DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

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)

Billing Code 4210-32-C

Continuum of Care Homeless Assistance Programs

Overview Information

A. Federal Agency Name: Department of Housing and Urban Development, Office of Community Planning and Development.

B. Funding Opportunity Title: Funding Availability for Continuum of Care (CoC) Homeless Assistance Programs.

C. Announcement Type: Initial Announcement.

D. Funding Opportunity Number: The **Federal Register** number is FR–4950–N–15. The OMB Approval number is pending.

E. Catalog of Federal Domestic Assistance (CFDA) Numbers:

1. 14.235, Supportive Housing Program (SHP)

2. 14.238, Shelter Plus Care (S+C) and

3. 14.249, Section 8 Moderate Rehabilitation Single Room Occupancy (SRO).

F. Dates: Application Submission Date: Applications should be submitted no later than June 10, 2005. Please see the General Section for detailed instructions and Section IV of this NOFA for application submission and timely receipt requirements.

G. Additional Overview Content Information:

1. *Purpose of the Programs:* The purpose of the CoC Homeless Assistance Programs is to assist homeless persons to move to self-sufficiency and permanent housing.

2. *Available Funds:* Approximately $1 billion is available for funding.

3. *Eligible Applicants:* The program summary chart in Section III.A.3 identifies the eligible applicants for each of the three programs under the CoC Homeless Assistance Programs.

4. *Match:* Matching funds are required from local, state, federal or private resources.

Full Text of Announcement

I. Funding Opportunity Description

A. Program Description

1. Overview

a. The purpose of the CoC Homeless Assistance Programs is to reduce the incidence of homelessness in CoC communities by assisting homeless individuals and families to move to self-sufficiency and permanent housing. Projects that sustain current successful interventions and fill gaps in locally developed CoC systems will be funded. To help meet the Administration's goal of ending chronic homelessness, priority will be placed on programs that target the supportive housing needs of chronically homeless persons.

2. The authorizing legislation and implementing regulations for all programs covered by this NOFA are outlined on the chart in Section III.A.3. HUD published a proposed rule updating the Supportive Housing Program at 69 FR 43488 on July 20, 2004 and is currently considering the public comments received. HUD expects to publish a final rule based on the proposed rule and comments in 2005. If a final rule is published before announcement of awards under this NOFA, the new final rule will apply to those awards.

3. *Changes for 2005.* These changes include, but are not limited to, the following:

A. *CoC Hold Harmless Amount.* This is the total of the one-year amount of all SHP projects eligible for renewal. CoC's shall receive the higher of: (1) the preliminary pro rata need (PRN) or (2) the CoC hold harmless amount. In the past, HUD awarded a renewal adjustment when the amount needed to fund all eligible renewals for one year exceeded the preliminary pro rata need. An unintended consequence of this policy resulted in CoCs having to request renewal of projects that in their judgment did not best reflect the current needs of the community. CoCs receiving the CoC hold harmless amount will now have the opportunity to reallocate their PRN funds in order to create new permanent supportive housing projects. This will provide them with the same flexibility that CoCs without excessive SHP renewals have. See Section V.A.2.b of this program section for this significant change.

b. *Samaritan Housing Initiative.* The Samaritan Initiative (formerly known as the Permanent Housing Bonus) will be integrated into this NOFA as part of the larger CoC process and is only for projects serving exclusively chronically homeless persons. It is 15 percent of a CoC's preliminary PRN amount or $6 million, whichever is less. Applicants may use no more than 20 percent of this bonus for case management costs. See Section V.A.2.b(3) for additional information on this subject.

c. *Grant Terms.* The grant terms for all newly proposed SHP projects are two (2) or three (3) years. See Section II.A.3 for additional information on this subject.

d. *Participant Eligibility for Permanