as the number one priority with eligible activities totaling \$800,000. The continuum has a preliminary pro rata need amount of \$750,000. If this project passes threshold eligibility review, \$750,000 of the \$800,000 in eligible activity costs for this number one priority project will be added to the initial \$750,000 pro rata need amount resulting in a final pro rata need for the continuum of \$1,500,000.

Example #2: A new SHP permanent housing project is proposed as the number one priority with eligible housing activities totaling \$350,000. The continuum has a preliminary pro rata need amount of \$300,000. If it passes threshold eligibility review, one hundred percent of the CoC's preliminary pro rata need (\$300,000) of the \$350,000 in eligible housing activity costs for this number one priority project will be added to the initial \$300,000 resulting in a final pro rata need amount for the continuum of \$600,000.

Example #3: A new Safe Haven permanent housing project is proposed as the number one priority with an SHP request for \$500,000. The project has a request for \$250,000 in acquisition and rehabilitation, and \$250,000 in supportive services. The pro rata need for this community is \$800,000. In this case, only the eligible housing activity costs (\$250,000) will be added to the pro rata need (\$800,000) to give a final pro rata need of \$1,050,000.

4. **Since the law calls for 30 percent of the appropriation for the homeless assistance funds to be used for permanent housing, should our community rank the permanent housing projects at the top of the Project Priorities chart to ensure they are funded?**

There is no mandate to adjust your priority list. However, non-permanent housing projects on your priority list may not receive funding if a lower ranked permanent housing project must be funded in order to comply with the statutory requirement.

## **N. Renewal Funding**

1. **What is a renewal grant?**

A renewal grant is a grant that continues assistance to a project that received funding in the past. For the 2003 competition, a grantee may request renewal funding if it was previously funded under one of the following programs and its grant will expire in calendar year 2004. The following are eligible:

- a. SHP projects, including those renewed before, that are expiring in 2004;
- b. S+C projects expiring in 2004 that will have insufficient funds to continue operating throughout 2004, or S+C projects having been previously extended but which are projected to run out of funds in 2004.

2. **Who can apply for a renewal?**

Only the current grantee (the entity that has executed the grant agreement with HUD) can be an applicant for a renewal. In order to identify the current grantee as the applicant in this year's competition, a HUD-424 must be included as part of the application. If in doubt, please check with your local HUD field office. Please note that project sponsors and other entities that are not the grantee cannot apply for renewal. The law allows only the grantee to apply.

3. **A current SHP grantee decides to add new activities or expand the level of an existing approved activity to its existing SHP funded project (i.e., expand the project) and submits an application requesting funding for these new activities. Would this be considered a renewal grant?**

No. In order to be considered an SHP renewal, a project must not include either a new activity or an expansion of an existing activity. An expansion of an existing project is considered a new effort and would be submitted as a new project.

**4. Do I have to submit separate project applications to both renew and expand my SHP project?**

Yes. If a project is eligible for renewal and the grantee wants to apply for funds to both renew the existing project and to add new activities or expand existing activities to the same project, a separate Exhibit 2, Project Narrative, must be submitted for each. That is, an Exhibit 2 should be submitted requesting the renewal of the existing project and another Exhibit 2 should be submitted requesting funding for only the additional new or expanded activities. In addition, both projects should be listed as separate priorities on the Project Priorities chart in Exhibit 1.

**5. How do I determine if my project is eligible for SHP renewal?**

To be eligible for an SHP renewal, your current HUD grant must expire during calendar year 2004. A grant is expiring in calendar year 2004 if its term ends during that year. Many grants begin with acquisition, rehabilitation, or new construction which must be completed before term activities can begin. Term activities are those that are funded for a period of time specified in the NOFA, grant agreement, or HUD renewal guidance under which the grant was funded – such as one, two or three years. Term activities are leasing, operations, and supportive services. Note: The term of a grant does not begin until the grantee begins to serve participants.

The term ends when the specified time period for the grant elapses. For example, a 1999 SHP grant was awarded a three-year term. The term ends three years from the time the grantee first serves participants and draws SHP funds for leasing, operations or supportive services, not three years from the first draw of SHP funds for any other approved activity.

However, if a grant term has been extended the term ends when the period of extension expires as indicated in the grant agreement amendment. If the grant whose term was extended is subsequently renewed, the renewal grant term begins when the extension period expires.

Contact your local HUD field office to confirm whether your project is eligible for renewal in this competition. Your discussions with the field office should clarify the terms of any extensions, as well as any amendments that have been executed. Any minor changes (less than 10% shift of funds from one activity to another) should be part of your discussion.

**6. How much money can I request for my SHP renewal?**

The amount an applicant may request for activities eligible for renewal in an existing project (i.e., leasing, operations, supportive services) is based on the average annual amount of the grant being renewed as approved by HUD for these activities in the existing grant's Technical Submission. Renewal funds can only be requested for continuing a previously approved project at the same level of housing and/or services provided in the previous grant. The amount requested for operations may not exceed 75 percent of the total operations budget and the amount requested for supportive services may not exceed 80 percent of the total supportive services budget (see Section E of this supplement regarding match requirements for these activities).

**7. Are there any performance standards my renewal grant will have to meet in order to be funded?**

Yes. Performance review standards have been included as part of the threshold review of all renewal projects. Renewal projects must evidence satisfactory performance for their existing grant, in HUD's opinion, based upon the substantial achievement of their program goals as reflected in their most recent Annual Progress Report. Renewal projects must also evidence, consistent with the certification required of them that they are coordinating and integrating their program with mainstream resources, that they have assisted clients to obtain the benefits of the mainstream health, social service, and employment programs for which they were eligible. The failure to achieve a satisfactory level of performance for either of these factors may be used as the basis for rejecting the project.

If an APR has not been submitted, a written response describing progress toward goals and coordination of mainstream resources may be submitted.

**8. If my application for renewal of an SHP project is not funded in a competition, what sources of funds can I use to continue my project?**

To continue an SHP project that was unsuccessful in seeking renewal in a prior competition, you may use any type of funds – Federal, State, local, or private funds – and still compete in the next competition. While normally the use of State or local government funds in a project would prevent future Federal funding, HUD does allow the use of State or local government funds as interim or emergency funding when they are used to continue an SHP project which was unsuccessful in seeking a renewal.

**9. Are there any instances in which the scope of an SHP project may be reduced when it is renewed?**

Yes. You may proportionately reduce or eliminate elements of the project and the SHP request. However, be aware that this project, as well as all projects, must meet all project threshold requirements as identified in the NOFA.

If the scope of a project is reduced, clearly indicate and fully describe in Section A, Project Narrative, in the application the following: Why it is necessary to reduce the scope of the project; which elements (housing units, services, etc.) of the project will remain and which will be reduced or eliminated; the number of persons served compared to the number in the original grant; and how the proportionate reduction in SHP funds was calculated.

**10. Can a CoC decide not to request renewal funds for existing projects, or to give these projects a relatively low priority ranking?**

Yes. The need for the continuation of previously funded projects should be considered in the local needs analysis process and a decision should be made locally on the priority to assign to the continuation of a project. HUD does not require that existing projects be renewed or given a higher priority than other projects. However, HUD is very concerned that the ongoing housing needs of persons currently being served by existing projects be taken into account as part of the decision-making process. The CoC should review each project at the time it seeks renewal to determine if the project is performing satisfactorily and is meeting the needs of persons it proposed to serve or whether local needs have changed and other subpopulations or types of assistance should be given preference.

**11. What level of detail is needed to complete the Supportive Services and Operations Charts for renewal projects?**

The charts enable you to include detailed information you already have available for renewal projects at the time of application, rather than at second submission. Requesting the detail normally included in the Technical Submission package streamlines your planning and eliminates duplication of effort following the conditional award.

**12. How do I determine if my project is eligible for a S+C renewal?**

Any S+C project whose grant term is expiring in calendar year 2004 and which is projected to run out of rental assistance funds in 2004 is eligible for renewal. (In addition, S+C grants that received an extension previously but which are projected to run out of funds in 2004 are also eligible.) The effective date of the grant (the date the agreement is executed by HUD) is the date used to determine whether the grant (including all of its TRA, PRA and SRA, and SRO component projects) is expiring.

It is entirely possible that within a single grant, one component project may have sufficient funds remaining to continue providing rental assistance beyond 2004 while another component project must be submitted for renewal. Therefore, the status of every S+C component project within an expiring grant should be analyzed separately to determine whether it can be extended or should be submitted for renewal.

HUD has developed procedures for extending the grant term for S+C projects expiring in calendar year 2004 with sufficient funds to carry the project into calendar year 2005. This extension process is independent from the CoC competition. In such a case, contact your HUD field office for information on seeking an extension of your project.

**13. Is the special funding of Shelter Plus Care renewals going to continue in the 2003 competition and what will the requirements be for submission of these renewal applications?**

Under the 2003 HUD Appropriations Act, eligible Shelter Plus Care Program grants whose terms are expiring in FY2004 and Shelter Plus Care Program grants that have been extended beyond their original five-year terms but which are projected to run out of funds in FY 2004 will be renewed for one-year provided that they are determined to be needed by the Continuum of Care and meet other programmatic and financial standards. In order to meet the Congressional intent that only Shelter Plus Care renewals determined to be needed by the Continuum of Care are funded, all Shelter Plus Care renewals must be submitted as part of a community's Continuum of Care submission and be included on the priority list. 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. (Even though the selection for funding of eligible Shelter Plus Care projects is non-competitive, a Shelter Plus Care renewal application should be submitted by the deadline and in accordance with the other submission requirements described in the NOFA.)

Exhibit "3R" is for Shelter Plus Care renewal projects only. 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.)

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 for Shelter Plus Care grants having been awarded one year of renewal funding in 2002, the number of units requested for renewal this year may not exceed the number of units funded in 2002. 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 Shelter Plus Care renewal projects may not be extended.

**14. How much money can I request for my first S+C renewal or subsequent renewal?**

For S+C projects seeking their first renewal in this year's competition, the renewal amount may not exceed the number of S+C units under lease at the time of application for renewal funding times the current Fair Market Rent (FMR as published in the Federal Register on September 30, 2002) times 12 months. (S+C renewal funding is now limited to one year by Congress.) However, for Shelter Plus Care grants having been awarded one-year of renewal funding in 2002, the number of units requested for renewal in 2003 may not exceed the number of units funded in 2002. (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 September 30, 2002 FR Notice.) The renewal of S+C/SRO projects is not based on the FMR, but on the contract rent.

**15. For all S+C projects seeking renewal in 2003, how long must the renewal term be under the S+C program?**

For 2003 S+C renewals, the grant term is fixed by law at one year.

**16. How does a State apply to renew an SHP or S+C grant that is carried out in a location having a local Continuum of Care?**

The State's renewal project would need to be part of the local CoC and entered on the local community's Project Priorities chart.

If the State grant is being carried out in various locations, a State may need to divide the renewal request among several CoC priority lists. For example, a State may have an expiring grant that is being carried out in three places—two cities with their own CoC strategies, and one area that is part of the State's CoC strategy. In that case, the first two projects would appear on those communities' Project Priority chart with the State as the applicant.

**O. Homeless Management Information Systems (HMIS)**

**1. What is a Homeless Management Information System (HMIS) and how can communities use HUD competitive funds to develop them?**

A number of communities and States have long-standing comprehensive HMISs that bring computer technology to client intake procedures and permit the tracking and reporting of a client's use of shelter and social services over time. Many other communities are in various stages of implementing such client-level systems. The 2001 HUD Appropriation established as a national goal that every jurisdiction collect unduplicated client-level HMIS data by 2004. In 2001, HMIS activities became eligible under SHP to help facilitate the implementation and operation of a CoC-wide HMIS. Beginning with the 2003 competition, all awarded projects must agree to participate in a local HMIS, when implemented. The HMIS match requirement applies to HMIS activities.

**2. What elements of an HMIS are eligible for funding in the competition?**

The law specifies that the costs of implementing and operating an HMIS are eligible. The three major eligible HMIS costs are: 1) purchasing HMIS software; 2) leasing or purchasing needed computer equipment for providers and the central server; and 3) staffing associated with operating the HMIS, including training providers, day-to-day administration of the HMIS, analyzing HMIS data and preparing reports for providers, the continuum and HUD using HMIS data.

**3. What elements of an HMIS are not eligible?**

Planning and development of HMIS systems are not eligible. Planning includes all costs incurred prior to implementation. In addition to planning activities, SHP funds may not be spent on the development of entirely new software systems. There are now sufficient vendors in the marketplace with quality software so that individual communities do not need to finance the development of new software. Finally, SHP funds may not be used to replace State and local government funding for an existing HMIS.

**4. Is HMIS now a separate eligible funded activity?**

Yes. HMIS projects are categorized as their own type or component, and they have a separate budget line item in the SHP project budget summary.

**5. Will HMIS projects count against my housing total in the Continuum of Care exhibit when calculating the "Housing Emphasis" points?**

No. HMIS is a line item this year that is separate and apart from supportive services. Only housing activities and supportive services are used in calculating the "Housing Emphasis" points. As such, HMIS requests will not be included in this calculation.

**6. How can we use HUD McKinney-Vento competitive funds to implement and operate a community-wide HMIS?**

HMIS projects can be shared or dedicated. If the costs of the HMIS implementation are shared, then the project is classified as the type of housing or activity that it is providing. For example, if a transitional housing facility is sharing the cost of the HMIS implementation with other providers, that project continues to be classified as TH.

New this year, however, is the classification of dedicated HMIS projects as their own component, or type in the project exhibit and Project Priorities Chart. In the past, HMIS projects were classified as SSO projects. In order to accurately portray the purpose of these projects, they will be categorized independently from SSO projects. If your project was funded as an SSO HMIS and you are requesting renewal funding, you should classify your project as an HMIS, not an SSO project.

**7. What standards will be used for assessing the cost-effectiveness of a proposed new or expanded HMIS?**

HUD has not placed any limits on the size of the grant to fund a new or expanded HMIS, given the different number and size of homeless providers, the size of the geography involved, and the varying administrative arrangements required for implementing and operating a CoC-wide HMIS. However, HUD will look at the scope and reasonableness of the proposed activities compared to other communities in the cost-effectiveness review.

**P. Strategies for Accessing Mainstream Assistance Programs**

**1. Why is HUD emphasizing the use of mainstream assistance programs?**

Significant resources are needed to address the various housing and supportive service needs of homeless persons nationwide. Congress appropriates several *hundred billion* dollars each year for mainstream assistance programs, such as Medicaid, TANF, Food Stamps and SSI. Homeless persons are typically eligible for one or more of these major assistance programs, which can provide many of the services that are currently funded by HUD's Supportive Housing Program (SHP). For a number of years, over half of all of HUD's competitive homeless assistance funds were used to provide supportive services, as opposed to housing. The 2001 Competition was the first time in six years that trend was reversed. As providers assist homeless persons in identifying and successfully accessing mainstream assistance programs, the need to use HUD homeless resources to provide supportive services will decline, allowing HUD's funds to be increasingly used to develop more needed housing.

Because of the important role played by these mainstream programs, the law requires applicants to certify that if their organization's project(s) are selected for funding as a result of this competition, they will coordinate and integrate their homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible.

**2. How can mainstream programs target the needs of people who are homeless?**

Conditions of homelessness, such as transience, instability, and lack of basic resources often make it difficult for homeless individuals and families to apply for, retain, and use mainstream services. There are strategies that can be used to improve access and use of mainstream programs for homeless individuals and families. These strategies include but are not limited to:

- Improving integration and coordination of programs, where multiple needs can be addressed at the same time
- Making the process of applying easier or simultaneous for programs
- Improving outreach efforts about program benefits and eligibility requirements to the homeless and holding mainstream programs accountable for serving homeless people
- Training program personnel about the many issues unique to the homeless, such as lack of stable housing, transportation, and access to a permanent mailing address and phone

**3. What are some examples of specific activities or coordination of mainstream programs?**

Following are several examples some applicants in the FY 2002 competition provided to demonstrate how they were improving integration and coordination of mainstream programs. These are not all-inclusive, but represent a range of actions CoC's might consider.

- Provide case managers to accompany homeless persons to mainstream program offices and help in the eligibility process
- Develop a formal service agreement between homeless service providers and local mainstream program offices
- Create a single intake form to determine eligibility for all mainstream services
- Train mainstream program staff to conduct extensive outreach at area shelters
- Use a mobile support team for outreach and to bring clients in for mainstream services and case management and identify key contact persons to resolve barriers to services
- Distribute information and conduct presentations about mainstream programs at shelters, transitional housing, and places where homeless people congregate
- Place mental health, substance abuse, public housing and public assistance staff on-site at training or employment centers

**Q. Strategies for Discharge Planning Policy****1. What are some examples of specific discharge planning policies that communities can implement?**

Following are several examples some applicants in the FY 2002 competition provided:

- Begin the process of discharge planning when a client enters the institution, not when he/she is ready to be released.
- Require all publicly funded institutions to secure all available entitlements for residents prior to discharge.
- Include all stakeholders in the planning of the policy, including professional representatives from varied disciplines (Justice Services, County Counselors Office, County Police Dept., Dept. of Human Services), municipalities, social service agencies, community organizations, and advocates. Also, these policies must be developed with input from clients. A team approach is the key to planning and implementing a successful discharge policy.



## Instructions for the HUD-424

Public reporting burden for this collection of information is estimated to average 45 minutes 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. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form must be used by applicants requesting funding from the Department of Housing and Urban Development. This application form HUD-424 incorporates the Assurances and Certifications (HUD-424-B). You may either (1) attach the Assurances and Certifications to the application or (2) renew the certifications that you previously made on behalf of your organization and submitted to HUD if the legal name of your organization has not changed and you were the authorized representative who signed the Assurances and Certifications.

### Item Number Instructions

1. Please indicate whether your application is for a formal application submission or a preliminary application (pre-application). HUD does not accept pre-applications for programs funded through the SuperNOFA.
2. Enter the date you are submitting your application to HUD.
3. This box will be completed by HUD. When received by HUD, your application will be stamped:
  - (a) with a date; and
  - (b) with the time received.
4. Leave Blank. This will be completed by the HUD program office receiving your application. When HUD accepts electronic applications for the grant program you are applying for, this number will be computer generated.
5. If your application is to renew or continue an existing grant, provide the existing grant number. If a new award, please leave blank.
6. Leave blank if you have not been provided a HUD ID number or user number. If you are a Public Housing Authority, enter your HUD issued Public Housing Authority ID number.
7. Enter the legal name of your organization applying for HUD funding.
8. Enter the name of the primary unit in your organization, if applicable, which will be responsible for the program.
9. Enter the complete address of your organization.
10. Enter the name, title, telephone number, fax number, and E-mail of the person to contact on matters related to your application.
11. Enter your organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service or if you are applying as an individual, your Social Security Number.

12. Choose from the list and enter the appropriate letter in the space provided. You must be an eligible applicant to apply for assistance. You must read the program information requirements to determine if you are a type of applicant that is eligible to apply for assistance under the program.

13. Enter the type of application you are submitting for funding consideration.

Check the appropriate box.

"New" means you are applying for a new grant award.

"Continuation" means you are requesting an extension of an existing award.

"Renewal" means you are requesting funding for renewal of an existing grant. e.g. Supportive Housing Program (SHP) or Shelter + Care grant.

"Revision" means you are submitting a revision prior to the application due date in response to HUD's request for clarification or modification to your initial submission.

14. Pre-filled.

15. Enter the Catalog of Federal Domestic Assistance (CFDA) number and title and, if applicable, component title of the program.

16. Enter a brief description of your program and key activities.

17. Identify the location(s) where your activities will take place. If this is the entire state, enter "Entire State".

18a. Enter the proposed start date.

18b. Enter the proposed end date.

19a. List the Congressional District(s) where your organization is located.

19b. List any Congressional District(s) where your program of activities or project sites will be located.

20. You must complete the funding matrix on page 2 of this form. Enter the following information:

**Grant Program:** The HUD funding program under which you are applying.

**HUD Share:** Please check the program requirements. Enter the amount of HUD funds you are requesting in your application.

**Applicant Match:** Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

**Other Federal Share:** Enter the amount of other Federal funds for your program of activities.

**Instructions for the HUD-424 (Continued)**

**State Share:** Enter the amount of funds or cash equivalent of in-kind services the State is providing to your project or program of activities.

**Local/Tribal Share:** Enter the amount of funds or cash equivalent of in-kind services your local/tribal government is providing to your project or program of activities.

**Other:** Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being provided to your project or program of activities.

**Program Income:** Enter the amount of program income you expect to generate over the life of your award.

**Total:** Please total all columns and fill in the amounts.

21. You should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 or check your application kit to determine whether the State Intergovernmental Review Process is required.

22. This question applies to your applicant organization, not the person signing as your organization's authorized representative. Categories of debt include disallowed costs that requires repayment to HUD.

23. To be signed by the authorized representative of your organization. A copy of your governing body's authorization for you to sign this application must be available in your organization's office.

## **Applicant Certification**

(These certified statements are required by law.)

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

#### **1. Fair Housing and Equal Opportunity.**

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

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

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

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

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the

project be awarded in substantial part to persons residing in the area of the project.

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

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

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

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

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

#### **Additional for S+C:**

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

#### **2. Drug – Free Workplace.**

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

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

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

### 3. Anti-Lobbying.

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

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

### 4. Debarment.

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

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions (see 24 CFR 24.110) by any Federal department or agency;
- (b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicated for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (b) of this certification; and
- (d) have not within a three-year period preceding this application/proposal had one or more public

transactions (Federal, State or local) terminated for cause or default.

#### 5. Uniform Act.

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

#### B. For SHP Only.

##### 1. Maintenance of Effort.

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

##### 2. 20-Year Operation Rule.

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

##### 3. 1-Year Operation Rule.

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

#### 4. Environmental Rule.

- (a) If the applicant is a State or other governmental entity with general governmental powers (see 24 CFR 583.5), it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321) (NEPA) and related environmental laws and authorities listed in 24 CFR part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR part 58.
- (b) If the applicant is a private nonprofit organization or a governmental entity with special or limited purpose powers, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii) carry out

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

#### C. For S+C Only.

##### 1. Maintenance of Effort.

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

##### 2. Supportive Services.

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

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

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

#### 4. Environmental Rule.

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

**D. For SRO Only.**

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

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

**2. Environmental Rule.**

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

**E. For SHP and SRO**

**1. Nonprofit Board of Directors.**

For private nonprofit applicants, members of its Board of Directors serve in a voluntary capacity and receive no compensation, other than reimbursement for expenses, for their services.

**F. For SHP and S+C.**

**1. Lead-Based Paint.**

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

**G. For S+C and SRO.**

**1. PHA Qualification.**

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

**H. Explanation.**

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

<b>Signature of Authorized Certifying Official:</b>		<b>Date:</b>
<b>Title:</b>		
<b>Applicant:</b>	<b>For PHA Applicants Only: (PHA Number)</b>	

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## Special Project Certification

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### Coordination and Integration of Mainstream Programs

All applicants must certify for their project(s) and submit this certification along with form HUD-424 as part of their Continuum of Care application. (You may submit a single certification covering all of your projects.)

I hereby certify that if our organization's project(s) (are) selected for funding as a result of this competition, we will coordinate and integrate our homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including SSI, Temporary Assistance for Needy Families, Medicaid, Food Stamps, State Children's Health Insurance Program, Workforce Investment Act and Veterans Health Care programs.

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Authorized signature of applicant  
(*required for all applicants*)

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Position Title

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Date

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## Special Project Certification

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### Discharge Policy

Required of all State and local government applicants. Submit this certification along with the HUD form HUD-424. (You may submit a single certification covering all of your projects.)

I hereby certify that as a condition for any funding received as a result of this competition, our government agrees to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. I understand that this condition for award is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and that McKinney-Vento Act funds are not to be used to assist such persons in place of State and local resources.

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Authorized signature of applicant  
*(required only for applicants that are States or  
units of general local government)*

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Position Title

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Date

## Consolidated Plan Certification

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

### A. Completing the Consolidated Plan Certification

Except as stated below, all projects must have a Consolidated Plan (which is hereafter called the Plan) certification from the applicable State or local government official responsible for submitting the appropriate Plan. States and units of general local government are required to certify both that the project is consistent with the Plan, but also that they are following their currently approved Consolidated Plan. The following instructions indicate the requirement for certification by applicant type for each program.

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

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

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

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

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

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

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

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

### B. Completing the Location Section

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

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

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

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

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

U. S. Department of Housing and Urban Development

### Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. Additionally, if the applicant is a state or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information)

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location of the Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal  
Program to which the  
Applicant is applying: \_\_\_\_\_

Name of  
Certifying Jurisdiction: \_\_\_\_\_

Certifying Official  
Of the Jurisdiction  
Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known:	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

**Applicant/Recipient Information** Indicate whether this is an Initial Report  or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code):  ( )	2. Social Security Number or Employer ID Number:  - -
3. HUD Program Name	4. Amount of HUD Assistance Requested/Received
5. State the name and location (street address, City and State) of the project or activity:	

**Part I Threshold Determinations**

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input type="checkbox"/> Yes <input type="checkbox"/> No.
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If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

**Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

**Part III Interested Parties.** You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

**Certification**

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature:  X	Date: (mm/dd/yyyy)
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**Public reporting burden** for this collection of information is estimated to average 2.0 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

**Note:** This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

## Instructions

### Overview.

**A. Coverage.** You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

**B. Update reports (filed by "Recipients" of HUD Assistance):**

**General.** All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

### Line-by-Line Instructions.

#### Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. **NOTE:** In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

### Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

### Part II. Other Government Assistance and Expected Sources and Uses of Funds.

**A. Other Government Assistance.** This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
  2. State the type of other government assistance (e.g., loan, grant, loan insurance).
  3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
  4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.
- B. Non-Government Assistance.** Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD *and any other source* - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

### Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

**Note:** A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

**Note** that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

#### Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

## Client Comments and Suggestions

U.S. Department of Housing  
and Urban Development

# You are our Client! Your comments and suggestions, please!

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development  
Office of Departmental Grants Management and Oversight  
Room 3156  
451 7th Street, SW  
Washington, DC 20410

### Please Provide Comments on HUD's Efforts:

**The NOFA** (insert title) \_\_\_\_\_

is: (please check one)

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

(c) other (please specify)

**The application form** (insert title) \_\_\_\_\_

is: (please check one)

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

(c) other comments (please specify)

**Name & Organization** (Optional):

Are additional pages attached?  Yes  No

**Acknowledgment of  
Application Receipt**

**U.S. Department of Housing  
and Urban Development**

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

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(fold line)

Type or clearly print the following information:

Name of the Federal  
Program to which the  
applicant is applying: \_\_\_\_\_

---

**To Be Completed by HUD**

- HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.
- HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:
  - Enclosed
  - Being sent under separate cover

Processor's Name \_\_\_\_\_

Date of Receipt \_\_\_\_\_



## Supporting Documents for Continuum of Care Application

1. SuperNOFA – See General Section
2. SuperNOFA – See Continuum of Care NOFA
3. Geographic Area Codes
4. HUD Community Planning and Development Field Office Contact List

**Geographic Area Code**

The following list identifies the geographic codes for the cities and counties in the United States, including the District of Columbia, American Samoa, Guam, the Virgin Islands, and Puerto Rico. Please use this list to identify each geographic area included in your Continuum of Care system. List each name and 6-digit code on the Application Summary sheet which is the first page of your application.

**ALABAMA**

010072 AL ANNISTON	010144 AL AUBURN	
010216 AL BESSEMER	010228 AL BIRMINGHAM	010594 AL DECATUR
010624 AL DOTHAN	010810 AL FLORENCE	010882 AL GADSDEN
011206 AL HOOVER	011218 AL HUNTSVILLE	011542 AL MOBILE
011560 AL MONTGOMERY	011740 AL OPELIKA	012268 AL TUSCALOOSA
019001 AL AUTAUGA COUNTY	019003 AL BALDWIN COUNTY	019005 AL BARBOUR COUNTY
019007 AL BIBB COUNTY	019009 AL BLOUNT COUNTY	019011 AL BULLOCK COUNTY
019013 AL BUTLER COUNTY	019015 AL CALHOUN COUNTY	019017 AL CHAMBERS COUNTY
019019 AL CHEROKEE COUNTY	019021 AL CHILTON COUNTY	019023 AL CHOCTAW COUNTY
019025 AL CLARKE COUNTY	019027 AL CLAY COUNTY	019029 AL CLEBURNE COUNTY
019031 AL COFFEE COUNTY	019033 AL COLBERT COUNTY	019035 AL CONECUH COUNTY
019037 AL COOSA COUNTY	019039 AL COVINGTON COUNTY	019041 AL CRENSHAW COUNTY
019043 AL CULLMAN COUNTY	019045 AL DALE COUNTY	019047 AL DALLAS COUNTY
019049 AL DEKALB COUNTY	019051 AL ELMORE COUNTY	019053 AL ESCAMBIA COUNTY
019055 AL ETOWAH COUNTY	019057 AL FAYETTE COUNTY	019059 AL FRANKLIN COUNTY
019061 AL GENEVA COUNTY	019063 AL GREENE COUNTY	019065 AL HALE COUNTY
019067 AL HENRY COUNTY	019069 AL HOUSTON COUNTY	019071 AL JACKSON COUNTY
019073 AL JEFFERSON COUNTY	019075 AL LAMAR COUNTY	019077 AL LAUDERDALE COUNTY
019079 AL LAWRENCE COUNTY	019081 AL LEE COUNTY	019083 AL LIMESTONE COUNTY
019085 AL LOWNDES COUNTY	019087 AL MACON COUNTY	019089 AL MADISON COUNTY
019091 AL MARENGO COUNTY	019093 AL MARION COUNTY	019095 AL MARSHALL COUNTY
019097 AL MOBILE COUNTY	019099 AL MONROE COUNTY	019101 AL MONTGOMERY
019103 AL MORGAN COUNTY	019105 AL PERRY COUNTY	019107 AL PICKENS COUNTY
019109 AL PIKE COUNTY	019111 AL RANDOLPH COUNTY	019113 AL RUSSELL COUNTY
019115 AL ST. CLAIR COUNTY	019117 AL SHELBY COUNTY	019119 AL SUMTER COUNTY
019121 AL TALLADEGA COUNTY	019123 AL TALLAPOOSA COUNTY	019125 AL TUSCALOOSA COUNTY
019127 AL WALKER COUNTY	019129 AL WASHINGTON COUNTY	019131 AL WILCOX COUNTY
019133 AL WINSTON COUNTY		

**ALASKA**

020078 AK ANCHORAGE	029016 AK ALEUTIANS WEST	029050 AK BETHEL CENSUS AREA
029013 AK ALEUTIANS EAST	029068 AK DENALI BOROUGH	029070 AK DILLINGHAM CENSUS
029060 AK BRISTOL BAY	029100 AK HAINES BOROUGH	029110 AK JUNEAU CITY AND
029090 AK FAIRBANKS NORTH	029130 AK KETCHIKAN	029150 AK KODIAK ISLAND
029122 AK KENAI PENINSULA	029170 AK MATANUSKA-SUSITNA	029180 AK NOME CENSUS AREA
029164 AK LAKE AND PENINSULA	029188 AK NORTHWEST ARCTIC	029201 AK PRINCE OF
029185 AK NORTH SLOPE	029232 AK SKAGWAY-HOONAH-A	029240 AK SOUTHEAST
029220 AK SITKA CITY AND	029270 AK WADE HAMPTON	029280 AK WRANGELL-PETERSBU
029261 AK VALDEZ-CORDOVA	029290 AK YUKON-KOYUKUK	
029282 AK YAKUTAT CITY AND		

**AMERICAN SAMOA**

600001 AS AMERICAN SAMOA

**ARIZONA**

040072 AZ CHANDLER		
040144 AZ FLAGSTAFF	040180 AZ GILBERT	040186 AZ GLENDALE
040270 AZ MESA	040324 AZ PEORIA CITY	040330 AZ PHOENIX
040384 AZ SCOTTSDALE	040468 AZ TEMPE	040492 AZ TUCSON
040558 AZ YUMA	049001 AZ APACHE COUNTY	049003 AZ COCHISE COUNTY
049005 AZ COCONINO COUNTY	049007 AZ GILA COUNTY	049009 AZ GRAHAM COUNTY
049011 AZ GREENLEE COUNTY	049012 AZ LA PAZ COUNTY	049013 AZ MARICOPA COUNTY
049015 AZ MOHAVE COUNTY	049017 AZ NAVAJO COUNTY	049019 AZ PIMA COUNTY
049021 AZ PINAL COUNTY	049023 AZ SANTA CRUZ COUNTY	049025 AZ YAVAPAI COUNTY
049027 AZ YUMA COUNTY		

**ARKANSAS**

050600 AR	CONWAY	050930 AR	FORT SMITH	051374 AR	JACKSONVILLE
050894 AR	FAYETTEVILLE	051560 AR	LITTLE ROCK	051938 AR	NORTH LITTLE ROCK
051410 AR	JONESBORO	052304 AR	ROGERS	052466 AR	SPRINGDALE
052130 AR	PINE BLUFF	052754 AR	WEST MEMPHIS	059001 AR	ARKANSAS COUNTY
052556 AR	TEXARKANA	059005 AR	BAXTER COUNTY	059007 AR	BENTON COUNTY
059003 AR	ASHLEY COUNTY	059011 AR	BRADLEY COUNTY	059013 AR	CALHOUN COUNTY
059009 AR	BOONE COUNTY	059017 AR	CHICOT COUNTY	059019 AR	CLARK COUNTY
059015 AR	CARROLL COUNTY	059023 AR	CLEBURNE COUNTY	059025 AR	CLEVELAND COUNTY
059021 AR	CLAY COUNTY	059029 AR	CONWAY COUNTY	059031 AR	CRAIGHEAD COUNTY
059027 AR	COLUMBIA COUNTY	059035 AR	CRITTENDEN COUNTY	059037 AR	CROSS COUNTY
059033 AR	CRAWFORD COUNTY	059041 AR	DESHA COUNTY	059043 AR	DREW COUNTY
059039 AR	DALLAS COUNTY	059047 AR	FRANKLIN COUNTY	059049 AR	FULTON COUNTY
059045 AR	FAULKNER COUNTY	059053 AR	GRANT COUNTY	059055 AR	GREENE COUNTY
059051 AR	GARLAND COUNTY	059059 AR	HOT SPRING COUNTY	059061 AR	HOWARD COUNTY
059057 AR	HEMPSTEAD COUNTY	059065 AR	IZARD COUNTY	059067 AR	JACKSON COUNTY
059063 AR	INDEPENDENCE	059071 AR	JOHNSON COUNTY	059073 AR	LAFAYETTE COUNTY
059069 AR	JEFFERSON COUNTY	059077 AR	LEE COUNTY	059079 AR	LINCOLN COUNTY
059075 AR	LAWRENCE COUNTY	059083 AR	LOGAN COUNTY	059085 AR	LONOKE COUNTY
059081 AR	LITTLE RIVER	059089 AR	MARION COUNTY	059091 AR	MILLER COUNTY
059087 AR	MADISON COUNTY	059095 AR	MONROE COUNTY	059097 AR	MONTGOMERY
059093 AR	MISSISSIPPI COUNTY	059101 AR	NEWTON COUNTY	059103 AR	OUACHITA COUNTY
059099 AR	NEVADA COUNTY	059107 AR	PHELLIPS COUNTY	059109 AR	PIKE COUNTY
059105 AR	PERRY COUNTY	059113 AR	POLK COUNTY	059115 AR	POPE COUNTY
059111 AR	POINSETT COUNTY	059119 AR	PULASKI COUNTY	059121 AR	RANDOLPH COUNTY
059117 AR	PRAIRIE COUNTY	059125 AR	SALINE COUNTY	059127 AR	SCOTT COUNTY
059123 AR	ST. FRANCIS COUNTY	059131 AR	SEBASTIAN COUNTY	059133 AR	SEVIER COUNTY
059129 AR	SEARCY COUNTY	059137 AR	STONE COUNTY	059139 AR	UNION COUNTY
059135 AR	SHARP COUNTY	059143 AR	WASHINGTON COUNTY	059145 AR	WHITE COUNTY
059141 AR	VAN BUREN COUNTY	059149 AR	YELL COUNTY		
059147 AR	WOODRUFF COUNTY				

**CALIFORNIA**

060012 CA	ALAMEDA	060030 CA	ALHAMBRA	060078 CA	ANAHEIM
060102 CA	ANTIOCH	060108 CA	APPLE VALLEY	060228 CA	BAKERSFIELD
060234 CA	BALDWIN PARK	060288 CA	BELLFLOWER	060324 CA	BERKELEY
060450 CA	BUENA PARK	060456 CA	BURBANK	060516 CA	CAMARILLO
060564 CA	CARLSBAD	060594 CA	CARSON	060654 CA	CERRITOS
060684 CA	CHICO	060708 CA	CHINO	060709 CA	CHINO HILLS
060720 CA	CHULA VISTA	060726 CA	CITRUS HEIGHTS	060804 CA	COMPTON
060810 CA	CONCORD	060828 CA	CORONA	060846 CA	COSTA MESA
060906 CA	CUPERTINO CITY	060930 CA	DALY	060942 CA	DAVIS
061032 CA	DOWNNEY	061116 CA	EL CAJON	061146 CA	ELK GROVE
061152 CA	EL MONTE	061212 CA	ENCINITAS	061230 CA	ESCONDIDO
061266 CA	FAIRFIELD	061332 CA	FONTANA	061380 CA	FOUNTAIN VALLEY
061404 CA	FREMONT	061410 CA	FRESNO	061416 CA	FULLERTON
061428 CA	GARDENA	061440 CA	GARDEN GROVE	061452 CA	GILROY CITY
061464 CA	GLENDALE	061470 CA	GLENDORA CITY	061596 CA	HAWTHORNE
061602 CA	HAYWARD	061614 CA	HEMET	061638 CA	HESPERIA
061692 CA	HUNTINGTON BEACH	061698 CA	HUNTINGTON PARK	061740 CA	INGLEWOOD
061750 CA	IRVINE	061854 CA	LAGUNA NIGUEL	061860 CA	LA HABRA
061869 CA	LAKE FOREST	061890 CA	LAKEWOOD	061896 CA	LA MESA
061914 CA	LANCASTER	062034 CA	LIVERMORE	062064 CA	LOMPOC
062088 CA	LONG BEACH	062118 CA	LOS ANGELES	062148 CA	LYNWOOD
062166 CA	MADERA	062250 CA	MERCED	062274 CA	MILPITAS CITY
062286 CA	MISSION VIEJO	062292 CA	MODESTO	062328 CA	MONTEBELLO
062334 CA	MONTEREY	062340 CA	MONTEREY PARK	062367 CA	MORENO VALLEY
062382 CA	MOUNTAIN VIEW	062406 CA	NAPA CITY	062412 CA	NATIONAL CITY
062454 CA	NEWPORT BEACH	062490 CA	NORWALK	062508 CA	OAKLAND
062532 CA	OCEANSIDE	062556 CA	ONTARIO	062568 CA	ORANGE
062622 CA	OXNARD	062658 CA	PALMDALE	062670 CA	PALM DESERT
062676 CA	PALM SPRINGS	062682 CA	PALO ALTO	062700 CA	PARADISE
062706 CA	PARAMOUNT CITY	062724 CA	PASADENA	062760 CA	PETALUMA
062766 CA	PICO RIVERA	062790 CA	PITTSBURG	062826 CA	PLEASANTON CITY

062850 CA	POMONA	062862 CA	PORTERVILLE	062930 CA	RANCHO CUCAMONGA
062958 CA	REDDING	062964 CA	REDLANDS	062970 CA	REDONDO BEACH
062976 CA	REDWOOD CITY	062988 CA	RIALTO	063000 CA	RICHMOND
063048 CA	RIVERSIDE	063102 CA	ROSEMEAD	063108 CA	ROSEVILLE
063144 CA	SACRAMENTO	063162 CA	SALINAS	063180 CA	SAN BERNARDINO
063210 CA	SAN DIEGO	063228 CA	SAN FRANCISCO	063258 CA	SAN JOSE
063276 CA	SAN LEANDRO	063294 CA	SAN MARCOS CITY	063312 CA	SAN MATEO
063342 CA	SANTA ANA	063348 CA	SANTA BARBARA	063354 CA	SANTA CLARA
063356 CA	SANTA CLARITA	063360 CA	SANTA CRUZ	063372 CA	SANTA MARIA
063384 CA	SANTA MONICA	063396 CA	SANTA ROSA	063408 CA	SANTEE
063444 CA	SEASIDE	063480 CA	SIMI VALLEY	063528 CA	SOUTH GATE
063564 CA	SOUTH SAN FRANCISCO	063624 CA	STOCKTON	063660 CA	SUNNYVALE
063732 CA	THOUSAND OAKS	063744 CA	TORRANCE	063768 CA	TULARE
063798 CA	TURLOCK	063804 CA	TUSTIN	063846 CA	UNION CITY
063852 CA	UPLAND	063858 CA	VACAVILLE	063876 CA	VALLEJO
063888 CA	SAN BUENAVENTURA	063900 CA	VICTORVILLE	063918 CA	VISALIA
063924 CA	VISTA	063942 CA	WALNUT CREEK	063966 CA	WATSONVILLE
064002 CA	WEST COVINA	064014 CA	WESTMINSTER	064074 CA	WHITTIER
064134 CA	WOODLAND	064158 CA	YORBA LINDA	064176 CA	YUBA
069001 CA	ALAMEDA COUNTY	069003 CA	ALPINE COUNTY	069005 CA	AMADOR COUNTY
069007 CA	BUTTE COUNTY	069009 CA	CALAVERAS COUNTY	069011 CA	COLUSA COUNTY
069013 CA	CONTRA COSTA	069015 CA	DEL NORTE COUNTY	069017 CA	EL DORADO COUNTY
069019 CA	FRESNO COUNTY	069021 CA	GLENN COUNTY	069023 CA	HUMBOLDT COUNTY
069025 CA	IMPERIAL COUNTY	069027 CA	INYO COUNTY	069029 CA	KERN COUNTY
069031 CA	KINGS COUNTY	069033 CA	LAKE COUNTY	069035 CA	LASSEN COUNTY
069037 CA	LOS ANGELES COUNTY	069039 CA	MADERA COUNTY	069041 CA	MARIN COUNTY
069043 CA	MARIPOSA COUNTY	069045 CA	MENDOCINO COUNTY	069047 CA	MERCED COUNTY
069049 CA	MODOC COUNTY	069051 CA	MONO COUNTY	069053 CA	MONTEREY COUNTY
069055 CA	NAPA COUNTY	069057 CA	NEVADA COUNTY	069059 CA	ORANGE COUNTY
069061 CA	PLACER COUNTY	069063 CA	PLUMAS COUNTY	069065 CA	RIVERSIDE COUNTY
069067 CA	SACRAMENTO	069069 CA	SAN BENITO COUNTY	069071 CA	SAN BERNARDINO
069073 CA	SAN DIEGO COUNTY	069077 CA	SAN JOAQUIN COUNTY	069079 CA	SAN LUIS OBISPO
069081 CA	SAN MATEO COUNTY	069083 CA	SANTA BARBARA	069085 CA	SANTA CLARA
069087 CA	SANTA CRUZ COUNTY	069089 CA	SHASTA COUNTY	069091 CA	SIERRA COUNTY
069093 CA	SISKIYOU COUNTY	069095 CA	SOLANO COUNTY	069097 CA	SONOMA COUNTY
069099 CA	STANISLAUS COUNTY	069101 CA	SUTTER COUNTY	069103 CA	TEHAMA COUNTY
069105 CA	TRINITY COUNTY	069107 CA	TULARE COUNTY	069109 CA	TUOLUMNE COUNTY
069111 CA	VENTURA COUNTY	069113 CA	YOLO COUNTY	069115 CA	YUBA COUNTY

**COLORADO**

080054 CO	ARVADA	080288 CO	COLORADO SPRINGS	089019 CO	CLEAR CREEK COUNTY
080072 CO	AURORA	080672 CO	GRAND JUNCTION	089025 CO	CROWLEY COUNTY
080390 CO	DENVER	080978 CO	LONGMONT	089033 CO	DOLORES COUNTY
080690 CO	GREELEY	080990 CO	LOVELAND	089039 CO	ELBERT COUNTY
080144 CO	BOULDER	081614 CO	WESTMINSTER	089045 CO	GARFIELD COUNTY
080552 CO	FORT COLLINS	089001 CO	ADAMS COUNTY	089051 CO	GUNNISON COUNTY
080906 CO	LAKEWOOD	089007 CO	ARCHULETA COUNTY	089057 CO	JACKSON COUNTY
081278 CO	PUEBLO	089013 CO	BOULDER COUNTY	089063 CO	KIT CARSON COUNTY
089003 CO	ALAMOSA COUNTY	089005 CO	ARAPAHOE COUNTY	089069 CO	LARIMER COUNTY
089009 CO	BACA COUNTY	089011 CO	BENT COUNTY	089071 CO	LAS ANIMAS COUNTY
089015 CO	CHAFFEE COUNTY	089017 CO	CHEYENNE COUNTY	089073 CO	LINCOLN COUNTY
089021 CO	CONEJOS COUNTY	089023 CO	COSTILLA COUNTY	089035 CO	DOUGLAS COUNTY
089027 CO	CUSTER COUNTY	089029 CO	DELTA COUNTY	089067 CO	LA PLATA COUNTY
089037 CO	EAGLE COUNTY	089065 CO	LAKE COUNTY	089059 CO	JEFFERSON COUNTY
089041 CO	EL PASO COUNTY	089043 CO	FREMONT COUNTY	089061 CO	KIOWA COUNTY
089047 CO	GILPIN COUNTY	089049 CO	GRAND COUNTY	089055 CO	HUERFANO COUNTY
089053 CO	HINSDALE COUNTY	089075 CO	LOGAN COUNTY		

089077 CO	MESA COUNTY	089079 CO	MINERAL COUNTY	089081 CO	MOFFAT COUNTY
089083 CO	MONTEZUMA COUNTY	089085 CO	MONTROSE COUNTY	089087 CO	MORGAN COUNTY
089089 CO	OTERO COUNTY	089091 CO	OURAY COUNTY	089093 CO	PARK COUNTY
089095 CO	PHILLIPS COUNTY	089097 CO	PITKIN COUNTY	089099 CO	PROWERS COUNTY
089101 CO	PUEBLO COUNTY	089103 CO	RIO BLANCO COUNTY	089105 CO	RIO GRANDE COUNTY
089107 CO	ROUTT COUNTY	089109 CO	SAGUACHE COUNTY	089111 CO	SAN JUAN COUNTY
089113 CO	SAN MIGUEL COUNTY	089115 CO	SEDGWICK COUNTY	089117 CO	SUMMIT COUNTY
089119 CO	TELLER COUNTY	089121 CO	WASHINGTON COUNTY	089123 CO	WELD COUNTY
089125 CO	YUMA COUNTY				

**CONNECTICUT**

090102 CT	BRIDGEPORT	090258 CT	DANBURY	090336 CT	EAST HARTFORD
090114 CT	BRISTOL	090438 CT	GREENWICH	090480 CT	HAMDEN TOWN
090390 CT	FAIRFIELD	090594 CT	MANCHESTER	090612 CT	MERIDEN
090492 CT	HARTFORD	090636 CT	MILFORD TOWN	090696 CT	NEW BRITAIN
090630 CT	MIDDLETOWN	090738 CT	NEW LONDON	090810 CT	NORWALK
090726 CT	NEW HAVEN	091074 CT	STAMFORD	091104 CT	STRATFORD
090816 CT	NORWICH	091230 CT	WEST HARTFORD	091236 CT	WEST HAVEN
091194 CT	WATERBURY	099003 CT	HARTFORD COUNTY	099005 CT	LITCHFIELD COUNTY
099001 CT	FAIRFIELD COUNTY	099009 CT	NEW HAVEN COUNTY	099011 CT	NEW LONDON
099007 CT	MIDDLESEX COUNTY	099015 CT	WINDHAM COUNTY		
099013 CT	TOLLAND COUNTY				

**DELAWARE**

100090 DE	DOVER	100336 DE	WILMINGTON	109001 DE	KENT COUNTY
109003 DE	NEW CASTLE COUNTY	109005 DE	SUSSEX COUNTY		

**DISTRICT OF COLUMBIA**

110006 DC	WASHINGTON
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**FLORIDA**

120234 FL	BOCA RATON	120270 FL	BRADENTON	120402 FL	CAPE CORAL
120264 FL	BOYNTON BEACH	120516 FL	COCOA	120588 FL	CORAL SPRINGS
120492 FL	CLEARWATER	120690 FL	DAYTONA BEACH	120708 FL	DEERFIELD BEACH
120684 FL	DAVIE	120738 FL	DELTONA	120954 FL	FT LAUDERDALE
120732 FL	DELRAY BEACH	120996 FL	FORT PIERCE	121008 FL	FORT WALTON BEACH
120966 FL	FT MYERS	121236 FL	HIALEAH	121320 FL	HOLLYWOOD
121038 FL	GAINESVILLE	121662 FL	LAKELAND	121710 FL	LARGO
121458 FL	JACKSONVILLE-DUVAL	121878 FL	MARGATE	121926 FL	MELBOURNE
121728 FL	LAUDERHILL	121974 FL	MIAMI BEACH	122022 FL	MIRAMAR
121968 FL	MIAMI	122142 FL	NORTH MIAMI	122214 FL	OCALA
122064 FL	NAPLES	122358 FL	PALM BAY	122406 FL	PANAMA CITY
122292 FL	ORLANDO	122466 FL	PENSACOLA	122514 FL	PLANTATION
122448 FL	PEMBROKE PINES	122586 FL	PORT ST LUCIE	122598 FL	PUNTA GORDA
122538 FL	POMPANO BEACH	122766 FL	SARASOTA	122958 FL	SUNRISE
122724 FL	ST PETERSBURG	123006 FL	TAMARAC	123012 FL	TAMPA
123000 FL	TALLAHASSEE	123252 FL	WEST PALM BEACH	123342 FL	WINTERHAVEN
123048 FL	TITUSVILLE	129003 FL	BAKER COUNTY	129005 FL	BAY COUNTY
129001 FL	ALACHUA COUNTY	129009 FL	BREVARD COUNTY	129011 FL	BROWARD COUNTY
129007 FL	BRADFORD COUNTY	129015 FL	CHARLOTTE COUNTY	129017 FL	CITRUS COUNTY
129013 FL	CALHOUN COUNTY	129021 FL	COLLIER COUNTY	129023 FL	COLUMBIA COUNTY
129019 FL	CLAY COUNTY	129029 FL	DIXIE COUNTY	129033 FL	ESCAMBIA COUNTY
129027 FL	DESOTO COUNTY	129037 FL	FRANKLIN COUNTY	129039 FL	GADSDEN COUNTY
129035 FL	FLAGLER COUNTY	129043 FL	GLADES COUNTY	129045 FL	GULF COUNTY
129041 FL	GILCHRIST COUNTY	129049 FL	HARDEE COUNTY	129051 FL	HENDRY COUNTY
129047 FL	HAMILTON COUNTY	129055 FL	HIGHLANDS COUNTY	129057 FL	HILLSBOROUGH
129053 FL	HERNANDO COUNTY	129061 FL	INDIAN RIVER COUNTY	129063 FL	JACKSON COUNTY
129059 FL	HOLMES COUNTY	129067 FL	LAFAYETTE COUNTY	129069 FL	LAKE COUNTY
129065 FL	JEFFERSON COUNTY	129073 FL	LEON COUNTY	129075 FL	LEVY COUNTY
129071 FL	LEE COUNTY	129079 FL	MADISON COUNTY	129081 FL	MANATEE COUNTY
129077 FL	LIBERTY COUNTY	129085 FL	MARTIN COUNTY	129086 FL	MIAMI-DADE COUNTY
129083 FL	MARION COUNTY	129089 FL	NASSAU COUNTY	129091 FL	OKALOOSA COUNTY
129087 FL	MONROE COUNTY				

129093 FL	OSCEOLA COUNTY	129095 FL	ORANGE COUNTY	129097 FL	OSCEOLA COUNTY
129099 FL	PALM BEACH COUNTY	129101 FL	PASCO COUNTY	129103 FL	PINELLAS COUNTY
129105 FL	POLK COUNTY	129107 FL	PUTNAM COUNTY	129109 FL	ST. JOHNS COUNTY
129111 FL	ST. LUCIE COUNTY	129113 FL	SANTA ROSA COUNTY	129115 FL	SARASOTA COUNTY
129117 FL	SEMINOLE COUNTY	129119 FL	SUMTER COUNTY	129121 FL	SUWANNEE COUNTY
129123 FL	TAYLOR COUNTY	129125 FL	UNION COUNTY	129127 FL	VOLUSIA COUNTY
129129 FL	WAKULLA COUNTY	129131 FL	WALTON COUNTY	129133 FL	WASHINGTON COUNTY
<b>GEORGIA</b>					
130054 GA	ALBANY	130168 GA	ATHENS-CLARKE	130174 GA	ATLANTA
130192 GA	AUGUSTA	130750 GA	COLUMBUS-MUSCOGEE	139321 GA	WORTH COUNTY
131968 GA	MACON	131998 GA	MARIETTA	132832 GA	ROSWELL
132916 GA	SAVANNAH	133432 GA	WARNER ROBINS	139001 GA	APPLING COUNTY
139003 GA	ATKINSON COUNTY	139005 GA	BACON COUNTY	139007 GA	BAKER COUNTY
139009 GA	BALDWIN COUNTY	139011 GA	BANKS COUNTY	139013 GA	BARROW COUNTY
139015 GA	BARTOW COUNTY	139017 GA	BEN HILL COUNTY	139019 GA	BERRIEN COUNTY
139021 GA	BIBB COUNTY	139023 GA	BLECKLEY COUNTY	139025 GA	BRANTLEY COUNTY
139027 GA	BROOKS COUNTY	139029 GA	BRYAN COUNTY	139031 GA	BULLOCH COUNTY
139033 GA	BURKE COUNTY	139035 GA	BUTTS COUNTY	139037 GA	CALHOUN COUNTY
139039 GA	CAMDEN COUNTY	139043 GA	CANDLER COUNTY	139045 GA	CARROLL COUNTY
139047 GA	CATOOSA COUNTY	139049 GA	CHARLTON COUNTY	139051 GA	CHATHAM COUNTY
139053 GA	CHATTAHOOCHEE	139055 GA	CHATTOOGA COUNTY	139057 GA	CHEROKEE COUNTY
139061 GA	CLAY COUNTY	139063 GA	CLAYTON COUNTY	139065 GA	CLINCH COUNTY
139067 GA	COBB COUNTY	139069 GA	COFFEE COUNTY	139071 GA	COLQUITT COUNTY
139073 GA	COLUMBIA COUNTY	139075 GA	COOK COUNTY	139077 GA	COWETA COUNTY
139079 GA	CRAWFORD COUNTY	139081 GA	CRISP COUNTY	139083 GA	DADE COUNTY
139085 GA	DAWSON COUNTY	139087 GA	DECATUR COUNTY	139089 GA	DE KALB COUNTY
139091 GA	DODGE COUNTY	139093 GA	DOOLY COUNTY	139095 GA	DOUGHERTY COUNTY
139097 GA	DOUGLAS COUNTY	139099 GA	EARLY COUNTY	139101 GA	ECHOLS COUNTY
139103 GA	EFFINGHAM COUNTY	139105 GA	ELBERT COUNTY	139107 GA	EMANUEL COUNTY
139109 GA	EVANS COUNTY	139111 GA	FANNIN COUNTY	139113 GA	FAYETTE COUNTY
139115 GA	FLOYD COUNTY	139117 GA	FORSYTH COUNTY	139119 GA	FRANKLIN COUNTY
139121 GA	FULTON COUNTY	139123 GA	GILMER COUNTY	139125 GA	GLASCOCK COUNTY
139127 GA	GLYNN COUNTY	139129 GA	GORDON COUNTY	139131 GA	GRADY COUNTY
139133 GA	GREENE COUNTY	139135 GA	GWINNETT COUNTY	139137 GA	HABERSHAM COUNTY
139139 GA	HALL COUNTY	139141 GA	HANCOCK COUNTY	139143 GA	HARALSON COUNTY
139145 GA	HARRIS COUNTY	139147 GA	HART COUNTY	139149 GA	HEARD COUNTY
139151 GA	HENRY COUNTY	139153 GA	HOUSTON COUNTY	139155 GA	IRWIN COUNTY
139157 GA	JACKSON COUNTY	139159 GA	JASPER COUNTY	139161 GA	JEFF DAVIS COUNTY
139163 GA	JEFFERSON COUNTY	139165 GA	JENKINS COUNTY	139167 GA	JOHNSON COUNTY
139169 GA	JONES COUNTY	139171 GA	LAMAR COUNTY	139173 GA	LANIER COUNTY
139175 GA	LAURENS COUNTY	139177 GA	LEE COUNTY	139179 GA	LIBERTY COUNTY
139181 GA	LINCOLN COUNTY	139183 GA	LONG COUNTY	139185 GA	LOWNDES COUNTY
139187 GA	LUMPKIN COUNTY	139189 GA	MCDUFFIE COUNTY	139191 GA	MCINTOSH COUNTY
139193 GA	MACON COUNTY	139195 GA	MADISON COUNTY	139197 GA	MARION COUNTY
139199 GA	MERIWETHER	139201 GA	MILLER COUNTY	139205 GA	MITCHELL COUNTY
139207 GA	MONROE COUNTY	139209 GA	MONTGOMERY	139211 GA	MORGAN COUNTY
139213 GA	MURRAY COUNTY	139217 GA	NEWTON COUNTY	139219 GA	OCONEE COUNTY
139221 GA	OGLETHORPE COUNTY	139223 GA	PAULDING COUNTY	139225 GA	PEACH COUNTY
139227 GA	PICKENS COUNTY	139229 GA	PIERCE COUNTY	139231 GA	PIKE COUNTY
139233 GA	POLK COUNTY	139235 GA	PULASKI COUNTY	139237 GA	PUTNAM COUNTY
139239 GA	QUITMAN COUNTY	139241 GA	RABUN COUNTY	139243 GA	RANDOLPH COUNTY
139247 GA	ROCKDALE COUNTY	139249 GA	SCHLEY COUNTY	139251 GA	SCREVEN COUNTY
139253 GA	SEMINOLE COUNTY	139255 GA	SPALDING COUNTY	139257 GA	STEPHENS COUNTY
139259 GA	STEWART COUNTY	139261 GA	SUMTER COUNTY	139263 GA	TALBOT COUNTY
139265 GA	TALIAFERRO COUNTY	139267 GA	TATTNALL COUNTY	139269 GA	TAYLOR COUNTY

139271 GA	TELFAIR COUNTY	139273 GA	TERRELL COUNTY	139275 GA	THOMAS COUNTY
139277 GA	TIFT COUNTY	139279 GA	TOOMBS COUNTY	139281 GA	TOWNS COUNTY
139283 GA	TREUTLEN COUNTY	139285 GA	TROUP COUNTY	139287 GA	TURNER COUNTY
139289 GA	TWIGGS COUNTY	139291 GA	UNION COUNTY	139293 GA	UPSON COUNTY
139295 GA	WALKER COUNTY	139297 GA	WALTON COUNTY	139299 GA	WARE COUNTY
139301 GA	WARREN COUNTY	139303 GA	WASHINGTON COUNTY	139305 GA	WAYNE COUNTY
139307 GA	WEBSTER COUNTY	139309 GA	WHEELER COUNTY	139311 GA	WHITE COUNTY
139313 GA	WHITFIELD COUNTY	139315 GA	WILCOX COUNTY	139317 GA	WILKES COUNTY
139319 GA	WILKINSON COUNTY				

**GUAM**

660001 GU GUAM

**HAWAII**

150144 HI	HONOLULU	159009 HI	MAUI COUNTY		
159001 HI	HAWAII COUNTY	159005 HI	KALAWAO COUNTY	159007 HI	KAUAI COUNTY

**IDAHO**

160102 ID	BOISE				
160762 ID	NAMPA	160906 ID	POCATELLO	169001 ID	ADA COUNTY
169003 ID	ADAMS COUNTY	169005 ID	BANNOCK COUNTY	169007 ID	BEAR LAKE COUNTY
169009 ID	BENEWAH COUNTY	169011 ID	BINGHAM COUNTY	169013 ID	BLAINE COUNTY
169015 ID	BOISE COUNTY	169017 ID	BONNER COUNTY	169019 ID	BONNEVILLE COUNTY
169021 ID	BOUNDARY COUNTY	169023 ID	BUTTE COUNTY	169025 ID	CAMAS COUNTY
169027 ID	CANYON COUNTY	169029 ID	CARIBOU COUNTY	169031 ID	CASSIA COUNTY
169033 ID	CLARK COUNTY	169035 ID	CLEARWATER	169037 ID	CUSTER COUNTY
169039 ID	ELMORE COUNTY	169041 ID	FRANKLIN COUNTY	169043 ID	FREMONT COUNTY
169045 ID	GEM COUNTY	169047 ID	GOODING COUNTY	169049 ID	IDAHO COUNTY
169051 ID	JEFFERSON COUNTY	169053 ID	JEROME COUNTY	169055 ID	KOOTENAI COUNTY
169057 ID	LATAH COUNTY	169059 ID	LEMHI COUNTY	169061 ID	LEWIS COUNTY
169063 ID	LINCOLN COUNTY	169065 ID	MADISON COUNTY	169067 ID	MINIDOKA COUNTY
169069 ID	NEZ PERCE COUNTY	169071 ID	ONEIDA COUNTY	169073 ID	OWYHEE COUNTY
169075 ID	PAYETTE COUNTY	169077 ID	POWER COUNTY	169079 ID	SHOSHONE COUNTY
169081 ID	TETON COUNTY	169083 ID	TWIN FALLS COUNTY	169085 ID	VALLEY COUNTY
169087 ID	WASHINGTON COUNTY				

**ILLINOIS**

170222 IL	ARLINGTON HTS				
170342 IL	AURORA	170522 IL	BELLEVILLE	170606 IL	BERWYN
170660 IL	BLOOMINGTON	170690 IL	BOLINGBROOK	171218 IL	CHAMPAIGN
171296 IL	CHICAGO	171302 IL	CHICAGO HEIGHTS	171332 IL	CICERO
171716 IL	DECATUR	171746 IL	DEKALB	171776 IL	DES PLAINES
171878 IL	DOWNERS GROVE	172022 IL	EAST ST LOUIS	172094 IL	ELGIN
172238 IL	EVANSTON	173480 IL	JOLIET	173540 IL	KANKAKEE
174596 IL	MOLINE	174734 IL	MOUNT PROSPECT	174806 IL	NAPERVILLE
175010 IL	NORMAL	175052 IL	NORTH CHICAGO	175148 IL	OAK LAWN
175154 IL	OAK PARK	175364 IL	PALATINE VILLAGE	175520 IL	PEKIN
175526 IL	PEORIA	175808 IL	RANTOUL	176000 IL	ROCKFORD
176006 IL	ROCK ISLAND	176300 IL	SCHAUMBURG VILLAGE	176498 IL	SKOKIE
176648 IL	SPRINGFIELD	177122 IL	URBANA	177404 IL	WAUKEGAN
177548 IL	WHEATON CITY	179001 IL	ADAMS COUNTY	179003 IL	ALEXANDER COUNTY
179005 IL	BOND COUNTY	179007 IL	BOONE COUNTY	179009 IL	BROWN COUNTY
179011 IL	BUREAU COUNTY	179013 IL	CALHOUN COUNTY	179015 IL	CARROLL COUNTY
179017 IL	CASS COUNTY	179019 IL	CHAMPAIGN COUNTY	179021 IL	CHRISTIAN COUNTY
179023 IL	CLARK COUNTY	179025 IL	CLAY COUNTY	179027 IL	CLINTON COUNTY
179029 IL	COLES COUNTY	179031 IL	COOK COUNTY	179033 IL	CRAWFORD COUNTY
179035 IL	CUMBERLAND	179037 IL	DEKALB COUNTY	179039 IL	DE WITT COUNTY
179041 IL	DOUGLAS COUNTY	179043 IL	DU PAGE COUNTY	179045 IL	EDGAR COUNTY
179047 IL	EDWARDS COUNTY	179049 IL	EFFINGHAM COUNTY	179051 IL	FAYETTE COUNTY
179053 IL	FORD COUNTY	179055 IL	FRANKLIN COUNTY	179057 IL	FULTON COUNTY
179059 IL	GALLATIN COUNTY	179061 IL	GREENE COUNTY	179063 IL	GRUNDY COUNTY
179065 IL	HAMILTON COUNTY	179067 IL	HANCOCK COUNTY	179069 IL	HARDIN COUNTY
179071 IL	HENDERSON COUNTY	179073 IL	HENRY COUNTY	179075 IL	IROQUOIS COUNTY
179077 IL	JACKSON COUNTY	179079 IL	JASPER COUNTY	179081 IL	JEFFERSON COUNTY

179083 IL	JERSEY COUNTY	179085 IL	JO DAVIESS COUNTY	179087 IL	JOHNSON COUNTY
179089 IL	KANE COUNTY	179091 IL	KANKAKEE COUNTY	179093 IL	KENDALL COUNTY
179095 IL	KNOX COUNTY	179097 IL	LAKE COUNTY	179099 IL	LA SALLE COUNTY
179101 IL	LAWRENCE COUNTY	179103 IL	LEE COUNTY	179105 IL	LIVINGSTON COUNTY
179107 IL	LOGAN COUNTY	179109 IL	MCDONOUGH COUNTY	179111 IL	MCHENRY COUNTY
179113 IL	MCLEAN COUNTY	179115 IL	MACON COUNTY	179117 IL	MACOUPIN COUNTY
179119 IL	MADISON COUNTY	179121 IL	MARION COUNTY	179123 IL	MARSHALL COUNTY
179125 IL	MASON COUNTY	179127 IL	MASSAC COUNTY	179129 IL	MENARD COUNTY
179131 IL	MERCER COUNTY	179133 IL	MONROE COUNTY	179135 IL	MONTGOMERY
179137 IL	MORGAN COUNTY	179139 IL	MOULTRIE COUNTY	179141 IL	OGLE COUNTY
179143 IL	PEORIA COUNTY	179145 IL	PERRY COUNTY	179147 IL	PIATT COUNTY
179149 IL	PIKE COUNTY	179151 IL	POPE COUNTY	179153 IL	PULASKI COUNTY
179155 IL	PUTNAM COUNTY	179157 IL	RANDOLPH COUNTY	179159 IL	RICHLAND COUNTY
179161 IL	ROCK ISLAND COUNTY	179163 IL	ST CLAIR COUNTY	179165 IL	SALINE COUNTY
179167 IL	SANGAMON COUNTY	179169 IL	SCHUYLER COUNTY	179171 IL	SCOTT COUNTY
179173 IL	SHELBY COUNTY	179175 IL	STARK COUNTY	179177 IL	STEPHENSON COUNTY
179179 IL	TAZEWELL COUNTY	179181 IL	UNION COUNTY	179183 IL	VERMILION COUNTY
179185 IL	WABASH COUNTY	179187 IL	WARREN COUNTY	179189 IL	WASHINGTON COUNTY
179191 IL	WAYNE COUNTY	179193 IL	WHITE COUNTY	179195 IL	WHITESIDE COUNTY
179197 IL	WILL COUNTY	179199 IL	WILLIAMSON COUNTY	179201 IL	WINNEBAGO COUNTY
179203 IL	WOODFORD COUNTY				

**INDIANA**

180084 IN	ANDERSON	180846 IN	EAST CHICAGO	180912 IN	ELKHART
180246 IN	BLOOMINGTON	181014 IN	FORT WAYNE	181104 IN	GARY
180954 IN	EVANSVILLE	181272 IN	HAMMOND	181404 IN	INDIANAPOLIS
181158 IN	GOSHEN	181566 IN	LAFAYETTE	181950 IN	MISHAWAKA
181536 IN	KOKOMO	182130 IN	NEW ALBANY	182886 IN	SOUTH BEND
182100 IN	MUNCIE	183282 IN	WEST LAFAYETTE	189001 IN	ADAMS COUNTY
183042 IN	TERRE HAUTE	189005 IN	BARTHOLOMEW	189007 IN	BENTON COUNTY
189003 IN	ALLEN COUNTY	189011 IN	BOONE COUNTY	189013 IN	BROWN COUNTY
189009 IN	BLACKFORD COUNTY	189017 IN	CASS COUNTY	189019 IN	CLARK COUNTY
189015 IN	CARROLL COUNTY	189023 IN	CLINTON COUNTY	189025 IN	CRAWFORD COUNTY
189021 IN	CLAY COUNTY	189029 IN	DEARBORN COUNTY	189031 IN	DECATUR COUNTY
189027 IN	DAVIESS COUNTY	189035 IN	DELAWARE COUNTY	189037 IN	DUBOIS COUNTY
189033 IN	DEKALB COUNTY	189041 IN	FAYETTE COUNTY	189043 IN	FLOYD COUNTY
189039 IN	ELKHART COUNTY	189047 IN	FRANKLIN COUNTY	189049 IN	FULTON COUNTY
189045 IN	FOUNTAIN COUNTY	189053 IN	GRANT COUNTY	189055 IN	GREENE COUNTY
189051 IN	GIBSON COUNTY	189059 IN	HANCOCK COUNTY	189061 IN	HARRISON COUNTY
189057 IN	HAMILTON COUNTY	189065 IN	HENRY COUNTY	189067 IN	HOWARD COUNTY
189063 IN	HENDRICKS COUNTY	189071 IN	JACKSON COUNTY	189073 IN	JASPER COUNTY
189069 IN	HUNTINGTON COUNTY	189077 IN	JEFFERSON COUNTY	189079 IN	JENNINGS COUNTY
189075 IN	JAY COUNTY	189083 IN	KNOX COUNTY	189085 IN	KOSCIUSKO COUNTY
189081 IN	JOHNSON COUNTY	189089 IN	LAKE COUNTY	189091 IN	LAPORTE COUNTY
189087 IN	LAGRANGE COUNTY	189095 IN	MADISON COUNTY	189099 IN	MARSHALL COUNTY
189093 IN	LAWRENCE COUNTY	189103 IN	MIAMI COUNTY	189105 IN	MONROE COUNTY
189101 IN	MARTIN COUNTY	189109 IN	MORGAN COUNTY	189111 IN	NEWTON COUNTY
189107 IN	MONTGOMERY	189115 IN	OHIO COUNTY	189117 IN	ORANGE COUNTY
189113 IN	NOBLE COUNTY	189121 IN	PARKE COUNTY	189123 IN	PERRY COUNTY
189119 IN	OWEN COUNTY	189127 IN	PORTER COUNTY	189129 IN	POSEY COUNTY
189125 IN	PIKE COUNTY	189133 IN	PUTNAM COUNTY	189135 IN	RANDOLPH COUNTY
189131 IN	PULASKI COUNTY	189139 IN	RUSH COUNTY	189141 IN	ST. JOSEPH COUNTY
189137 IN	RIPLEY COUNTY	189145 IN	SHELBY COUNTY	189147 IN	SPENCER COUNTY
189143 IN	SCOTT COUNTY	189151 IN	STEBEN COUNTY	189153 IN	SULLIVAN COUNTY
189149 IN	STARKE COUNTY	189157 IN	TIPPECANOE COUNTY	189159 IN	TIPTON COUNTY
189155 IN	SWITZERLAND	189163 IN	VANDEBURGH	189165 IN	VERMILION COUNTY
189161 IN	UNION COUNTY				

189167 IN	VIGO COUNTY	189169 IN	WABASH COUNTY	189171 IN	WARREN COUNTY
189173 IN	WARRICK COUNTY	189175 IN	WASHINGTON COUNTY	189177 IN	WAYNE COUNTY
189179 IN	WELLS COUNTY	189181 IN	WHITE COUNTY	189183 IN	WHITLEY COUNTY
<b>IOWA</b>					
190798 IA	CEDAR FALLS	190804 IA	CEDAR RAPIDS	199197 IA	WRIGHT COUNTY
191134 IA	COUNCIL BLUFFS	191254 IA	DAVENPORT	191362 IA	DES MOINES
191464 IA	DUBUQUE	192466 IA	IOWA CITY	194812 IA	SIOUX CITY
195394 IA	WATERLOO	199001 IA	ADAIR COUNTY	199003 IA	ADAMS COUNTY
199005 IA	ALLAMAKEE COUNTY	199007 IA	APPANOOSE COUNTY	199009 IA	AUDUBON COUNTY
199011 IA	BENTON COUNTY	199013 IA	BLACK HAWK COUNTY	199015 IA	BOONE COUNTY
199017 IA	BREMER COUNTY	199019 IA	BUCHANAN COUNTY	199021 IA	BUENA VISTA COUNTY
199023 IA	BUTLER COUNTY	199025 IA	CALHOUN COUNTY	199027 IA	CARROLL COUNTY
199029 IA	CASS COUNTY	199031 IA	CEDAR COUNTY	199033 IA	CERRO GORDO
199035 IA	CHEROKEE COUNTY	199037 IA	CHICKASAW COUNTY	199039 IA	CLARKE COUNTY
199041 IA	CLAY COUNTY	199043 IA	CLAYTON COUNTY	199045 IA	CLINTON COUNTY
199047 IA	CRAWFORD COUNTY	199049 IA	DALLAS COUNTY	199051 IA	DAVIS COUNTY
199053 IA	DECATUR COUNTY	199055 IA	DELAWARE COUNTY	199057 IA	DES MOINES COUNTY
199059 IA	DICKINSON COUNTY	199061 IA	DUBUQUE COUNTY	199063 IA	EMMET COUNTY
199065 IA	FAYETTE COUNTY	199067 IA	FLOYD COUNTY	199069 IA	FRANKLIN COUNTY
199071 IA	FREMONT COUNTY	199073 IA	GREENE COUNTY	199075 IA	GRUNDY COUNTY
199077 IA	GUTHRIE COUNTY	199079 IA	HAMILTON COUNTY	199081 IA	HANCOCK COUNTY
199083 IA	HARDIN COUNTY	199085 IA	HARRISON COUNTY	199087 IA	HENRY COUNTY
199089 IA	HOWARD COUNTY	199091 IA	HUMBOLDT COUNTY	199093 IA	IDA COUNTY
199095 IA	IOWA COUNTY	199097 IA	JACKSON COUNTY	199099 IA	JASPER COUNTY
199101 IA	JEFFERSON COUNTY	199103 IA	JOHNSON COUNTY	199105 IA	JONES COUNTY
199107 IA	KEOKUK COUNTY	199109 IA	KOSSUTH COUNTY	199111 IA	LEE COUNTY
199113 IA	LINN COUNTY	199115 IA	LOUISA COUNTY	199117 IA	LUCAS COUNTY
199119 IA	LYON COUNTY	199121 IA	MADISON COUNTY	199123 IA	MAHASKA COUNTY
199125 IA	MARION COUNTY	199127 IA	MARSHALL COUNTY	199129 IA	MILLS COUNTY
199131 IA	MITCHELL COUNTY	199133 IA	MONONA COUNTY	199135 IA	MONROE COUNTY
199137 IA	MONTGOMERY	199139 IA	MUSCATINE COUNTY	199141 IA	O'BRIEN COUNTY
199143 IA	OSCEOLA COUNTY	199145 IA	PAGE COUNTY	199147 IA	PALO ALTO COUNTY
199149 IA	PLYMOUTH COUNTY	199151 IA	POCAHONTAS COUNTY	199153 IA	POLK COUNTY
199155 IA	POTTAWATTAMIE	199157 IA	POWESHIEK COUNTY	199159 IA	RINGGOLD COUNTY
199161 IA	SAC COUNTY	199163 IA	SCOTT COUNTY	199165 IA	SHELBY COUNTY
199167 IA	SIOUX COUNTY	199169 IA	STORY COUNTY	199171 IA	TAMA COUNTY
199173 IA	TAYLOR COUNTY	199175 IA	UNION COUNTY	199177 IA	VAN BUREN COUNTY
199179 IA	WAPELLO COUNTY	199181 IA	WARREN COUNTY	199183 IA	WASHINGTON COUNTY
199185 IA	WAYNE COUNTY	199187 IA	WEBSTER COUNTY	199189 IA	WINNEBAGO COUNTY
199191 IA	WINNESHIEK COUNTY	199193 IA	WOODBURY COUNTY	199195 IA	WORTH COUNTY
<b>KANSAS</b>					
201776 KS	KANSAS CITY	201908 KS	LEAVENWORTH	202688 KS	OVERLAND PARK
201902 KS	LAWRENCE	203696 KS	WICHITA	209001 KS	ALLEN COUNTY
203408 KS	TOPEKA	209005 KS	ATCHISON COUNTY	209007 KS	BARBER COUNTY
209003 KS	ANDERSON COUNTY	209011 KS	BOURBON COUNTY	209013 KS	BROWN COUNTY
209009 KS	BARTON COUNTY	209017 KS	CHASE COUNTY	209019 KS	CHAUTAUQUA
209015 KS	BUTLER COUNTY	209023 KS	CHEYENNE COUNTY	209025 KS	CLARK COUNTY
209021 KS	CHEROKEE COUNTY	209029 KS	CLOUD COUNTY	209031 KS	COFFEY COUNTY
209027 KS	CLAY COUNTY	209035 KS	COWLEY COUNTY	209037 KS	CRAWFORD COUNTY
209033 KS	COMANCHE COUNTY	209041 KS	DICKINSON COUNTY	209043 KS	DONIPHAN COUNTY
209039 KS	DECATUR COUNTY	209047 KS	EDWARDS COUNTY	209049 KS	ELK COUNTY
209045 KS	DOUGLAS COUNTY	209053 KS	ELLSWORTH COUNTY	209055 KS	FINNEY COUNTY
209051 KS	ELLIS COUNTY	209059 KS	FRANKLIN COUNTY	209061 KS	GEARY COUNTY
209057 KS	FORD COUNTY	209065 KS	GRAHAM COUNTY	209067 KS	GRANT COUNTY
209063 KS	GOVE COUNTY	209071 KS	GREELEY COUNTY	209073 KS	GREENWOOD COUNTY
209069 KS	GRAY COUNTY				

209075 KS	HAMILTON COUNTY	209077 KS	HARPER COUNTY	209079 KS	HARVEY COUNTY
209081 KS	HASKELL COUNTY	209083 KS	HODGEMAN COUNTY	209085 KS	JACKSON COUNTY
209087 KS	JEFFERSON COUNTY	209089 KS	JEWELL COUNTY	209091 KS	JOHNSON COUNTY
209093 KS	KEARNY COUNTY	209095 KS	KINGMAN COUNTY	209097 KS	KIOWA COUNTY
209099 KS	LABETTE COUNTY	209101 KS	LANE COUNTY	209103 KS	LEAVENWORTH
209105 KS	LINCOLN COUNTY	209107 KS	LINN COUNTY	209109 KS	LOGAN COUNTY
209111 KS	LYON COUNTY	209113 KS	MCPHERSON COUNTY	209115 KS	MARION COUNTY
209117 KS	MARSHALL COUNTY	209119 KS	MEADE COUNTY	209121 KS	MIAMI COUNTY
209123 KS	MITCHELL COUNTY	209125 KS	MONTGOMERY	209127 KS	MORRIS COUNTY
209129 KS	MORTON COUNTY	209131 KS	NEMAHA COUNTY	209133 KS	NEOSHO COUNTY
209135 KS	NESS COUNTY	209137 KS	NORTON COUNTY	209139 KS	OSAGE COUNTY
209141 KS	OSBORNE COUNTY	209143 KS	OTTAWA COUNTY	209145 KS	PAWNEE COUNTY
209147 KS	PHILLIPS COUNTY	209149 KS	POTTAWATOMIE	209151 KS	PRATT COUNTY
209153 KS	RAWLINS COUNTY	209155 KS	RENO COUNTY	209157 KS	REPUBLIC COUNTY
209159 KS	RICE COUNTY	209161 KS	RILEY COUNTY	209163 KS	ROOKS COUNTY
209165 KS	RUSH COUNTY	209167 KS	RUSSELL COUNTY	209169 KS	SALINE COUNTY
209171 KS	SCOTT COUNTY	209173 KS	SEDGWICK COUNTY	209175 KS	SEWARD COUNTY
209177 KS	SHAWNEE COUNTY	209179 KS	SHERIDAN COUNTY	209181 KS	SHERMAN COUNTY
209183 KS	SMITH COUNTY	209185 KS	STAFFORD COUNTY	209187 KS	STANTON COUNTY
209189 KS	STEVENS COUNTY	209191 KS	SUMNER COUNTY	209193 KS	THOMAS COUNTY
209195 KS	TREGO COUNTY	209197 KS	WABAUNSEE COUNTY	209199 KS	WALLACE COUNTY
209201 KS	WASHINGTON COUNTY	209203 KS	WICHITA COUNTY	209205 KS	WILSON COUNTY
209207 KS	WOODSON COUNTY	209209 KS	WYANDOTTE COUNTY		

**KENTUCKY**

210048 KY	ASHLAND	210534 KY	COVINGTON	211032 KY	HENDERSON
211086 KY	HOPKINSVILLE	211314 KY	LEXINGTON-FAYETTE	211374 KY	LOUISVILLE
211680 KY	OWENSBORO	219001 KY	ADAIR COUNTY	219003 KY	ALLEN COUNTY
219005 KY	ANDERSON COUNTY	219007 KY	BALLARD COUNTY	219009 KY	BARREN COUNTY
219011 KY	BATH COUNTY	219013 KY	BELL COUNTY	219015 KY	BOONE COUNTY
219017 KY	BOURBON COUNTY	219019 KY	BOYD COUNTY	219021 KY	BOYLE COUNTY
219023 KY	BRACKEN COUNTY	219025 KY	BREATHITT COUNTY	219027 KY	BRECKINRIDGE
219029 KY	BULLITT COUNTY	219031 KY	BUTLER COUNTY	219033 KY	CALDWELL COUNTY
219035 KY	CALLOWAY COUNTY	219037 KY	CAMPBELL COUNTY	219039 KY	CARLISLE COUNTY
219041 KY	CARROLL COUNTY	219043 KY	CARTER COUNTY	219045 KY	CASEY COUNTY
219047 KY	CHRISTIAN COUNTY	219049 KY	CLARK COUNTY	219051 KY	CLAY COUNTY
219053 KY	CLINTON COUNTY	219055 KY	CRITTENDEN COUNTY	219057 KY	CUMBERLAND
219059 KY	DAVISS COUNTY	219061 KY	EDMONSON COUNTY	219063 KY	ELLIOTT COUNTY
219065 KY	ESTILL COUNTY	219069 KY	FLEMING COUNTY	219071 KY	FLOYD COUNTY
219073 KY	FRANKLIN COUNTY	219075 KY	FULTON COUNTY	219077 KY	GALLATIN COUNTY
219079 KY	GARRARD COUNTY	219081 KY	GRANT COUNTY	219083 KY	GRAVES COUNTY
219085 KY	GRAYSON COUNTY	219087 KY	GREEN COUNTY	219089 KY	GREENUP COUNTY
219091 KY	HANCOCK COUNTY	219093 KY	HARDIN COUNTY	219095 KY	HARLAN COUNTY
219097 KY	HARRISON COUNTY	219099 KY	HART COUNTY	219101 KY	HENDERSON COUNTY
219103 KY	HENRY COUNTY	219105 KY	HICKMAN COUNTY	219107 KY	HOPKINS COUNTY
219109 KY	JACKSON COUNTY	219111 KY	JEFFERSON COUNTY	219113 KY	JESSAMINE COUNTY
219115 KY	JOHNSON COUNTY	219117 KY	KENTON COUNTY	219119 KY	KNOTT COUNTY
219121 KY	KNOX COUNTY	219123 KY	LARUE COUNTY	219125 KY	LAUREL COUNTY
219127 KY	LAWRENCE COUNTY	219129 KY	LEE COUNTY	219131 KY	LESLIE COUNTY
219133 KY	LETCHER COUNTY	219135 KY	LEWIS COUNTY	219137 KY	LINCOLN COUNTY
219139 KY	LIVINGSTON COUNTY	219141 KY	LOGAN COUNTY	219143 KY	LYON COUNTY
219145 KY	MCCRACKEN COUNTY	219147 KY	MCCREARY COUNTY	219149 KY	MCLEAN COUNTY
219151 KY	MADISON COUNTY	219153 KY	MAGOFFIN COUNTY	219155 KY	MARION COUNTY
219157 KY	MARSHALL COUNTY	219159 KY	MARTIN COUNTY	219161 KY	MASON COUNTY
219163 KY	MEADE COUNTY	219165 KY	MENEFEE COUNTY	219167 KY	MERCER COUNTY
219169 KY	METCALFE COUNTY	219171 KY	MONROE COUNTY	219173 KY	MONTGOMERY

219175 KY	MORGAN COUNTY	219177 KY	MUHLENBERG	219179 KY	NELSON COUNTY
219181 KY	NICHOLAS COUNTY	219183 KY	OHIO COUNTY	219185 KY	OLDHAM COUNTY
219187 KY	OWEN COUNTY	219189 KY	OWSLEY COUNTY	219191 KY	PENDLETON COUNTY
219193 KY	PERRY COUNTY	219195 KY	PIKE COUNTY	219197 KY	POWELL COUNTY
219199 KY	PULASKI COUNTY	219201 KY	ROBERTSON COUNTY	219203 KY	ROCKCASTLE COUNTY
219205 KY	ROWAN COUNTY	219207 KY	RUSSELL COUNTY	219209 KY	SCOTT COUNTY
219211 KY	SHELBY COUNTY	219213 KY	SIMPSON COUNTY	219215 KY	SPENCER COUNTY
219217 KY	TAYLOR COUNTY	219219 KY	TODD COUNTY	219221 KY	TRIGG COUNTY
219223 KY	TRIMBLE COUNTY	219225 KY	UNION COUNTY	219227 KY	WARREN COUNTY
219229 KY	WASHINGTON COUNTY	219231 KY	WAYNE COUNTY	219233 KY	WEBSTER COUNTY
219235 KY	WHITLEY COUNTY	219237 KY	WOLFE COUNTY	219239 KY	WOODFORD COUNTY

**LOUISIANA**

220030 LA	ALEXANDRIA	220126 LA	BATON ROUGE	220924 LA	KENNER
220192 LA	BOSSIER CITY	220828 LA	HOUMA-TERREBONNE	221206 LA	MONROE
220954 LA	LAFAYETTE-LAFAYET	220978 LA	LAKE CHARLES	221698 LA	SLIDELL
221296 LA	NEW ORLEANS	221650 LA	SHREVEPORT	229003 LA	ALLEN PARISH
221794 LA	THIBODAUX	229001 LA	ACADIA PARISH	229009 LA	AVOUELLES PARISH
229005 LA	ASCENSION PARISH	229007 LA	ASSUMPTION PARISH	229015 LA	BOSSIER PARISH
229011 LA	BEAUREGARD PARISH	229013 LA	BIENVILLE PARISH	229021 LA	CALDWELL PARISH
229017 LA	CADDO PARISH	229019 LA	CALCASIEU PARISH	229027 LA	CLAIBORNE PARISH
229023 LA	CAMERON PARISH	229025 LA	CATAHOULA PARISH	229027 LA	CLAIBORNE PARISH
229029 LA	CONCORDIA PARISH	229031 LA	DE SOTO PARISH	229035 LA	EAST CARROLL PARISH
229037 LA	EAST FELICIANA	229039 LA	EVANGELINE PARISH	229041 LA	FRANKLIN PARISH
229043 LA	GRANT PARISH	229045 LA	IBERIA PARISH	229047 LA	IBERVILLE PARISH
229049 LA	JACKSON PARISH	229051 LA	JEFFERSON PARISH	229053 LA	JEFFERSON DAVIS
229057 LA	LAFOURCHE PARISH	229059 LA	LA SALLE PARISH	229061 LA	LINCOLN PARISH
229063 LA	LIVINGSTON PARISH	229065 LA	MADISON PARISH	229067 LA	MOREHOUSE PARISH
229069 LA	NATCHITOCHE	229073 LA	OUACHITA PARISH	229075 LA	PLAQUEMINES PARISH
229077 LA	POINTE COUPEE	229079 LA	RAPIDES PARISH	229081 LA	RED RIVER PARISH
229083 LA	RICHLAND PARISH	229085 LA	SABINE PARISH	229087 LA	ST. BERNARD PARISH
229089 LA	ST. CHARLES PARISH	229091 LA	ST. HELENA PARISH	229093 LA	ST. JAMES PARISH
229095 LA	ST. JOHN THE BAPTIST	229097 LA	ST. LANDRY PARISH	229099 LA	ST. MARTIN PARISH
229101 LA	ST. MARY PARISH	229103 LA	ST. TAMMANY PARISH	229105 LA	TANGIPAHOA PARISH
229107 LA	TENSAS PARISH	229111 LA	UNION PARISH	229113 LA	VERMILION PARISH
229115 LA	VERNON PARISH	229117 LA	WASHINGTON PARISH	229119 LA	WEBSTER PARISH
229121 LA	WEST BATON ROUGE	229123 LA	WEST CARROLL	229125 LA	WEST FELICIANA
229127 LA	WINN PARISH				

**MAINE**

230120 ME	AUBURN	231602 ME	LEWISTON	232484 ME	PORTLAND
230162 ME	BANGOR	239003 ME	AROOSTOOK COUNTY	239005 ME	CUMBERLAND
239001 ME	ANDROSCOGGIN	239009 ME	HANCOCK COUNTY	239011 ME	KENNEBEC COUNTY
239007 ME	FRANKLIN COUNTY	239015 ME	LINCOLN COUNTY	239017 ME	OXFORD COUNTY
239013 ME	KNOX COUNTY	239021 ME	PISCATAQUIS COUNTY	239023 ME	SAGADAHOC COUNTY
239019 ME	PENOBSCOT COUNTY	239027 ME	WALDO COUNTY	239029 ME	WASHINGTON COUNTY
239025 ME	SOMERSET COUNTY				
239031 ME	YORK COUNTY				

**MARYLAND**

240036 MD	ANNAPOLIS	240156 MD	BOWIE CITY	240378 MD	CUMBERLAND
240066 MD	BALTIMORE	240582 MD	GAITHERSBURG	240660 MD	HAGERSTOWN
240552 MD	FREDERICK	249003 MD	ANNE ARUNDEL	249005 MD	BALTIMORE COUNTY
249001 MD	ALLEGANY COUNTY	249011 MD	CAROLINE COUNTY	249013 MD	CARROLL COUNTY
249009 MD	CALVERT COUNTY	249017 MD	CHARLES COUNTY	249019 MD	DORCHESTER COUNTY
249015 MD	CECIL COUNTY	249023 MD	GARRETT COUNTY	249025 MD	HARFORD COUNTY
249021 MD	FREDERICK COUNTY	249029 MD	KENT COUNTY	249031 MD	MONTGOMERY
249027 MD	HOWARD COUNTY	249035 MD	QUEEN ANNE'S	249037 MD	ST. MARY'S COUNTY
249033 MD	PRINCE GEORGES	249041 MD	TALBOT COUNTY	249043 MD	WASHINGTON COUNTY
249039 MD	SOMERSET COUNTY	249047 MD	WORCESTER COUNTY		
249045 MD	WICOMICO COUNTY				

**MASSACHUSETTS**

250078 MA	ARLINGTON	250126 MA	ATTLEBORO	250168 MA	BARNSTABLE
250282 MA	BOSTON	250354 MA	BROCKTON	250372 MA	BROOKLINE
250396 MA	CAMBRIDGE	250486 MA	CHICOPEE	250744 MA	FALL RIVER
250774 MA	FITCHBURG	250804 MA	FRAMINGHAM	250858 MA	GLOUCESTER
251020 MA	HAVERHILL	251074 MA	HOLYOKE	251194 MA	LAWRENCE
251236 MA	LEOMINSTER	251284 MA	LOWELL	251302 MA	LYNN
251314 MA	MALDEN	251410 MA	MEDFORD	251614 MA	NEW BEDFORD
251650 MA	NEWTON	251674 MA	NORTHAMPTON	251938 MA	PITTSFIELD
251962 MA	PLYMOUTH	251992 MA	QUINCY	252118 MA	SALEM
252250 MA	SOMERVILLE	252340 MA	SPRINGFIELD	252418 MA	TAUNTON
252544 MA	WALTHAM	252700 MA	WESTFIELD	252784 MA	WEYMOUTH
252880 MA	WORCESTER	252904 MA	YARMOUTH	259001 MA	BARNSTABLE COUNTY
259003 MA	BERKSHIRE COUNTY	259005 MA	BRISTOL COUNTY	259007 MA	DUKES COUNTY
259009 MA	ESSEX COUNTY	259011 MA	FRANKLIN COUNTY	259013 MA	HAMPDEN COUNTY
259015 MA	HAMPSHIRE COUNTY	259017 MA	MIDDLESEX COUNTY	259019 MA	NANTUCKET COUNTY
259021 MA	NORFOLK COUNTY	259023 MA	PLYMOUTH COUNTY	259025 MA	SUFFOLK COUNTY
259027 MA	WORCESTER COUNTY				

**MICHIGAN**

260192 MI	ANN ARBOR	260444 MI	BAY CITY	260570 MI	BENTON HARBOR
260432 MI	BATTLE CREEK	261410 MI	CLINTON TWP	261638 MI	DEARBORN
261074 MI	CANTON TWP	261698 MI	DETROIT	261848 MI	EAST LANSING
261644 MI	DEARBORN HEIGHTS	262172 MI	FLINT	262544 MI	GRAND RAPIDS
262096 MI	FARMINGTON HILLS	263174 MI	JACKSON	263222 MI	KALAMAZOO
262940 MI	HOLLAND	263588 MI	LINCOLN PARK	263648 MI	LIVONIA
263456 MI	LANSING	264296 MI	MUSKEGON	264302 MI	MUSKEGON HTS
264086 MI	MIDLAND	264962 MI	PONTIAC	264974 MI	PORTAGE
264452 MI	NORTON SHORES	265148 MI	REDFORD	265215 MI	ROCHESTER HILLS
265010 MI	PORT HURON	265304 MI	ROYAL OAK	265340 MI	SAGINAW
265286 MI	ROSEVILLE	265664 MI	SOUTHFIELD	265814 MI	STERLING HEIGHTS
265370 MI	ST CLAIR SHORES	266036 MI	TROY CITY	266252 MI	WARREN
265934 MI	TAYLOR	266378 MI	WESTLAND	266624 MI	WYOMING
266267 MI	WATERFORD	269003 MI	ALGER COUNTY	269005 MI	ALLEGAN COUNTY
269001 MI	ALCONA COUNTY	269009 MI	ANTRIM COUNTY	269011 MI	ARENAC COUNTY
269007 MI	ALPENA COUNTY	269015 MI	BARRY COUNTY	269017 MI	BAY COUNTY
269013 MI	BARAGA COUNTY	269021 MI	BERRIEN COUNTY	269023 MI	BRANCH COUNTY
269019 MI	BENZIE COUNTY	269027 MI	CASS COUNTY	269029 MI	CHARLEVOIX COUNTY
269025 MI	CALHOUN COUNTY	269033 MI	CHIPPEWA COUNTY	269035 MI	CLARE COUNTY
269031 MI	CHEBOYGAN COUNTY	269039 MI	CRAWFORD COUNTY	269041 MI	DELTA COUNTY
269037 MI	CLINTON COUNTY	269045 MI	EATON COUNTY	269047 MI	EMMET COUNTY
269043 MI	DICKINSON COUNTY	269051 MI	GLADWIN COUNTY	269053 MI	GOGEBIC COUNTY
269049 MI	GENESEE COUNTY	269057 MI	GRATIOT COUNTY	269059 MI	HILLSDALE COUNTY
269055 MI	GRAND TRAVERSE	269063 MI	HURON COUNTY	269065 MI	INGHAM COUNTY
269061 MI	HOUGHTON COUNTY	269069 MI	IOSCO COUNTY	269071 MI	IRON COUNTY
269067 MI	IONIA COUNTY	269075 MI	JACKSON COUNTY	269077 MI	KALAMAZOO COUNTY
269073 MI	ISABELLA COUNTY	269081 MI	KENT COUNTY	269083 MI	KEWEENAW COUNTY
269079 MI	KALKASKA COUNTY	269087 MI	LAPEER COUNTY	269089 MI	LEELANAU COUNTY
269085 MI	LAKE COUNTY	269093 MI	LIVINGSTON COUNTY	269095 MI	LUCE COUNTY
269091 MI	LENAWEE COUNTY	269099 MI	MACOMB COUNTY	269101 MI	MANISTEE COUNTY
269097 MI	MACKINAC COUNTY	269105 MI	MASON COUNTY	269107 MI	MECOSTA COUNTY
269103 MI	MARQUETTE COUNTY	269111 MI	MIDLAND COUNTY	269113 MI	MISSAUKEE COUNTY
269109 MI	MENOMINEE COUNTY	269117 MI	MONTCALM COUNTY	269119 MI	MONTMORENCY
269115 MI	MONROE COUNTY	269123 MI	NEWAYGO COUNTY	269125 MI	OAKLAND COUNTY
269121 MI	MUSKEGON COUNTY	269129 MI	OGEMAW COUNTY	269131 MI	ONTONAGON COUNTY
269127 MI	OCEANA COUNTY	269135 MI	OSCODA COUNTY	269137 MI	OTSEGO COUNTY
269133 MI	OSCEOLA COUNTY	269141 MI	PRESQUE ISLE COUNTY	269143 MI	ROSCOMMON COUNTY
269139 MI	OTTAWA COUNTY	269147 MI	ST. CLAIR COUNTY	269149 MI	ST. JOSEPH COUNTY
269145 MI	SAGINAW COUNTY				

269151 MI	SANILAC COUNTY	269153 MI	SCHOOLCRAFT	269155 MI	SHIAWASSEE COUNTY
269157 MI	TUSCOLA COUNTY	269159 MI	VAN BUREN COUNTY	269161 MI	WASHTENAW COUNTY
269163 MI	WAYNE COUNTY	269165 MI	WEXFORD COUNTY		

**MINNESOTA**

270456 MN	BLOOMINGTON	270996 MN	COON RAPIDS	271266 MN	DULUTH
273120 MN	MINNEAPOLIS	273198 MN	MOORHEAD	273768 MN	PLYMOUTH
273930 MN	ROCHESTER	274104 MN	ST CLOUD	274164 MN	ST PAUL
279001 MN	AITKIN COUNTY	279003 MN	ANOKA COUNTY	279005 MN	BECKER COUNTY
279007 MN	BELTRAMI COUNTY	279009 MN	BENTON COUNTY	279011 MN	BIG STONE COUNTY
279013 MN	BLUE EARTH COUNTY	279015 MN	BROWN COUNTY	279017 MN	CARLTON COUNTY
279019 MN	CARVER COUNTY	279021 MN	CASS COUNTY	279023 MN	CHIPPewa COUNTY
279025 MN	CHISAGO COUNTY	279027 MN	CLAY COUNTY	279029 MN	CLEARWATER
279031 MN	COOK COUNTY	279033 MN	COTTONWOOD	279035 MN	CROW WING COUNTY
279037 MN	DAKOTA COUNTY	279039 MN	DODGE COUNTY	279041 MN	DOUGLAS COUNTY
279043 MN	FARIBAULT COUNTY	279045 MN	FILLMORE COUNTY	279047 MN	FREEBORN COUNTY
279049 MN	GOODHUE COUNTY	279051 MN	GRANT COUNTY	279053 MN	HENNEPIN COUNTY
279055 MN	HOUSTON COUNTY	279057 MN	HUBBARD COUNTY	279059 MN	ISANTI COUNTY
279061 MN	ITASCA COUNTY	279063 MN	JACKSON COUNTY	279065 MN	KANABEC COUNTY
279067 MN	KANDIYOHI COUNTY	279069 MN	KITTSOON COUNTY	279071 MN	KOOCHICHING
279073 MN	LAC QUI PARLE	279075 MN	LAKE COUNTY	279077 MN	LAKE OF THE WOODS
279079 MN	LE SUEUR COUNTY	279081 MN	LINCOLN COUNTY	279083 MN	LYON COUNTY
279085 MN	MCLEOD COUNTY	279087 MN	MAHNOMEN COUNTY	279089 MN	MARSHALL COUNTY
279091 MN	MARTIN COUNTY	279093 MN	MEEKER COUNTY	279095 MN	MILLE LACS COUNTY
279097 MN	MORRISON COUNTY	279099 MN	MOWER COUNTY	279101 MN	MURRAY COUNTY
279103 MN	NICOLLET COUNTY	279105 MN	NOBLES COUNTY	279107 MN	NORMAN COUNTY
279109 MN	OLMSTED COUNTY	279111 MN	OTTER TAIL COUNTY	279113 MN	PENNINGTON COUNTY
279115 MN	PINE COUNTY	279117 MN	PIPESTONE COUNTY	279119 MN	POLK COUNTY
279121 MN	POPE COUNTY	279123 MN	RAMSEY COUNTY	279125 MN	RED LAKE COUNTY
279127 MN	REDWOOD COUNTY	279129 MN	RENVILLE COUNTY	279131 MN	RICE COUNTY
279133 MN	ROCK COUNTY	279135 MN	ROSEAU COUNTY	279137 MN	ST LOUIS COUNTY
279139 MN	SCOTT COUNTY	279141 MN	SHERBURNE COUNTY	279143 MN	SIBLEY COUNTY
279145 MN	STEARNS COUNTY	279147 MN	STEELE COUNTY	279149 MN	STEVENS COUNTY
279151 MN	SWIFT COUNTY	279153 MN	TODD COUNTY	279155 MN	TRAVERSE COUNTY
279157 MN	WABASHA COUNTY	279159 MN	WADENA COUNTY	279161 MN	WASECA COUNTY
279163 MN	WASHINGTON COUNTY	279163 MN	WASHINGTON COUNTY	279165 MN	WATONWAN COUNTY
279167 MN	WILKIN COUNTY	279169 MN	WINONA COUNTY	279171 MN	WRIGHT COUNTY
279173 MN	YELLOW MEDICINE				

**MISSISSIPPI**

280132 MS	BILOXI	280630 MS	HATTIESBURG	280726 MS	JACKSON
280612 MS	GULFPORT	281134 MS	PASCAGOULA	289001 MS	ADAMS COUNTY
281002 MS	MOSS POINT	289005 MS	AMITE COUNTY	289007 MS	ATTALA COUNTY
289003 MS	ALCORN COUNTY	289011 MS	BOLIVAR COUNTY	289013 MS	CALHOUN COUNTY
289009 MS	BENTON COUNTY	289017 MS	CHICKASAW COUNTY	289019 MS	CHOCTAW COUNTY
289015 MS	CARROLL COUNTY	289023 MS	CLARKE COUNTY	289025 MS	CLAY COUNTY
289021 MS	CLAIBORNE COUNTY	289029 MS	COPIAH COUNTY	289031 MS	COVINGTON COUNTY
289027 MS	COAHOMA COUNTY	289035 MS	FORREST COUNTY	289037 MS	FRANKLIN COUNTY
289033 MS	DESOTO COUNTY	289041 MS	GREENE COUNTY	289043 MS	GRENADA COUNTY
289039 MS	GEORGE COUNTY	289047 MS	HARRISON COUNTY	289049 MS	HINDS COUNTY
289045 MS	HANCOCK COUNTY	289053 MS	HUMPHREYS COUNTY	289055 MS	ISSAQUENA COUNTY
289051 MS	HOLMES COUNTY	289059 MS	JACKSON COUNTY	289061 MS	JASPER COUNTY
289057 MS	ITAWAMBA COUNTY	289065 MS	JEFFERSON DAVIS	289067 MS	JONES COUNTY
289063 MS	JEFFERSON COUNTY	289071 MS	LAFAYETTE COUNTY	289073 MS	LAMAR COUNTY
289069 MS	KEMPER COUNTY	289077 MS	LAWRENCE COUNTY	289079 MS	LEAKE COUNTY
289075 MS	LAUDERDALE COUNTY	289083 MS	LEFLORE COUNTY	289085 MS	LINCOLN COUNTY
289081 MS	LEE COUNTY	289089 MS	MADISON COUNTY	289091 MS	MARION COUNTY
289087 MS	LOWNDES COUNTY	289095 MS	MONROE COUNTY	289097 MS	MONTGOMERY
289093 MS	MARSHALL COUNTY				

289099 MS	NESHOBA COUNTY	289101 MS	NEWTON COUNTY	289103 MS	NOXUBEE COUNTY
289105 MS	OKTIBBEHA COUNTY	289107 MS	PANOLA COUNTY	289109 MS	PEARL RIVER COUNTY
289111 MS	PERRY COUNTY	289113 MS	PIKE COUNTY	289115 MS	PONTOTOC COUNTY
289117 MS	PRENTISS COUNTY	289119 MS	QUITMAN COUNTY	289121 MS	RANKIN COUNTY
289123 MS	SCOTT COUNTY	289125 MS	SHARKEY COUNTY	289127 MS	SIMPSON COUNTY
289129 MS	SMITH COUNTY	289131 MS	STONE COUNTY	289133 MS	SUNFLOWER COUNTY
289135 MS	TALLAHATCHIE	289137 MS	TATE COUNTY	289139 MS	TIPPAH COUNTY
289141 MS	TISHOMINGO COUNTY	289143 MS	TUNICA COUNTY	289145 MS	UNION COUNTY
289147 MS	WALTHALL COUNTY	289149 MS	WARREN COUNTY	289151 MS	WASHINGTON COUNTY
289153 MS	WAYNE COUNTY	289155 MS	WEBSTER COUNTY	289157 MS	WILKINSON COUNTY
289159 MS	WINSTON COUNTY	289161 MS	YALOBUSHA COUNTY	289163 MS	YAZOO COUNTY

**MISSOURI**

291152 MO	COLUMBIA	291806 MO	FLORISSANT	292670 MO	KANSAS CITY
292562 MO	INDEPENDENCE	292652 MO	JOPLIN	294614 MO	ST JOSEPH
292958 MO	LEES SUMMIT	294578 MO	ST CHARLES	294884 MO	SPRINGFIELD
294626 MO	ST LOUIS	294638 MO	ST PETERS CITY	299005 MO	ATCHISON COUNTY
299001 MO	ADAIR COUNTY	299003 MO	ANDREW COUNTY	299011 MO	BARTON COUNTY
299007 MO	AUDRAIN COUNTY	299009 MO	BARRY COUNTY	299017 MO	BOLLINGER COUNTY
299013 MO	BATES COUNTY	299015 MO	BENTON COUNTY	299023 MO	BUTLER COUNTY
299019 MO	BOONE COUNTY	299021 MO	BUCHANAN COUNTY	299029 MO	CAMDEN COUNTY
299025 MO	CALDWELL COUNTY	299027 MO	CALLAWAY COUNTY	299035 MO	CARTER COUNTY
299031 MO	CAPE GIRARDEAU	299033 MO	CARROLL COUNTY	299041 MO	CHARITON COUNTY
299037 MO	CASS COUNTY	299039 MO	CEDAR COUNTY	299047 MO	CLAY COUNTY
299043 MO	CHRISTIAN COUNTY	299045 MO	CLARK COUNTY	299053 MO	COOPER COUNTY
299049 MO	CLINTON COUNTY	299051 MO	COLE COUNTY	299059 MO	DALLAS COUNTY
299055 MO	CRAWFORD COUNTY	299057 MO	DADE COUNTY	299065 MO	DENT COUNTY
299061 MO	DAVISS COUNTY	299063 MO	DEKALB COUNTY	299071 MO	FRANKLIN COUNTY
299067 MO	DOUGLAS COUNTY	299069 MO	DUNKLIN COUNTY	299077 MO	GREENE COUNTY
299073 MO	GASCONADE COUNTY	299075 MO	GENTRY COUNTY	299083 MO	HENRY COUNTY
299079 MO	GRUNDY COUNTY	299081 MO	HARRISON COUNTY	299089 MO	HOWARD COUNTY
299085 MO	HICKORY COUNTY	299087 MO	HOLT COUNTY	299095 MO	JACKSON COUNTY
299091 MO	HOWELL COUNTY	299093 MO	IRON COUNTY	299101 MO	JOHNSON COUNTY
299097 MO	JASPER COUNTY	299099 MO	JEFFERSON COUNTY	299107 MO	LAFAYETTE COUNTY
299103 MO	KNOX COUNTY	299105 MO	LACLEDE COUNTY	299113 MO	LINCOLN COUNTY
299109 MO	LAWRENCE COUNTY	299111 MO	LEWIS COUNTY	299119 MO	MCDONALD COUNTY
299115 MO	LINN COUNTY	299117 MO	LIVINGSTON COUNTY	299125 MO	MARIES COUNTY
299121 MO	MACON COUNTY	299123 MO	MADISON COUNTY	299131 MO	MILLER COUNTY
299127 MO	MARION COUNTY	299129 MO	MERCER COUNTY	299137 MO	MONROE COUNTY
299133 MO	MISSISSIPPI COUNTY	299135 MO	MONITEAU COUNTY	299143 MO	NEW MADRID COUNTY
299139 MO	MONTGOMERY	299141 MO	MORGAN COUNTY	299149 MO	OREGON COUNTY
299145 MO	NEWTON COUNTY	299147 MO	NODAWAY COUNTY	299155 MO	PEMISCOT COUNTY
299151 MO	OSAGE COUNTY	299153 MO	OZARK COUNTY	299161 MO	PHELPS COUNTY
299157 MO	PERRY COUNTY	299159 MO	PETTIS COUNTY	299167 MO	POLK COUNTY
299163 MO	PIKE COUNTY	299165 MO	PLATTE COUNTY	299173 MO	RALLS COUNTY
299169 MO	PULASKI COUNTY	299171 MO	PUTNAM COUNTY	299179 MO	REYNOLDS COUNTY
299175 MO	RANDOLPH COUNTY	299177 MO	RAY COUNTY	299185 MO	ST. CLAIR COUNTY
299181 MO	RIPLEY COUNTY	299183 MO	ST. CHARLES COUNTY	299189 MO	ST LOUIS COUNTY
299186 MO	STE. GENEVIEVE	299187 MO	ST. FRANCOIS COUNTY	299199 MO	SCOTLAND COUNTY
299195 MO	SALINE COUNTY	299197 MO	SCHUYLER COUNTY	299205 MO	SHELBY COUNTY
299201 MO	SCOTT COUNTY	299203 MO	SHANNON COUNTY	299211 MO	SULLIVAN COUNTY
299207 MO	STODDARD COUNTY	299209 MO	STONE COUNTY	299217 MO	VERNON COUNTY
299213 MO	TANEY COUNTY	299215 MO	TEXAS COUNTY	299223 MO	WAYNE COUNTY
299219 MO	WARREN COUNTY	299221 MO	WASHINGTON COUNTY	299229 MO	WRIGHT COUNTY
299225 MO	WEBSTER COUNTY	299227 MO	WORTH COUNTY		

**MONTANA**

300066 MT	BILLINGS	300342 MT	GREAT FALLS	309003 MT	BIG HORN COUNTY
300540 MT	MISSOULA	309001 MT	BEAVERHEAD COUNTY	309009 MT	CARBON COUNTY
309005 MT	BLAINE COUNTY	309007 MT	BROADWATER	309015 MT	CHOUTEAU COUNTY
309011 MT	CARTER COUNTY	309013 MT	CASCADE COUNTY	309021 MT	DAWSON COUNTY
309017 MT	CUSTER COUNTY	309019 MT	DANIELS COUNTY		

309023 MT	DEER LODGE COUNTY	309025 MT	FALLON COUNTY	309027 MT	FERGUS COUNTY
309029 MT	FLATHEAD COUNTY	309031 MT	GALLATIN COUNTY	309033 MT	GARFIELD COUNTY
309035 MT	GLACIER COUNTY	309037 MT	GOLDEN VALLEY	309039 MT	GRANITE COUNTY
309041 MT	HILL COUNTY	309043 MT	JEFFERSON COUNTY	309045 MT	JUDITH BASIN COUNTY
309047 MT	LAKE COUNTY	309049 MT	LEWIS AND CLARK	309051 MT	LIBERTY COUNTY
309053 MT	LINCOLN COUNTY	309055 MT	MCCONE COUNTY	309057 MT	MADISON COUNTY
309059 MT	MEAGHER COUNTY	309061 MT	MINERAL COUNTY	309063 MT	MISSOULA COUNTY
309065 MT	MUSSELSHELL	309067 MT	PARK COUNTY	309069 MT	PETROLEUM COUNTY
309071 MT	PHILLIPS COUNTY	309073 MT	PONDERA COUNTY	309075 MT	POWDER RIVER
309077 MT	POWELL COUNTY	309079 MT	PRAIRIE COUNTY	309081 MT	RAVALLI COUNTY
309083 MT	RICHLAND COUNTY	309085 MT	ROOSEVELT COUNTY	309087 MT	ROSEBUD COUNTY
309089 MT	SANDERS COUNTY	309091 MT	SHERIDAN COUNTY	309093 MT	SILVER BOW COUNTY
309095 MT	STILLWATER COUNTY	309097 MT	SWEET GRASS COUNTY	309099 MT	TETON COUNTY
309101 MT	TOOLE COUNTY	309103 MT	TREASURE COUNTY	309105 MT	VALLEY COUNTY
309107 MT	WHEATLAND COUNTY	309109 MT	WIBAUX COUNTY	309111 MT	YELLOWSTONE

**NEBRASKA**

311710 NE	LINCOLN	312208 NE	OMAHA	319005 NE	ARTHUR COUNTY
319001 NE	ADAMS COUNTY	319003 NE	ANTELOPE COUNTY	319011 NE	BOONE COUNTY
319007 NE	BANNER COUNTY	319009 NE	BLAINE COUNTY	319017 NE	BROWN COUNTY
319013 NE	BOX BUTTE COUNTY	319015 NE	BOYD COUNTY	319023 NE	BUTLER COUNTY
319019 NE	BUFFALO COUNTY	319021 NE	BURT COUNTY	319029 NE	CHASE COUNTY
319025 NE	CASS COUNTY	319027 NE	CEDAR COUNTY	319035 NE	CLAY COUNTY
319031 NE	CHERRY COUNTY	319033 NE	CHEYENNE COUNTY	319041 NE	CUSTER COUNTY
319037 NE	COLFAX COUNTY	319039 NE	CUMING COUNTY	319047 NE	DAWSON COUNTY
319043 NE	DAKOTA COUNTY	319045 NE	DAWES COUNTY	319053 NE	DODGE COUNTY
319049 NE	DEUEL COUNTY	319051 NE	DIXON COUNTY	319059 NE	FILLMORE COUNTY
319055 NE	DOUGLAS COUNTY	319057 NE	DUNDY COUNTY	319065 NE	FURNAS COUNTY
319061 NE	FRANKLIN COUNTY	319063 NE	FRONTIER COUNTY	319071 NE	GARFIELD COUNTY
319067 NE	GAGE COUNTY	319069 NE	GARDEN COUNTY	319077 NE	GREELEY COUNTY
319073 NE	GOSPER COUNTY	319075 NE	GRANT COUNTY	319083 NE	HARLAN COUNTY
319079 NE	HALL COUNTY	319081 NE	HAMILTON COUNTY	319089 NE	HOLT COUNTY
319085 NE	HAYES COUNTY	319087 NE	HITCHCOCK COUNTY	319095 NE	JEFFERSON COUNTY
319091 NE	HOOKER COUNTY	319093 NE	HOWARD COUNTY	319101 NE	KEITH COUNTY
319097 NE	HONSON COUNTY	319099 NE	KEARNEY COUNTY	319107 NE	KNOX COUNTY
319103 NE	KEYA PAHA COUNTY	319105 NE	KIMBALL COUNTY	319113 NE	LOGAN COUNTY
319109 NE	LANCASTER COUNTY	319111 NE	LINCOLN COUNTY	319119 NE	MADISON COUNTY
319115 NE	LOUP COUNTY	319117 NE	MCPHERSON COUNTY	319125 NE	NANCE COUNTY
319121 NE	MERRICK COUNTY	319123 NE	MORRILL COUNTY	319131 NE	OTOE COUNTY
319127 NE	NEMAHA COUNTY	319129 NE	NUCKOLLS COUNTY	319137 NE	PHELPS COUNTY
319133 NE	PAWNEE COUNTY	319135 NE	PERKINS COUNTY	319143 NE	POLK COUNTY
319139 NE	PIERCE COUNTY	319141 NE	PLATTE COUNTY	319149 NE	ROCK COUNTY
319145 NE	RED WILLOW COUNTY	319147 NE	RICHARDSON COUNTY	319155 NE	SAUNDERS COUNTY
319151 NE	SALINE COUNTY	319153 NE	SARPY COUNTY	319161 NE	SHERIDAN COUNTY
319157 NE	SCOTTS BLUFF	319159 NE	SEWARD COUNTY	319167 NE	STANTON COUNTY
319163 NE	SHERMAN COUNTY	319165 NE	SIOUX COUNTY	319173 NE	THURSTON COUNTY
319169 NE	THAYER COUNTY	319171 NE	THOMAS COUNTY	319179 NE	WAYNE COUNTY
319175 NE	VALLEY COUNTY	319177 NE	WASHINGTON COUNTY	319185 NE	YORK COUNTY
319181 NE	WEBSTER COUNTY	319183 NE	WHEELER COUNTY		

**NEVADA**

320096 NV	HENDERSON	320108 NV	LAS VEGAS	320156 NV	SPARKS
320138 NV	NORTH LAS VEGAS	320150 NV	RENO	329005 NV	DOUGLAS COUNTY
329001 NV	CHURCHILL COUNTY	329003 NV	CLARK COUNTY	329011 NV	EUREKA COUNTY
329007 NV	ELKO COUNTY	329009 NV	ESMERALDA COUNTY	329017 NV	LINCOLN COUNTY
329013 NV	HUMBOLDT COUNTY	329015 NV	LANDER COUNTY	329023 NV	NYE COUNTY
329019 NV	LYON COUNTY	329021 NV	MINERAL COUNTY	329031 NV	WASHOE COUNTY
329027 NV	PERSHING COUNTY	329029 NV	STOREY COUNTY		
329033 NV	WHITE PINE COUNTY	329510 NV	CARSON CITY		

**NEW HAMPSHIRE**

330378 NH DOVER	330930 NH MANCHESTER	331026 NH NASHUA
331254 NH PORTSMOUTH	331284 NH ROCHESTER	339001 NH BELKNAP COUNTY
339003 NH CARROLL COUNTY	339005 NH CHESHIRE COUNTY	339007 NH COOS COUNTY
339009 NH GRAFTON COUNTY	339011 NH HILLSBOROUGH	339013 NH MERRIMACK COUNTY
339015 NH ROCKINGHAM COUNTY	339017 NH STRAFFORD COUNTY	339019 NH SULLIVAN COUNTY

**NEW JERSEY**

340072 NJ ASBURY PARK	340078 NJ ATLANTIC CITY	340318 NJ BRICK TOWNSHIP
340138 NJ BAYONNE	340246 NJ BLOOMFIELD	340474 NJ CHERRY HILL
340324 NJ BRIDGETON	340414 NJ CAMDEN	340732 NJ EAST ORANGE
340540 NJ CLIFTON	340672 NJ DOVER TOWNSHIP	341008 NJ FRANKLIN TOWNSHIP
340780 NJ EDISON	340798 NJ ELIZABETH	341434 NJ IRVINGTON
341110 NJ GLOUCESTER TWP	341206 NJ HAMILTON	341716 NJ LONG BRANCH
341464 NJ JERSEY CITY	341566 NJ LAKEWOOD	342190 NJ NEWARK
341974 NJ MIDDLETOWN	342016 NJ MILLVILLE	342378 NJ OLD BRIDGE
342196 NJ NEW BRUNSWICK	342250 NJ NORTH BERGEN	342466 NJ PATERSON
342448 NJ PARSIPPANY-TROYHIL	342454 NJ PASSAIC	343216 NJ TRENTON
342532 NJ PERTH AMBOY	342886 NJ SAYREVILLE	343330 NJ VINELAND
343234 NJ UNION CITY	343252 NJ UNION	349001 NJ ATLANTIC COUNTY
343438 NJ WAYNE TOWNSHIP	343624 NJ WOODBRIDGE	349007 NJ CAMDEN COUNTY
349003 NJ BERGEN COUNTY	349005 NJ BURLINGTON COUNTY	349013 NJ ESSEX COUNTY
349009 NJ CAPE MAY COUNTY	349011 NJ CUMBERLAND	349019 NJ HUNTERDON COUNTY
349015 NJ GLOUCESTER COUNTY	349017 NJ HUDSON COUNTY	349025 NJ MONMOUTH COUNTY
349021 NJ MERCER COUNTY	349023 NJ MIDDLESEX COUNTY	349031 NJ PASSAIC COUNTY
349027 NJ MORRIS COUNTY	349029 NJ OCEAN COUNTY	349037 NJ SUSSEX COUNTY
349033 NJ SALEM COUNTY	349035 NJ SOMERSET COUNTY	
349039 NJ UNION COUNTY	349041 NJ WARREN COUNTY	

**NEW MEXICO**

350012 NM ALBUQUERQUE	350336 NM LAS CRUCES	350479 NM RIO RANCHO
350534 NM SANTA FE	359001 NM BERNALILLO COUNTY	359003 NM CATRON COUNTY
359005 NM CHAVES COUNTY	359006 NM CIBOLA COUNTY	359007 NM COLFAX COUNTY
359009 NM CURRY COUNTY	359011 NM DE BACA COUNTY	359013 NM DONA ANA COUNTY
359015 NM EDDY COUNTY	359017 NM GRANT COUNTY	359019 NM GUADALUPE COUNTY
359021 NM HARDING COUNTY	359023 NM HIDALGO COUNTY	359025 NM LEA COUNTY
359027 NM LINCOLN COUNTY	359028 NM LOS ALAMOS COUNTY	359029 NM LUNA COUNTY
359031 NM MCKINLEY COUNTY	359033 NM MORA COUNTY	359035 NM OTERO COUNTY
359037 NM QUAY COUNTY	359039 NM RIO ARRIBA COUNTY	359041 NM ROOSEVELT COUNTY
359043 NM SANDOVAL COUNTY	359045 NM SAN JUAN COUNTY	359047 NM SAN MIGUEL COUNTY
359049 NM SANTA FE COUNTY	359051 NM SIERRA COUNTY	359053 NM SOCORRO COUNTY
359055 NM TAOS COUNTY	359057 NM TORRANCE COUNTY	359059 NM UNION COUNTY
359061 NM VALENCIA COUNTY		

**NEW YORK**

360040 NY ALBANY	360300 NY AUBURN	360352 NY BABYLON TOWN
360152 NY AMHERST TOWN	360784 NY BUFFALO	361152 NY CHEEKTOWAGA TOWN
360556 NY BINGHAMTON	361380 NY COLONIE TOWN	361756 NY DUNKIRK
361256 NY CLAY TOWN	362480 NY GLENS FALLS	362572 NY GREECE
362000 NY ELMIRA	363088 NY HUNTINGTON TOWN	363140 NY IRONDEQUOIT
362688 NY HAMBURG TOWN	363180 NY JAMESTOWN	364004 NY MIDDLETOWN
363160 NY ISLIP TOWN	364320 NY NEWBURGH	364408 NY NEW ROCHELLE
364212 NY MOUNT VERNON	364448 NY NIAGARA FALLS	365312 NY POUGHKEEPSIE
364436 NY NEW YORK CITY	365572 NY ROME	365800 NY SARATOGA SPRINGS
365544 NY ROCHESTER	366376 NY SYRACUSE	366468 NY TONAWANDA TOWN
365848 NY SCHENECTADY	366588 NY UNION TOWN	366612 NY UTICA
366500 NY TROY		

367024 NY	WEST SENECA	367096 NY	WHITE PLAINS	367260 NY	YONKERS
369001 NY	ALBANY COUNTY	369003 NY	ALLEGANY COUNTY	369007 NY	BROOME COUNTY
369009 NY	CATTARAUGUS	369011 NY	CAYUGA COUNTY	369013 NY	CHAUTAUQUA
369015 NY	CHEMUNG COUNTY	369017 NY	CHENANGO COUNTY	369019 NY	CLINTON COUNTY
369021 NY	COLUMBIA COUNTY	369023 NY	CORTLAND COUNTY	369025 NY	DELAWARE COUNTY
369027 NY	DUTCHESS COUNTY	369029 NY	ERIE COUNTY	369031 NY	ESSEX COUNTY
369033 NY	FRANKLIN COUNTY	369035 NY	FULTON COUNTY	369037 NY	GENESEE COUNTY
369039 NY	GREENE COUNTY	369041 NY	HAMILTON COUNTY	369043 NY	HERKIMER COUNTY
369045 NY	JEFFERSON COUNTY	369049 NY	LEWIS COUNTY	369051 NY	LIVINGSTON COUNTY
369053 NY	MADISON COUNTY	369055 NY	MONROE COUNTY	369057 NY	MONTGOMERY
369059 NY	NASSAU COUNTY	369063 NY	NIAGARA COUNTY	369065 NY	ONEIDA COUNTY
369067 NY	ONONDAGA COUNTY	369069 NY	ONTARIO COUNTY	369071 NY	ORANGE COUNTY
369073 NY	ORLEANS COUNTY	369075 NY	OSWEGO COUNTY	369077 NY	OTSEGO COUNTY
369079 NY	PUTNAM COUNTY	369083 NY	RENSSELAER COUNTY	369087 NY	ROCKLAND COUNTY
369089 NY	ST. LAWRENCE	369091 NY	SARATOGA COUNTY	369093 NY	SCHENECTADY
369095 NY	SCHOHARIE COUNTY	369097 NY	SCHUYLER COUNTY	369099 NY	SENECA COUNTY
369101 NY	STEBEN COUNTY	369103 NY	SUFFOLK COUNTY	369105 NY	SULLIVAN COUNTY
369107 NY	TIOGA COUNTY	369109 NY	TOMPKINS COUNTY	369111 NY	ULSTER COUNTY
369113 NY	WARREN COUNTY	369115 NY	WASHINGTON COUNTY	369117 NY	WAYNE COUNTY
369119 NY	WESTCHESTER	369121 NY	WYOMING COUNTY	369123 NY	YATES COUNTY

**NORTH CAROLINA**

370108 NC	ASHEVILLE	370432 NC	BURLINGTON	370660 NC	CONCORD
370552 NC	CHAPEL HILL	370558 NC	CHARLOTTE	371092 NC	GASTONIA
370828 NC	DURHAM	371002 NC	FAYETTEVILLE	371194 NC	GREENVILLE
371158 NC	GOLDSBORO	371188 NC	GREENSBORO	371452 NC	JACKSONVILLE
371338 NC	HICKORY	371356 NC	HIGH POINT	371944 NC	MORGANTON
371494 NC	KANNAPOLIS	371644 NC	LENOIR	372508 NC	SALISBURY
372304 NC	RALEIGH	372406 NC	ROCKY MOUNT	379001 NC	ALAMANCE COUNTY
373144 NC	WILMINGTON	373180 NC	WINSTON SALEM	379007 NC	ANSON COUNTY
379003 NC	ALEXANDER COUNTY	379005 NC	ALLEGHANY COUNTY	379013 NC	BEAUFORT COUNTY
379009 NC	ASHE COUNTY	379011 NC	AVERY COUNTY	379019 NC	BRUNSWICK COUNTY
379015 NC	BERTIE COUNTY	379017 NC	BLADEN COUNTY	379025 NC	CABARRUS COUNTY
379021 NC	BUNCOMBE COUNTY	379023 NC	BURKE COUNTY	379031 NC	CARTERET COUNTY
379027 NC	CALDWELL COUNTY	379029 NC	CAMDEN COUNTY	379037 NC	CHATHAM COUNTY
379033 NC	CASWELL COUNTY	379035 NC	CATAWBA COUNTY	379043 NC	CLAY COUNTY
379039 NC	CHEROKEE COUNTY	379041 NC	CHOWAN COUNTY	379049 NC	CRAVEN COUNTY
379045 NC	CLEVELAND COUNTY	379047 NC	COLUMBUS COUNTY	379055 NC	DARE COUNTY
379051 NC	CUMBERLAND	379053 NC	CURRITUCK COUNTY	379061 NC	DUPLIN COUNTY
379057 NC	DAVIDSON COUNTY	379059 NC	DAVIE COUNTY	379067 NC	FORSYTH COUNTY
379063 NC	DURHAM COUNTY	379065 NC	EDGECOMBE COUNTY	379073 NC	GATES COUNTY
379069 NC	FRANKLIN COUNTY	379071 NC	GASTON COUNTY	379079 NC	GREENE COUNTY
379075 NC	GRAHAM COUNTY	379077 NC	GRANVILLE COUNTY	379085 NC	HARNETT COUNTY
379081 NC	GUILFORD COUNTY	379083 NC	HALIFAX COUNTY	379091 NC	HERTFORD COUNTY
379087 NC	HAYWOOD COUNTY	379089 NC	HENDERSON COUNTY	379097 NC	IREDELL COUNTY
379093 NC	HOKE COUNTY	379095 NC	HYDE COUNTY	379103 NC	JONES COUNTY
379099 NC	JACKSON COUNTY	379101 NC	JOHNSTON COUNTY	379109 NC	LINCOLN COUNTY
379105 NC	LEE COUNTY	379107 NC	LENOIR COUNTY	379115 NC	MADISON COUNTY
379111 NC	MCDOWELL COUNTY	379113 NC	MACON COUNTY	379121 NC	MITCHELL COUNTY
379117 NC	MARTIN COUNTY	379119 NC	MECKLENBURG	379127 NC	NASH COUNTY
379123 NC	MONTGOMERY	379125 NC	MOORE COUNTY	379133 NC	ONslow COUNTY
379129 NC	NEW HANOVER	379131 NC	NORTHAMPTON	379139 NC	PASQUOTANK
379135 NC	ORANGE COUNTY	379137 NC	PAMLICO COUNTY	379145 NC	PERSON COUNTY
379141 NC	PENDER COUNTY	379143 NC	PERQUIMANS COUNTY	379151 NC	RANDOLPH COUNTY
379147 NC	PITT COUNTY	379149 NC	POLK COUNTY	379157 NC	ROCKINGHAM COUNTY
379153 NC	RICHMOND COUNTY	379155 NC	ROBESON COUNTY		

379159 NC	ROWAN COUNTY	379161 NC	RUTHERFORD COUNTY	379163 NC	SAMPSON COUNTY
379165 NC	SCOTLAND COUNTY	379167 NC	STANLY COUNTY	379169 NC	STOKES COUNTY
379171 NC	SURRY COUNTY	379173 NC	SWAIN COUNTY	379175 NC	TRANSYLVANIA
379177 NC	TYRRELL COUNTY	379179 NC	UNION COUNTY	379181 NC	VANCE COUNTY
379183 NC	WAKE COUNTY	379185 NC	WARREN COUNTY	379187 NC	WASHINGTON COUNTY
379189 NC	WATAUGA COUNTY	379191 NC	WAYNE COUNTY	379193 NC	WILKES COUNTY
379195 NC	WILSON COUNTY	379197 NC	YADKIN COUNTY	379199 NC	YANCEY COUNTY

**NORTH DAKOTA**

380228 ND	BISMARCK	380636 ND	FARGO	389003 ND	BARNES COUNTY
380816 ND	GRAND FORKS	389001 ND	ADAMS COUNTY	389009 ND	BOTTINEAU COUNTY
389005 ND	BENSON COUNTY	389007 ND	BILLINGS COUNTY	389015 ND	BURLEIGH COUNTY
389011 ND	BOWMAN COUNTY	389013 ND	BURKE COUNTY	389021 ND	DICKEY COUNTY
389017 ND	CASS COUNTY	389019 ND	CAVALIER COUNTY	389027 ND	EDDY COUNTY
389023 ND	DIVIDE COUNTY	389025 ND	DUNN COUNTY	389033 ND	GOLDEN VALLEY
389029 ND	EMMONS COUNTY	389031 ND	FOSTER COUNTY	389039 ND	GRIGGS COUNTY
389035 ND	GRAND FORKS COUNTY	389037 ND	GRANT COUNTY	389045 ND	LAMOURE COUNTY
389041 ND	HETTINGER COUNTY	389043 ND	KIDDER COUNTY	389051 ND	MCINTOSH COUNTY
389047 ND	LOGAN COUNTY	389049 ND	MCHENRY COUNTY	389057 ND	MERCER COUNTY
389053 ND	MCKENZIE COUNTY	389055 ND	MCLEAN COUNTY	389063 ND	NELSON COUNTY
389059 ND	MORTON COUNTY	389061 ND	MOUNTRAIL COUNTY	389069 ND	PIERCE COUNTY
389065 ND	OLIVER COUNTY	389067 ND	PEMBINA COUNTY	389075 ND	RENVILLE COUNTY
389071 ND	RAMSEY COUNTY	389073 ND	RANSOM COUNTY	389081 ND	SARGENT COUNTY
389077 ND	RICHLAND COUNTY	389079 ND	ROLETTE COUNTY	389087 ND	SLOPE COUNTY
389083 ND	SHERIDAN COUNTY	389085 ND	SIOUX COUNTY	389093 ND	STUTSMAN COUNTY
389089 ND	STARK COUNTY	389091 ND	STEELE COUNTY	389099 ND	WALSH COUNTY
389095 ND	TOWNER COUNTY	389097 ND	TRAILL COUNTY	389105 ND	WILLIAMS COUNTY
389101 ND	WARD COUNTY	389103 ND	WELLS COUNTY		

**NORTHERN MARIANAS**

690001 MP NORTHERN MARIANAS

**OHIO**

390042 OH	AKRON	390066 OH	ALLIANCE	390294 OH	BARBERTON
390600 OH	BOWLING GREEN	390858 OH	CANTON	391062 OH	CINCINNATI
391104 OH	CLEVELAND	391110 OH	CLEVELAND HEIGHTS	391176 OH	COLUMBUS
391362 OH	DAYTON	391500 OH	EAST CLEVELAND	391602 OH	ELYRIA
391626 OH	EUCLID	391638 OH	FAIRBORN	392118 OH	HAMILTON CITY
392508 OH	KENT	392526 OH	KETTERING	392628 OH	LAKEWOOD
392634 OH	LANCASTER	392730 OH	LIMA	392820 OH	LORAIN
393012 OH	MANSFIELD	393054 OH	MARIETTA	393114 OH	MASSILLON
393168 OH	MENTOR	393222 OH	MIDDLETOWN	393558 OH	NEWARK
394098 OH	PARMA	394998 OH	SPRINGFIELD	395016 OH	STEUBENVILLE
395214 OH	TOLEDO	395454 OH	WARREN	395874 OH	YOUNGSTOWN
399001 OH	ADAMS COUNTY	399003 OH	ALLEN COUNTY	399005 OH	ASHLAND COUNTY
399007 OH	ASHTABULA COUNTY	399009 OH	ATHENS COUNTY	399011 OH	AUGLAIZE COUNTY
399013 OH	BELMONT COUNTY	399015 OH	BROWN COUNTY	399017 OH	BUTLER COUNTY
399019 OH	CARROLL COUNTY	399021 OH	CHAMPAIGN COUNTY	399023 OH	CLARK COUNTY
399025 OH	CLERMONT COUNTY	399027 OH	CLINTON COUNTY	399029 OH	COLUMBIANA COUNTY
399031 OH	COSHOCTON COUNTY	399033 OH	CRAWFORD COUNTY	399035 OH	CUYAHOGA COUNTY
399037 OH	DARKE COUNTY	399039 OH	DEFIANCE COUNTY	399041 OH	DELAWARE COUNTY
399043 OH	ERIE COUNTY	399045 OH	FAIRFIELD COUNTY	399047 OH	FAYETTE COUNTY
399049 OH	FRANKLIN COUNTY	399051 OH	FULTON COUNTY	399053 OH	GALLIA COUNTY
399055 OH	GEAUGA COUNTY	399057 OH	GREENE COUNTY	399059 OH	GUERNSEY COUNTY
399061 OH	HAMILTON COUNTY	399063 OH	HANCOCK COUNTY	399065 OH	HARDIN COUNTY
399067 OH	HARRISON COUNTY	399069 OH	HENRY COUNTY	399071 OH	HIGHLAND COUNTY
399073 OH	HOCKING COUNTY	399075 OH	HOLMES COUNTY	399077 OH	HURON COUNTY
399079 OH	JACKSON COUNTY	399081 OH	JEFFERSON COUNTY	399083 OH	KNOX COUNTY
399085 OH	LAKE COUNTY	399087 OH	LAWRENCE COUNTY	399089 OH	LICKING COUNTY
399091 OH	LOGAN COUNTY	399093 OH	LORAIN COUNTY	399095 OH	LUCAS COUNTY

399097 OH	MADISON COUNTY	399099 OH	MAHONING COUNTY	399101 OH	MARION COUNTY
399103 OH	MEDINA COUNTY	399105 OH	MEIGS COUNTY	399107 OH	MERCER COUNTY
399109 OH	MIAMI COUNTY	399111 OH	MONROE COUNTY	399113 OH	MONTGOMERY
399115 OH	MORGAN COUNTY	399117 OH	MORROW COUNTY	399119 OH	MUSKINGUM COUNTY
399121 OH	NOBLE COUNTY	399123 OH	OTTAWA COUNTY	399125 OH	PAULDING COUNTY
399127 OH	PERRY COUNTY	399129 OH	PICKAWAY COUNTY	399131 OH	PIKE COUNTY
399133 OH	PORTAGE COUNTY	399135 OH	PREBLE COUNTY	399137 OH	PUTNAM COUNTY
399139 OH	RICHLAND COUNTY	399141 OH	ROSS COUNTY	399143 OH	SANDUSKY COUNTY
399145 OH	SCIOTO COUNTY	399147 OH	SENECA COUNTY	399149 OH	SHELBY COUNTY
399151 OH	STARK COUNTY	399153 OH	SUMMIT COUNTY	399155 OH	TRUMBULL COUNTY
399157 OH	TUSCARAWAS COUNTY	399159 OH	UNION COUNTY	399161 OH	VAN WERT COUNTY
399163 OH	VINTON COUNTY	399165 OH	WARREN COUNTY	399167 OH	WASHINGTON COUNTY
399169 OH	WAYNE COUNTY	399171 OH	WILLIAMS COUNTY	399173 OH	WOOD COUNTY
399175 OH	WYANDOT COUNTY				

**OKLAHOMA**

400354 OK	BROKEN ARROW	400966 OK	ENID	401734 OK	LAWTON
400918 OK	EDMOND	402190 OK	NORMAN	402268 OK	OKLAHOMA CITY
402016 OK	MIDWEST CITY	403036 OK	TULSA	409001 OK	ADAIR COUNTY
402718 OK	SHAWNEE	409005 OK	ATOKA COUNTY	409007 OK	BEAVER COUNTY
409003 OK	ALFALFA COUNTY	409011 OK	BLAINE COUNTY	409013 OK	BRYAN COUNTY
409009 OK	BECKHAM COUNTY	409017 OK	CANADIAN COUNTY	409019 OK	CARTER COUNTY
409015 OK	CADDO COUNTY	409023 OK	CHOCTAW COUNTY	409025 OK	CIMARRON COUNTY
409021 OK	CHEROKEE COUNTY	409029 OK	COAL COUNTY	409031 OK	COMANCHE COUNTY
409027 OK	CLEVELAND COUNTY	409035 OK	CRAIG COUNTY	409037 OK	CREEK COUNTY
409033 OK	COTTON COUNTY	409041 OK	DELAWARE COUNTY	409043 OK	DEWEY COUNTY
409039 OK	CUSTER COUNTY	409047 OK	GARFIELD COUNTY	409049 OK	GARVIN COUNTY
409045 OK	ELLIS COUNTY	409053 OK	GRANT COUNTY	409055 OK	GREER COUNTY
409051 OK	GRADY COUNTY	409059 OK	HARPER COUNTY	409061 OK	HASKELL COUNTY
409057 OK	HARMON COUNTY	409065 OK	JACKSON COUNTY	409067 OK	JEFFERSON COUNTY
409063 OK	HUGHES COUNTY	409071 OK	KAY COUNTY	409073 OK	KINGFISHER COUNTY
409069 OK	JOHNSTON COUNTY	409077 OK	LATIMER COUNTY	409079 OK	LE FLORE COUNTY
409075 OK	KIOWA COUNTY	409083 OK	LOGAN COUNTY	409085 OK	LOVE COUNTY
409081 OK	LINCOLN COUNTY	409089 OK	MCCURTAIN COUNTY	409091 OK	MCINTOSH COUNTY
409087 OK	MCCLELLAN COUNTY	409095 OK	MARSHALL COUNTY	409097 OK	MAYES COUNTY
409093 OK	MAJOR COUNTY	409101 OK	MUSKOGEE COUNTY	409103 OK	NOBLE COUNTY
409099 OK	MURRAY COUNTY	409107 OK	OKFUSKEE COUNTY	409109 OK	OKLAHOMA COUNTY
409105 OK	NOWATA COUNTY	409113 OK	OSAGE COUNTY	409115 OK	OTTAWA COUNTY
409111 OK	OKMULGEE COUNTY	409119 OK	PAYNE COUNTY	409121 OK	PITTSBURG COUNTY
409117 OK	PAWNEE COUNTY	409125 OK	POTTAWATOMIE	409127 OK	PUSHMATAHA
409123 OK	PONTOTOC COUNTY	409131 OK	ROGERS COUNTY	409133 OK	SEMINOLE COUNTY
409129 OK	ROGER MILLS COUNTY	409137 OK	STEPHENS COUNTY	409139 OK	TEXAS COUNTY
409135 OK	SEQUOYAH COUNTY	409143 OK	TULSA COUNTY	409145 OK	WAGONER COUNTY
409141 OK	TILLMAN COUNTY	409149 OK	WASHITA COUNTY	409151 OK	WOODS COUNTY
409147 OK	WASHINGTON COUNTY				
409153 OK	WOODWARD COUNTY				

**OREGON**

410042 OR	ASHLAND	410288 OR	CORVALLIS	410426 OR	EUGENE
410108 OR	BEAVERTON	410636 OR	HILLSBORO	410888 OR	MEDFORD
410564 OR	GRESHAM	411200 OR	SALEM	411290 OR	SPRINGFIELD
411098 OR	PORTLAND	419003 OR	BENTON COUNTY	419005 OR	CLACKAMAS COUNTY
419001 OR	BAKER COUNTY	419009 OR	COLUMBIA COUNTY	419011 OR	COOS COUNTY
419007 OR	CLATSOP COUNTY	419015 OR	CURRY COUNTY	419017 OR	DESCHUTES COUNTY
419013 OR	CROOK COUNTY	419021 OR	GILLIAM COUNTY	419023 OR	GRANT COUNTY
419019 OR	DOUGLAS COUNTY	419027 OR	HOOD RIVER COUNTY	419029 OR	JACKSON COUNTY
419025 OR	HARNEY COUNTY	419033 OR	JOSEPHINE COUNTY	419035 OR	KLAMATH COUNTY
419031 OR	JEFFERSON COUNTY	419039 OR	LANE COUNTY	419041 OR	LINCOLN COUNTY
419037 OR	LAKE COUNTY	419045 OR	MALHEUR COUNTY	419047 OR	MARION COUNTY
419043 OR	LINN COUNTY				

419049 OR	MORROW COUNTY	419051 OR	MULTNOMAH COUNTY	419053 OR	POLK COUNTY
419055 OR	SHERMAN COUNTY	419057 OR	TILLAMOOK COUNTY	419059 OR	UMATILLA COUNTY
419061 OR	UNION COUNTY	419063 OR	WALLOWA COUNTY	419065 OR	WASCO COUNTY
419067 OR	WASHINGTON COUNTY	419069 OR	WHEELER COUNTY	419071 OR	YAMHILL COUNTY
<b>PENNSYLVANIA</b>					
420015 PA	ABINGTON	420096 PA	ALLENTOWN	420504 PA	BETHLEHEM
420114 PA	ALTOONA	420438 PA	BENSALEM TOWNSHIP	421116 PA	CHESTER
420726 PA	BRISTOL TOWNSHIP	420930 PA	CARLISLE	422898 PA	HARRISBURG
421950 PA	EASTON	422178 PA	ERIE	423411 PA	JOHNSTOWN
422937 PA	HAVERTFORD	422958 PA	HAZLETON	423951 PA	LOWER MERION
423573 PA	LANCASTER	423657 PA	LEBANON	424914 PA	NORRISTOWN
424086 PA	MCKEESPORT	424434 PA	MILLCREEK	425529 PA	PITTSBURGH
425340 PA	PENN HILLS	425451 PA	PHILADELPHIA	426258 PA	SHARON
425793 PA	READING	426201 PA	SCRANTON	427947 PA	WILKES-BARRE
426711 PA	STATE COLLEGE	427227 PA	UPPER DARBY	429001 PA	ADAMS COUNTY
427962 PA	WILLIAMSPORT	428136 PA	YORK	429007 PA	BEAVER COUNTY
429003 PA	ALLEGHENY COUNTY	429005 PA	ARMSTRONG COUNTY	429013 PA	BLAIR COUNTY
429009 PA	BEDFORD COUNTY	429011 PA	BERKS COUNTY	429019 PA	BUTLER COUNTY
429015 PA	BRADFORD COUNTY	429017 PA	BUCKS COUNTY	429025 PA	CARBON COUNTY
429021 PA	CAMBRIA COUNTY	429023 PA	CAMERON COUNTY	429031 PA	CLARION COUNTY
429027 PA	CENTRE COUNTY	429029 PA	CHESTER COUNTY	429037 PA	COLUMBIA COUNTY
429033 PA	CLEARFIELD COUNTY	429035 PA	CLINTON COUNTY	429043 PA	DAUPHIN COUNTY
429039 PA	CRAWFORD COUNTY	429041 PA	CUMBERLAND	429049 PA	ERIE COUNTY
429045 PA	DELAWARE COUNTY	429047 PA	ELK COUNTY	429055 PA	FRANKLIN COUNTY
429051 PA	FAYETTE COUNTY	429053 PA	FOREST COUNTY	429061 PA	HUNTINGDON COUNTY
429057 PA	FULTON COUNTY	429059 PA	GREENE COUNTY	429067 PA	JUNIATA COUNTY
429063 PA	INDIANA COUNTY	429065 PA	JEFFERSON COUNTY	429073 PA	LAWRENCE COUNTY
429069 PA	LACKAWANNA	429071 PA	LANCASTER COUNTY	429079 PA	LUZERNE COUNTY
429075 PA	LEBANON COUNTY	429077 PA	LEHIGH COUNTY	429085 PA	MERCER COUNTY
429081 PA	LYCOMING COUNTY	429083 PA	MCKEAN COUNTY	429091 PA	MONTGOMERY
429087 PA	MIFFLIN COUNTY	429089 PA	MONROE COUNTY	429097 PA	NORTHUMBERLAND
429093 PA	MONTOUR COUNTY	429095 PA	NORTHAMPTON	429105 PA	POTTER COUNTY
429099 PA	PERRY COUNTY	429103 PA	PIKE COUNTY	429111 PA	SOMERSET COUNTY
429107 PA	SCHUYLKILL COUNTY	429109 PA	SNYDER COUNTY	429117 PA	TIOGA COUNTY
429113 PA	SULLIVAN COUNTY	429115 PA	SUSQUEHANNA	429123 PA	WARREN COUNTY
429119 PA	UNION COUNTY	429121 PA	VENANGO COUNTY	429129 PA	WESTMORELAND
429125 PA	WASHINGTON COUNTY	429127 PA	WAYNE COUNTY		
429131 PA	WYOMING COUNTY	429133 PA	YORK COUNTY		
<b>PUERTO RICO</b>					
729001 PR	ADJUNTAS MUNICIPIO	729003 PR	AGUADA MUNICIPIO	729005 PR	AGUADILLA
729007 PR	AGUAS BUENAS	729009 PR	AIBONITO MUNICIPIO	729011 PR	A±ASCO MUNICIPIO
729013 PR	ARECIBO MUNICIPIO	729015 PR	ARROYO MUNICIPIO	729017 PR	BARCELONETA
729019 PR	BARRANQUITAS	729021 PR	BAYAMON MUNICIPIO	729023 PR	CABO ROJO MUNICIPIO
729025 PR	CAGUAS MUNICIPIO	729027 PR	CAMUY MUNICIPIO	729029 PR	CANOVANAS
729031 PR	CAROLINA MUNICIPIO	729033 PR	CATA±O MUNICIPIO	729035 PR	CAYEY MUNICIPIO
729037 PR	CEIBA MUNICIPIO	729039 PR	CIALES MUNICIPIO	729041 PR	CIDRA MUNICIPIO
729043 PR	COAMO MUNICIPIO	729045 PR	COMERIO MUNICIPIO	729047 PR	COROZAL MUNICIPIO
729049 PR	CULEBRA MUNICIPIO	729051 PR	DORADO MUNICIPIO	729053 PR	FAJARDO MUNICIPIO
729054 PR	FLORIDA MUNICIPIO	729055 PR	GUBNICA MUNICIPIO	729057 PR	GUAYAMA MUNICIPIO
729059 PR	GUAYANILLA	729061 PR	GUAYNABO MUNICIPIO	729063 PR	GURABO MUNICIPIO
729065 PR	HATILLO MUNICIPIO	729067 PR	HORMIGUEROS	729069 PR	HUMACAO MUNICIPIO
729071 PR	ISABELA MUNICIPIO	729073 PR	JAYUYA MUNICIPIO	729075 PR	JUANA DIAZ
729077 PR	JUNCOS MUNICIPIO	729079 PR	LAJAS MUNICIPIO	729081 PR	LARES MUNICIPIO
729083 PR	LAS MARFAS	729085 PR	LAS PIEDRAS	729087 PR	LOFZA MUNICIPIO
729089 PR	LUQUILLO MUNICIPIO	729091 PR	MANATI MUNICIPIO	729093 PR	MARICAO MUNICIPIO
729095 PR	MAUNABO MUNICIPIO	729097 PR	MAYAGUEZ	729099 PR	MOCA MUNICIPIO

729101 PR	MOROVIS MUNICIPIO	729103 PR	NAGUABO MUNICIPIO	729105 PR	NARANJITO
729107 PR	OROCOVIS MUNICIPIO	729109 PR	PATILLAS MUNICIPIO	729111 PR	PE±UELAS MUNICIPIO
729113 PR	PONCE MUNICIPIO	729115 PR	QUEBRADILLAS	729117 PR	RINC=N MUNICIPIO
729119 PR	RIO GRANDE	729121 PR	SABANA GRANDE	729123 PR	SALINAS MUNICIPIO
729125 PR	SAN GERMBN	729127 PR	SAN JUAN MUNICIPIO	729129 PR	SAN LORENZO
729131 PR	SAN SEBASTIBN	729133 PR	SANTA ISABEL	729135 PR	TOA ALTA MUNICIPIO
729137 PR	TOA BAJA MUNICIPIO	729139 PR	TRUJILLO ALTO	729141 PR	UTUADO MUNICIPIO
729143 PR	VEGA ALTA	729145 PR	VEGA BAJA MUNICIPIO	729147 PR	VIEQUES MUNICIPIO
729149 PR	VILLALBA MUNICIPIO	729151 PR	YABUCOA MUNICIPIO	729153 PR	YAUCO MUNICIPIO

**RHODE ISLAND**

440054 RI	CRANSTON	440072 RI	EAST PROVIDENCE	440276 RI	WARWICK
440210 RI	PAWTUCKET	440222 RI	PROVIDENCE	449003 RI	KENT COUNTY
440306 RI	WOONSOCKET	449001 RI	BRISTOL COUNTY	449009 RI	WASHINGTON COUNTY
449005 RI	NEWPORT COUNTY	449007 RI	PROVIDENCE COUNTY		

**SOUTH CAROLINA**

450012 SC	AIKEN	450030 SC	ANDERSON	450534 SC	FLORENCE
450300 SC	CHARLESTON	450372 SC	COLUMBIA	451386 SC	ROCK HILL
450648 SC	GREENVILLE	451080 SC	MYRTLE BEACH	459001 SC	ABBEVILLE COUNTY
451554 SC	SPARTANBURG	451620 SC	SUMTER	459007 SC	ANDERSON COUNTY
459003 SC	AIKEN COUNTY	459005 SC	ALLENDALE COUNTY	459013 SC	BEAUFORT COUNTY
459009 SC	BAMBERG COUNTY	459011 SC	BARNWELL COUNTY	459019 SC	CHARLESTON COUNTY
459015 SC	BERKELEY COUNTY	459017 SC	CALHOUN COUNTY	459025 SC	CHESTERFIELD
459021 SC	CHEROKEE COUNTY	459023 SC	CHESTER COUNTY	459031 SC	DARLINGTON COUNTY
459027 SC	CLARENDON COUNTY	459029 SC	COLLETON COUNTY	459037 SC	EDGEFIELD COUNTY
459033 SC	DILLON COUNTY	459035 SC	DORCHESTER COUNTY	459043 SC	GEORGETOWN
459039 SC	FAIRFIELD COUNTY	459041 SC	FLORENCE COUNTY	459049 SC	HAMPTON COUNTY
459045 SC	GREENVILLE COUNTY	459047 SC	GREENWOOD COUNTY	459055 SC	KERSHAW COUNTY
459051 SC	HORRY COUNTY	459053 SC	JASPER COUNTY	459061 SC	LEE COUNTY
459057 SC	LANCASTER COUNTY	459059 SC	LAURENS COUNTY	459067 SC	MARION COUNTY
459063 SC	LEXINGTON COUNTY	459065 SC	MCCORMICK COUNTY	459073 SC	OCONEE COUNTY
459069 SC	MARLBORO COUNTY	459071 SC	NEWBERRY COUNTY	459079 SC	RICHLAND COUNTY
459075 SC	ORANGEBURG COUNTY	459077 SC	PICKENS COUNTY	459085 SC	SUMTER COUNTY
459081 SC	SALUDA COUNTY	459083 SC	SPARTANBURG	459091 SC	YORK COUNTY
459087 SC	UNION COUNTY	459089 SC	WILLIAMSBURG		

**SOUTH DAKOTA**

461392 SD	RAPID CITY	461518 SD	SIoux FALLS	469007 SD	BENNETT COUNTY
469003 SD	AURORA COUNTY	469005 SD	BEADLE COUNTY	469013 SD	BROWN COUNTY
469009 SD	BON HOMME COUNTY	469011 SD	BROOKINGS COUNTY	469019 SD	BUTTE COUNTY
469015 SD	BRULE COUNTY	469017 SD	BUFFALO COUNTY	469025 SD	CLARK COUNTY
469021 SD	CAMPBELL COUNTY	469023 SD	CHARLES MIX COUNTY	469031 SD	CORSON COUNTY
469027 SD	CLAY COUNTY	469029 SD	CODINGTON COUNTY	469037 SD	DAY COUNTY
469033 SD	CUSTER COUNTY	469035 SD	DAVISON COUNTY	469043 SD	DOUGLAS COUNTY
469039 SD	DEUEL COUNTY	469041 SD	DEWEY COUNTY	469049 SD	FAULK COUNTY
469045 SD	EDMUNDS COUNTY	469047 SD	FALL RIVER COUNTY	469055 SD	HAAKON COUNTY
469051 SD	GRANT COUNTY	469053 SD	GREGORY COUNTY	469061 SD	HANSON COUNTY
469057 SD	HAMLIN COUNTY	469059 SD	HAND COUNTY	469067 SD	HUTCHINSON COUNTY
469063 SD	HARDING COUNTY	469065 SD	HUGHES COUNTY	469073 SD	JERAULD COUNTY
469069 SD	HYDE COUNTY	469071 SD	JACKSON COUNTY	469079 SD	LAKE COUNTY
469075 SD	JONES COUNTY	469077 SD	KINGSBURY COUNTY	469085 SD	LYMAN COUNTY
469081 SD	LAWRENCE COUNTY	469083 SD	LINCOLN COUNTY	469091 SD	MARSHALL COUNTY
469087 SD	MCCOOK COUNTY	469089 SD	MCPHERSON COUNTY	469097 SD	MINER COUNTY
469093 SD	MEADE COUNTY	469095 SD	MELLETTTE COUNTY	469103 SD	PENNINGTON COUNTY
469099 SD	MINNEHAHA COUNTY	469101 SD	MOODY COUNTY	469109 SD	ROBERTS COUNTY
469105 SD	PERKINS COUNTY	469107 SD	POTTER COUNTY	469115 SD	SPINK COUNTY
469111 SD	SANBORN COUNTY	469113 SD	SHANNON COUNTY	469121 SD	TODD COUNTY
469117 SD	STANLEY COUNTY	469119 SD	SULLY COUNTY	469127 SD	UNION COUNTY
469123 SD	TRIPP COUNTY	469125 SD	TURNER COUNTY	469137 SD	ZIEBACH COUNTY
469129 SD	WALWORTH COUNTY	469135 SD	YANKTON COUNTY		

**TENNESSEE**

470228 TN	BRISTOL	470336 TN	CHATTANOOGA	470954 TN	JOHNSON CITY
470354 TN	CLARKSVILLE	470924 TN	JACKSON	471242 TN	MEMPHIS
470990 TN	KINGSPORT	471014 TN	KNOXVILLE	471422 TN	OAK RIDGE
471362 TN	MURFREESBORO	471368 TN	NASHVILLE-DAVIDSON	479005 TN	BENTON COUNTY
479001 TN	ANDERSON COUNTY	479003 TN	BEDFORD COUNTY	479011 TN	BRADLEY COUNTY
479007 TN	BLED SOE COUNTY	479009 TN	BLOUNT COUNTY	479017 TN	CARROLL COUNTY
479013 TN	CAMPBELL COUNTY	479015 TN	CANNON COUNTY	479023 TN	CHESTER COUNTY
479019 TN	CARTER COUNTY	479021 TN	CHEATHAM COUNTY	479029 TN	COCKE COUNTY
479025 TN	CLAIBORNE COUNTY	479027 TN	CLAY COUNTY	479035 TN	CUMBERLAND
479031 TN	COFFEE COUNTY	479033 TN	CROCKETT COUNTY	479043 TN	DICKSON COUNTY
479039 TN	DECATUR COUNTY	479041 TN	DEKALB COUNTY	479049 TN	FENTRESS COUNTY
479045 TN	DYER COUNTY	479047 TN	FAYETTE COUNTY	479055 TN	GILES COUNTY
479051 TN	FRANKLIN COUNTY	479053 TN	GIBSON COUNTY	479061 TN	GRUNDY COUNTY
479057 TN	GRAINGER COUNTY	479059 TN	GREENE COUNTY	479067 TN	HANCOCK COUNTY
479063 TN	HAMBLÉN COUNTY	479065 TN	HAMILTON COUNTY	479073 TN	HAWKINS COUNTY
479069 TN	HARDEMAN COUNTY	479071 TN	HARDIN COUNTY	479079 TN	HENRY COUNTY
479075 TN	HAYWOOD COUNTY	479077 TN	HENDERSON COUNTY	479085 TN	HUMPHREYS COUNTY
479081 TN	HICKMAN COUNTY	479083 TN	HOUSTON COUNTY	479091 TN	JOHNSON COUNTY
479087 TN	JACKSON COUNTY	479089 TN	JEFFERSON COUNTY	479097 TN	LAUDERDALE COUNTY
479093 TN	KNOX COUNTY	479095 TN	LAKE COUNTY	479103 TN	LINCOLN COUNTY
479099 TN	LAWRENCE COUNTY	479101 TN	LEWIS COUNTY	479109 TN	MCNAIRY COUNTY
479105 TN	LOUDON COUNTY	479107 TN	MCMINN COUNTY	479115 TN	MARION COUNTY
479111 TN	MACON COUNTY	479113 TN	MADISON COUNTY	479121 TN	MEIGS COUNTY
479117 TN	MARSHALL COUNTY	479119 TN	MAURY COUNTY	479127 TN	MOORE COUNTY
479123 TN	MONROE COUNTY	479125 TN	MONTGOMERY	479133 TN	OVERTON COUNTY
479129 TN	MORGAN COUNTY	479131 TN	OBION COUNTY	479139 TN	POLK COUNTY
479135 TN	PERRY COUNTY	479137 TN	PICKETT COUNTY	479145 TN	ROANE COUNTY
479141 TN	PUTNAM COUNTY	479143 TN	RHEA COUNTY	479151 TN	SCOTT COUNTY
479147 TN	ROBERTSON COUNTY	479149 TN	RUTHERFORD COUNTY	479157 TN	SHELBY COUNTY
479153 TN	SEQUATCHIE COUNTY	479155 TN	SEVIER COUNTY	479163 TN	SULLIVAN COUNTY
479159 TN	SMITH COUNTY	479161 TN	STEWART COUNTY	479169 TN	TROUSDALE COUNTY
479165 TN	SUMNER COUNTY	479167 TN	TIPTON COUNTY	479175 TN	VAN BUREN COUNTY
479171 TN	UNICOI COUNTY	479173 TN	UNION COUNTY	479181 TN	WAYNE COUNTY
479177 TN	WARREN COUNTY	479179 TN	WASHINGTON COUNTY	479187 TN	WILLIAMSON COUNTY
479183 TN	WEAKLEY COUNTY	479185 TN	WHITE COUNTY		
479189 TN	WILSON COUNTY				

**TEXAS**

480018 TX	ABILENE	480222 TX	ARLINGTON	480264 TX	AUSTIN
480132 TX	AMARILLO	480402 TX	BEAUMONT	480726 TX	BROWNSVILLE
480390 TX	BAYTOWN CITY	480900 TX	CARROLLTON	481104 TX	COLLEGE STATION
480738 TX	BRYAN	481206 TX	CORPUS CHRISTI	481338 TX	DALLAS
481158 TX	CONROE	481416 TX	DENTON	481608 TX	EDINBURG
481410 TX	DENISON	481824 TX	FLOWER MOUND	481896 TX	FORT WORTH
481680 TX	EL PASO	481998 TX	GARLAND	482142 TX	GRAND PRAIRIE
481986 TX	GALVESTON	482514 TX	HOUSTON	482628 TX	IRVING
482304 TX	HARLINGEN	483042 TX	LAREDO	483132 TX	LEWISVILLE
482820 TX	KILLEEN	483288 TX	LUBBOCK	483330 TX	MC ALLEN
483246 TX	LONGVIEW	483438 TX	MARSHALL	483546 TX	MESQUITE
483348 TX	MCKINNEY	483606 TX	MISSION	483612 TX	MISSOURI CITY
483564 TX	MIDLAND	483888 TX	NORTH RICHLAND	483924 TX	ODESSA
483798 TX	NEW BRAUNFELS	484068 TX	PASADENA	484146 TX	PHARR
483966 TX	ORANGE	484248 TX	PORT ARTHUR	484488 TX	RICHARDSON
484206 TX	PLANO	484752 TX	SAN ANGELO	484758 TX	SAN ANTONIO
484674 TX	ROUND ROCK	484812 TX	SAN MARCOS	484962 TX	SHERMAN
484770 TX	SAN BENITO				

485202 TX	SUGAR LAND	485316 TX	TEMPLE	485340 TX	TEXARKANA
485346 TX	TEXAS CITY	485496 TX	TYLER	485580 TX	VICTORIA
485592 TX	WACO	485826 TX	WICHITA FALLS	489001 TX	ANDERSON COUNTY
489003 TX	ANDREWS COUNTY	489005 TX	ANGELINA COUNTY	489007 TX	ARANSAS COUNTY
489009 TX	ARCHER COUNTY	489011 TX	ARMSTRONG COUNTY	489013 TX	ATASCOSA COUNTY
489015 TX	AUSTIN COUNTY	489017 TX	BAILEY COUNTY	489019 TX	BANDERA COUNTY
489021 TX	BASTROP COUNTY	489023 TX	BAYLOR COUNTY	489025 TX	BEE COUNTY
489027 TX	BELL COUNTY	489029 TX	BEXAR COUNTY	489031 TX	BLANCO COUNTY
489033 TX	BORDEN COUNTY	489035 TX	BOSQUE COUNTY	489037 TX	BOWIE COUNTY
489039 TX	BRAZORIA COUNTY	489041 TX	BRAZOS COUNTY	489043 TX	BREWSTER COUNTY
489045 TX	BRISCOE COUNTY	489047 TX	BROOKS COUNTY	489049 TX	BROWN COUNTY
489051 TX	BURLESON COUNTY	489053 TX	BURNET COUNTY	489055 TX	CALDWELL COUNTY
489057 TX	CALHOUN COUNTY	489059 TX	CALLAHAN COUNTY	489061 TX	CAMERON COUNTY
489063 TX	CAMP COUNTY	489065 TX	CARSON COUNTY	489067 TX	CASS COUNTY
489069 TX	CASTRO COUNTY	489071 TX	CHAMBERS COUNTY	489073 TX	CHEROKEE COUNTY
489075 TX	CHILDRESS COUNTY	489077 TX	CLAY COUNTY	489079 TX	COCHRAN COUNTY
489081 TX	COKE COUNTY	489083 TX	COLEMAN COUNTY	489085 TX	COLLIN COUNTY
489087 TX	COLLINGSWORTH	489089 TX	COLORADO COUNTY	489091 TX	COMAL COUNTY
489093 TX	COMANCHE COUNTY	489095 TX	CONCHO COUNTY	489097 TX	COOKE COUNTY
489099 TX	CORYELL COUNTY	489101 TX	COTTLE COUNTY	489103 TX	CRANE COUNTY
489105 TX	CROCKETT COUNTY	489107 TX	CROSBY COUNTY	489109 TX	CULBERSON COUNTY
489111 TX	DALLAM COUNTY	489113 TX	DALLAS COUNTY	489115 TX	DAWSON COUNTY
489117 TX	DEAF SMITH COUNTY	489119 TX	DELTA COUNTY	489121 TX	DENTON COUNTY
489123 TX	DEWITT COUNTY	489125 TX	DICKENS COUNTY	489127 TX	DIMMIT COUNTY
489129 TX	DONLEY COUNTY	489131 TX	DUVAL COUNTY	489133 TX	EASTLAND COUNTY
489135 TX	ECTOR COUNTY	489137 TX	EDWARDS COUNTY	489139 TX	ELLIS COUNTY
489141 TX	EL PASO COUNTY	489143 TX	ERATH COUNTY	489145 TX	FALLS COUNTY
489147 TX	FANNIN COUNTY	489149 TX	FAYETTE COUNTY	489151 TX	FISHER COUNTY
489153 TX	FLOYD COUNTY	489155 TX	FOARD COUNTY	489157 TX	FORT BEND COUNTY
489159 TX	FRANKLIN COUNTY	489161 TX	FREESTONE COUNTY	489163 TX	FRIO COUNTY
489165 TX	GAINES COUNTY	489167 TX	GALVESTON COUNTY	489169 TX	GARZA COUNTY
489171 TX	GILLESPIE COUNTY	489173 TX	GLASSCOCK COUNTY	489175 TX	GOLIAD COUNTY
489177 TX	GONZALES COUNTY	489179 TX	GRAY COUNTY	489181 TX	GRAYSON COUNTY
489183 TX	GREGG COUNTY	489185 TX	GRIMES COUNTY	489187 TX	GUADALUPE COUNTY
489189 TX	HALE COUNTY	489191 TX	HALL COUNTY	489193 TX	HAMILTON COUNTY
489195 TX	HANSFORD COUNTY	489197 TX	HARDEMAN COUNTY	489199 TX	HARDIN COUNTY
489201 TX	HARRIS COUNTY	489203 TX	HARRISON COUNTY	489205 TX	HARTLEY COUNTY
489207 TX	HASKELL COUNTY	489209 TX	HAYS COUNTY	489211 TX	HEMPHILL COUNTY
489213 TX	HENDERSON COUNTY	489215 TX	HIDALGO COUNTY	489217 TX	HILL COUNTY
489219 TX	HOCKLEY COUNTY	489221 TX	HOOD COUNTY	489223 TX	HOPKINS COUNTY
489225 TX	HOUSTON COUNTY	489227 TX	HOWARD COUNTY	489229 TX	HUDSPETH COUNTY
489231 TX	HUNT COUNTY	489233 TX	HUTCHINSON COUNTY	489235 TX	IRION COUNTY
489237 TX	JACK COUNTY	489239 TX	JACKSON COUNTY	489241 TX	JASPER COUNTY
489243 TX	JEFF DAVIS COUNTY	489245 TX	JEFFERSON COUNTY	489247 TX	JIM HOGG COUNTY
489249 TX	JIM WELLS COUNTY	489251 TX	JOHNSON COUNTY	489253 TX	JONES COUNTY
489255 TX	KARNES COUNTY	489257 TX	KAUFMAN COUNTY	489259 TX	KENDALL COUNTY
489261 TX	KENEDY COUNTY	489263 TX	KENT COUNTY	489265 TX	KERR COUNTY
489267 TX	KIMBLE COUNTY	489269 TX	KING COUNTY	489271 TX	KINNEY COUNTY
489273 TX	KLEBERG COUNTY	489275 TX	KNOX COUNTY	489277 TX	LAMAR COUNTY
489279 TX	LAMB COUNTY	489281 TX	LAMPASAS COUNTY	489283 TX	LA SALLE COUNTY
489285 TX	LAVACA COUNTY	489287 TX	LEE COUNTY	489289 TX	LEON COUNTY
489291 TX	LIBERTY COUNTY	489293 TX	LIMESTONE COUNTY	489295 TX	LIPSCOMB COUNTY
489297 TX	LIVE OAK COUNTY	489299 TX	LLANO COUNTY	489301 TX	LOVING COUNTY
489303 TX	LUBBOCK COUNTY	489305 TX	LYNN COUNTY	489307 TX	MCCULLOCH COUNTY
489309 TX	MCLENNAN COUNTY	489311 TX	MCMULLEN COUNTY	489313 TX	MADISON COUNTY
489315 TX	MARION COUNTY	489317 TX	MARTIN COUNTY	489319 TX	MASON COUNTY
489321 TX	MATAGORDA COUNTY	489323 TX	MAVERICK COUNTY	489325 TX	MEDINA COUNTY
489327 TX	MENARD COUNTY	489329 TX	MIDLAND COUNTY	489331 TX	MILAM COUNTY
489333 TX	MILLS COUNTY	489335 TX	MITCHELL COUNTY	489337 TX	MONTAGUE COUNTY
489339 TX	MONTGOMERY	489341 TX	MOORE COUNTY	489343 TX	MORRIS COUNTY

489345 TX	MOTLEY COUNTY	489347 TX	NACOGDOCHES	489349 TX	NAVARRO COUNTY
489351 TX	NEWTON COUNTY	489353 TX	NOLAN COUNTY	489355 TX	NUECES COUNTY
489357 TX	OCHILTREE COUNTY	489359 TX	OLDHAM COUNTY	489361 TX	ORANGE COUNTY
489363 TX	PALO PINTO COUNTY	489365 TX	PANOLA COUNTY	489367 TX	PARKER COUNTY
489369 TX	PARMER COUNTY	489371 TX	PECOS COUNTY	489373 TX	POLK COUNTY
489375 TX	POTTER COUNTY	489377 TX	PRESIDIO COUNTY	489379 TX	RAINS COUNTY
489381 TX	RANDALL COUNTY	489383 TX	REAGAN COUNTY	489385 TX	REAL COUNTY
489387 TX	RED RIVER COUNTY	489389 TX	REEVES COUNTY	489391 TX	REFUGIO COUNTY
489393 TX	ROBERTS COUNTY	489395 TX	ROBERTSON COUNTY	489397 TX	ROCKWALL COUNTY
489399 TX	RUNNELS COUNTY	489401 TX	RUSK COUNTY	489403 TX	SABINE COUNTY
489405 TX	SAN AUGUSTINE	489407 TX	SAN JACINTO COUNTY	489409 TX	SAN PATRICIO
489411 TX	SAN SABA COUNTY	489413 TX	SCHLEICHER COUNTY	489415 TX	SCURRY COUNTY
489417 TX	SHACKELFORD	489419 TX	SHELBY COUNTY	489421 TX	SHERMAN COUNTY
489423 TX	SMITH COUNTY	489425 TX	SOMERVELL COUNTY	489427 TX	STARR COUNTY
489429 TX	STEPHENS COUNTY	489431 TX	STERLING COUNTY	489433 TX	STONEWALL COUNTY
489435 TX	SUTTON COUNTY	489437 TX	SWISHER COUNTY	489439 TX	TARRANT COUNTY
489441 TX	TAYLOR COUNTY	489443 TX	TERRELL COUNTY	489445 TX	TERRY COUNTY
489447 TX	THROCKMORTON	489449 TX	TITUS COUNTY	489451 TX	TOM GREEN COUNTY
489453 TX	TRAVIS COUNTY	489455 TX	TRINITY COUNTY	489457 TX	TYLER COUNTY
489459 TX	UPSHUR COUNTY	489461 TX	UPTON COUNTY	489463 TX	UVALDE COUNTY
489465 TX	VAL VERDE COUNTY	489467 TX	VAN ZANDT COUNTY	489469 TX	VICTORIA COUNTY
489471 TX	WALKER COUNTY	489473 TX	WALLER COUNTY	489475 TX	WARD COUNTY
489477 TX	WASHINGTON COUNTY	489479 TX	WEBB COUNTY	489481 TX	WHARTON COUNTY
489483 TX	WHEELER COUNTY	489485 TX	WICHITA COUNTY	489487 TX	WILBARGER COUNTY
489489 TX	WILLACY COUNTY	489491 TX	WILLIAMSON COUNTY	489493 TX	WILSON COUNTY
489495 TX	WINKLER COUNTY	489497 TX	WISE COUNTY	489499 TX	WOOD COUNTY
489501 TX	YOAKUM COUNTY	489503 TX	YOUNG COUNTY	489505 TX	ZAPATA COUNTY
489507 TX	ZAVALA COUNTY				

**UTAH**

490174 UT	CLEARFIELD	490888 UT	OGDEN	490918 UT	OREM
490624 UT	LAYTON	491092 UT	SALT LAKE CITY	491098 UT	SANDY CITY
491014 UT	PROVO	491338 UT	WEST JORDAN	491346 UT	WEST VALLEY
491239 UT	TAYLORSVILLE	499003 UT	BOX ELDER COUNTY	499005 UT	CACHE COUNTY
499001 UT	BEAVER COUNTY	499009 UT	DAGGETT COUNTY	499011 UT	DAVIS COUNTY
499007 UT	CARBON COUNTY	499015 UT	EMERY COUNTY	499017 UT	GARFIELD COUNTY
499013 UT	DUCHESNE COUNTY	499021 UT	IRON COUNTY	499023 UT	JUAB COUNTY
499019 UT	GRAND COUNTY	499027 UT	MILLARD COUNTY	499029 UT	MORGAN COUNTY
499025 UT	KANE COUNTY	499033 UT	RICH COUNTY	499035 UT	SALT LAKE COUNTY
499031 UT	PIUTE COUNTY	499039 UT	SANPETE COUNTY	499041 UT	SEVIER COUNTY
499037 UT	SAN JUAN COUNTY	499045 UT	TOOELE COUNTY	499047 UT	UINTAH COUNTY
499043 UT	SUMMIT COUNTY	499051 UT	WASATCH COUNTY	499053 UT	WASHINGTON COUNTY
499049 UT	UTAH COUNTY	499057 UT	WEBER COUNTY		
499055 UT	WAYNE COUNTY				

**VERMONT**

500288 VT	BURLINGTON	509001 VT	ADDISON COUNTY	509003 VT	BENNINGTON COUNTY
509005 VT	CALEDONIA COUNTY	509007 VT	CHITTENDEN COUNTY	509009 VT	ESSEX COUNTY
509011 VT	FRANKLIN COUNTY	509013 VT	GRAND ISLE COUNTY	509015 VT	LAMOILLE COUNTY
509017 VT	ORANGE COUNTY	509019 VT	ORLEANS COUNTY	509021 VT	RUTLAND COUNTY
509023 VT	WASHINGTON COUNTY	509025 VT	WINDHAM COUNTY	509027 VT	WINDSOR COUNTY

**VIRGIN ISLANDS**

780001 VI VIRGIN ISLANDS

**VIRGINIA**

510024 VA	ALEXANDRIA	510186 VA	BRISTOL	510264 VA	CHARLOTTESVILLE
510288 VA	CHESAPEAKE	510384 VA	COLONIAL HEIGHTS	510450 VA	DANVILLE
510612 VA	FREDERICKSBURG	510720 VA	HAMPTON	510780 VA	HOPEWELL
510960 VA	LYNCHBURG	511098 VA	NEWPORT NEWS	511116 VA	NORFOLK
511200 VA	PETERSBURG	511236 VA	PORTSMOUTH	511308 VA	RICHMOND
511320 VA	ROANOKE	511488 VA	SUFFOLK	511590 VA	VIRGINIA BEACH
519001 VA	ACCOMACK COUNTY	519003 VA	ALBEMARLE COUNTY	519005 VA	ALLEGHANY COUNTY
519007 VA	AMELIA COUNTY	519009 VA	AMHERST COUNTY	519011 VA	APPOMATTOX
519013 VA	ARLINGTON COUNTY	519015 VA	AUGUSTA COUNTY	519017 VA	BATH COUNTY
519019 VA	BEDFORD COUNTY	519021 VA	BLAND COUNTY	519023 VA	BOTETOURT COUNTY
519025 VA	BRUNSWICK COUNTY	519027 VA	BUCHANAN COUNTY	519029 VA	BUCKINGHAM COUNTY
519031 VA	CAMPBELL COUNTY	519033 VA	CAROLINE COUNTY	519035 VA	CARROLL COUNTY
519036 VA	CHARLES CITY	519037 VA	CHARLOTTE COUNTY	519041 VA	CHESTERFIELD
519043 VA	CLARKE COUNTY	519045 VA	CRAIG COUNTY	519047 VA	CULPEPER COUNTY
519049 VA	CUMBERLAND	519051 VA	DICKENSON COUNTY	519053 VA	DINWIDDIE COUNTY
519057 VA	ESSEX COUNTY	519059 VA	FAIRFAX COUNTY	519061 VA	FAUQUIER COUNTY
519063 VA	FLOYD COUNTY	519065 VA	FLUVANNA COUNTY	519067 VA	FRANKLIN COUNTY
519069 VA	FREDERICK COUNTY	519071 VA	GILES COUNTY	519073 VA	GLOUCESTER COUNTY
519075 VA	GOOCHLAND COUNTY	519077 VA	GRAYSON COUNTY	519079 VA	GREENE COUNTY
519081 VA	GREENSVILLE COUNTY	519083 VA	HALIFAX COUNTY	519085 VA	HANOVER COUNTY
519087 VA	HENRICO COUNTY	519089 VA	HENRY COUNTY	519091 VA	HIGHLAND COUNTY
519093 VA	ISLE OF WIGHT	519095 VA	JAMES CITY COUNTY	519097 VA	KING AND QUEEN
519099 VA	KING GEORGE COUNTY	519101 VA	KING WILLIAM	519103 VA	LANCASTER COUNTY
519105 VA	LEE COUNTY	519107 VA	LOUDOUN COUNTY	519109 VA	LOUISA COUNTY
519111 VA	LUNENBURG COUNTY	519113 VA	MADISON COUNTY	519115 VA	MATHEWS COUNTY
519117 VA	MECKLENBURG	519119 VA	MIDDLESEX COUNTY	519121 VA	MONTGOMERY
519125 VA	NELSON COUNTY	519127 VA	NEW KENT COUNTY	519131 VA	NORTHAMPTON
519133 VA	NORTHUMBERLAND	519135 VA	NOTTOWAY COUNTY	519137 VA	ORANGE COUNTY
519139 VA	PAGE COUNTY	519141 VA	PATRICK COUNTY	519143 VA	PITTSYLVANIA
519145 VA	POWHATAN COUNTY	519147 VA	PRINCE EDWARD	519149 VA	PRINCE GEORGE
519153 VA	PRINCE WILLIAM	519155 VA	PULASKI COUNTY	519157 VA	RAPPAHANNOCK
519159 VA	RICHMOND COUNTY	519161 VA	ROANOKE COUNTY	519163 VA	ROCKBRIDGE COUNTY
519165 VA	ROCKINGHAM COUNTY	519167 VA	RUSSELL COUNTY	519169 VA	SCOTT COUNTY
519171 VA	SHENANDOAH	519173 VA	SMYTH COUNTY	519175 VA	SOUTHAMPTON
519177 VA	SPOTSYLVANIA	519179 VA	STAFFORD COUNTY	519181 VA	SURRY COUNTY
519183 VA	SUSSEX COUNTY	519185 VA	TAZEWELL COUNTY	519187 VA	WARREN COUNTY
519191 VA	WASHINGTON COUNTY	519193 VA	WESTMORELAND	519195 VA	WISE COUNTY
519197 VA	WYTHE COUNTY	519199 VA	YORK COUNTY	519515 VA	BEDFORD CITY
519530 VA	BUENA VISTA CITY	519560 VA	CLIFTON FORGE CITY	519580 VA	COVINGTON CITY
519595 VA	EMPORIA CITY	519600 VA	FAIRFAX CITY	519610 VA	FALLS CHURCH CITY
519620 VA	FRANKLIN CITY	519640 VA	GALAX CITY	519660 VA	HARRISONBURG CITY
519678 VA	LEXINGTON CITY	519683 VA	MANASSAS CITY	519685 VA	MANASSAS PARK CITY
519690 VA	MARTINSVILLE CITY	519720 VA	NORTON CITY	519735 VA	POQUOSON CITY
519750 VA	RADFORD CITY	519775 VA	SALEM CITY	519790 VA	STAUNTON CITY
519820 VA	WAYNESBORO CITY	519830 VA	WILLIAMSBURG CITY	519840 VA	WINCHESTER CITY

**WASHINGTON**

530054 WA	AUBURN	530084 WA	BELLEVUE	530480 WA	EVERETT
530090 WA	BELLINGHAM	530132 WA	BREMERTON	530726 WA	KENT CITY
530514 WA	FEDERAL WAY	530720 WA	KENNEWICK	531188 WA	PASCO
530795 WA	LAKWOOD	531134 WA	OLYMPIA	531392 WA	SEATTLE
531302 WA	RENTON CITY	531314 WA	RICHLAND	531554 WA	TACOMA
531420 WA	SHORELINE	531488 WA	SPOKANE	539001 WA	ADAMS COUNTY
531668 WA	VANCOUVER	531830 WA	YAKIMA	539007 WA	CHELAN COUNTY
539003 WA	ASOTIN COUNTY	539005 WA	BENTON COUNTY	539013 WA	COLUMBIA COUNTY
539009 WA	CLALLAM COUNTY	539011 WA	CLARK COUNTY	539019 WA	FERRY COUNTY
539015 WA	COWLITZ COUNTY	539017 WA	DOUGLAS COUNTY		

539021 WA	FRANKLIN COUNTY	539023 WA	GARFIELD COUNTY	539025 WA	GRANT COUNTY
539027 WA	GRAYS HARBOR	539029 WA	ISLAND COUNTY	539031 WA	JEFFERSON COUNTY
539033 WA	KING COUNTY	539035 WA	KITSAP COUNTY	539037 WA	KITTITAS COUNTY
539039 WA	KLICKITAT COUNTY	539041 WA	LEWIS COUNTY	539043 WA	LINCOLN COUNTY
539045 WA	MASON COUNTY	539047 WA	OKANOGAN COUNTY	539049 WA	PACIFIC COUNTY
539051 WA	PEND OREILLE	539053 WA	PIERCE COUNTY	539055 WA	SAN JUAN COUNTY
539057 WA	SKAGIT COUNTY	539059 WA	SKAMANIA COUNTY	539061 WA	SNOHOMISH COUNTY
539063 WA	SPOKANE COUNTY	539065 WA	STEVENS COUNTY	539067 WA	THURSTON COUNTY
539069 WA	WAHKIAKUM COUNTY	539071 WA	WALLA WALLA	539073 WA	WHATCOM COUNTY
539075 WA	WHITMAN COUNTY	539077 WA	YAKIMA COUNTY		

**WEST VIRGINIA**

540264 WV	CHARLESTON	540666 WV	HUNTINGTON	541038 WV	PARKERSBURG
541392 WV	WEIRTON	541446 WV	WHEELING	549001 WV	BARBOUR COUNTY
549003 WV	BERKELEY COUNTY	549005 WV	BOONE COUNTY	549007 WV	BRAXTON COUNTY
549009 WV	BROOKE COUNTY	549011 WV	CABELL COUNTY	549013 WV	CALHOUN COUNTY
549015 WV	CLAY COUNTY	549017 WV	DODDRIDGE COUNTY	549019 WV	FAYETTE COUNTY
549021 WV	GILMER COUNTY	549023 WV	GRANT COUNTY	549025 WV	GREENBRIER COUNTY
549027 WV	HAMPSHIRE COUNTY	549029 WV	HANCOCK COUNTY	549031 WV	HARDY COUNTY
549033 WV	HARRISON COUNTY	549035 WV	JACKSON COUNTY	549037 WV	JEFFERSON COUNTY
549039 WV	KANAWHA COUNTY	549041 WV	LEWIS COUNTY	549043 WV	LINCOLN COUNTY
549045 WV	LOGAN COUNTY	549047 WV	MCDOWELL COUNTY	549049 WV	MARION COUNTY
549051 WV	MARSHALL COUNTY	549053 WV	MASON COUNTY	549055 WV	MERCER COUNTY
549057 WV	MINERAL COUNTY	549059 WV	MINGO COUNTY	549061 WV	MONONGALIA
549063 WV	MONROE COUNTY	549065 WV	MORGAN COUNTY	549067 WV	NICHOLAS COUNTY
549069 WV	OHIO COUNTY	549071 WV	PENDLETON COUNTY	549073 WV	PLEASANTS COUNTY
549075 WV	POCAHONTAS COUNTY	549077 WV	PRESTON COUNTY	549079 WV	PUTNAM COUNTY
549081 WV	RALEIGH COUNTY	549083 WV	RANDOLPH COUNTY	549085 WV	RITCHIE COUNTY
549087 WV	ROANE COUNTY	549089 WV	SUMMERS COUNTY	549091 WV	TAYLOR COUNTY
549093 WV	TUCKER COUNTY	549095 WV	TYLER COUNTY	549097 WV	UPSHUR COUNTY
549099 WV	WAYNE COUNTY	549101 WV	WEBSTER COUNTY	549103 WV	WETZEL COUNTY
549105 WV	WIRT COUNTY	549107 WV	WOOD COUNTY	549109 WV	WYOMING COUNTY

**WISCONSIN**

550216 WI	APPLETON	550568 WI	BELOIT	553224 WI	JANESVILLE
551920 WI	EAU CLAIRE	552664 WI	GREEN BAY	553944 WI	MADISON
553316 WI	KENOSHA	553428 WI	LA CROSSE	554960 WI	OSHKOSH
554340 WI	MILWAUKEE	554588 WI	NEENAH	556492 WI	SUPERIOR
555424 WI	RACINE	556000 WI	SHEBOYGAN	557008 WI	WAUWATOSA
556948 WI	WAUKESHA	556980 WI	WAUSAU	559003 WI	ASHLAND COUNTY
557056 WI	WEST ALLIS	559001 WI	ADAMS COUNTY	559009 WI	BROWN COUNTY
559005 WI	BARRON COUNTY	559007 WI	BAYFIELD COUNTY	559015 WI	CALUMET COUNTY
559011 WI	BUFFALO COUNTY	559013 WI	BURNETT COUNTY	559021 WI	COLUMBIA COUNTY
559017 WI	CHIPPEWA COUNTY	559019 WI	CLARK COUNTY	559027 WI	DODGE COUNTY
559023 WI	CRAWFORD COUNTY	559025 WI	DANE COUNTY	559033 WI	DUNN COUNTY
559029 WI	DOOR COUNTY	559031 WI	DOUGLAS COUNTY	559039 WI	FOND DU LAC COUNTY
559035 WI	EAU CLAIRE COUNTY	559037 WI	FLORENCE COUNTY	559045 WI	GREEN COUNTY
559041 WI	FOREST COUNTY	559043 WI	GRANT COUNTY	559051 WI	IRON COUNTY
559047 WI	GREEN LAKE COUNTY	559049 WI	IOWA COUNTY	559057 WI	JUNEAU COUNTY
559053 WI	JACKSON COUNTY	559055 WI	JEFFERSON COUNTY	559063 WI	LA CROSSE COUNTY
559059 WI	KENOSHA COUNTY	559061 WI	KEWAUNEE COUNTY	559069 WI	LINCOLN COUNTY
559065 WI	LAFAYETTE COUNTY	559067 WI	LANGLADE COUNTY	559075 WI	MARINETTE COUNTY
559071 WI	MANITOWOC COUNTY	559073 WI	MARATHON COUNTY	559079 WI	MILWAUKEE COUNTY
559077 WI	MARQUETTE COUNTY	559078 WI	MENOMINEE COUNTY	559085 WI	ONEIDA COUNTY
559081 WI	MONROE COUNTY	559083 WI	OCONTO COUNTY	559091 WI	PEPIN COUNTY
559087 WI	OUTAGAMIE COUNTY	559089 WI	OZAUKEE COUNTY	559097 WI	PORTAGE COUNTY
559093 WI	PIERCE COUNTY	559095 WI	POLK COUNTY	559103 WI	RICHLAND COUNTY
559099 WI	PRICE COUNTY	559101 WI	RACINE COUNTY		

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559105 WI	ROCK COUNTY	559107 WI	RUSK COUNTY	559109 WI	ST. CROIX COUNTY
559111 WI	SAUK COUNTY	559113 WI	SAWYER COUNTY	559115 WI	SHAWANO COUNTY
559117 WI	SHEBOYGAN COUNTY	559119 WI	TAYLOR COUNTY	559121 WI	TREMPEALEAU
559123 WI	VERNON COUNTY	559125 WI	VILAS COUNTY	559127 WI	WALWORTH COUNTY
559129 WI	WASHBURN COUNTY	559131 WI	WASHINGTON COUNTY	559133 WI	WAUKESHA COUNTY
559135 WI	WAUPACA COUNTY	559137 WI	WAUSHARA COUNTY	559139 WI	WINNEBAGO COUNTY
559141 WI	WOOD COUNTY				

**WYOMING**

560054 WY	CASPER	569001 WY	ALBANY COUNTY	569003 WY	BIG HORN COUNTY
560060 WY	CHEYENNE	569007 WY	CARBON COUNTY	569009 WY	CONVERSE COUNTY
569005 WY	CAMPBELL COUNTY	569013 WY	FREMONT COUNTY	569015 WY	GOSHEN COUNTY
569011 WY	CROOK COUNTY	569019 WY	JOHNSON COUNTY	569021 WY	LARAMIE COUNTY
569017 WY	HOT SPRINGS COUNTY	569025 WY	NATRONA COUNTY	569027 WY	NIOBRARA COUNTY
569023 WY	LINCOLN COUNTY	569031 WY	PLATTE COUNTY	569033 WY	SHERIDAN COUNTY
569029 WY	PARK COUNTY	569037 WY	SWEETWATER	569039 WY	TETON COUNTY
569035 WY	SUBLETTE COUNTY	569043 WY	WASHAKIE COUNTY	569045 WY	WESTON COUNTY
569041 WY	UINTA COUNTY				

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Office of Community Planning and Development  
Local Field Office Contact List**

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 <u>MID-ATLANIC</u>		
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As of December 2002

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**213-894-8000**

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**907-271-3669**

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**503-326-7018**

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**JACK PETERS**

**206-220-5150**

**DON PHILLIPS, DEPUTY**  
**DIRECTOR**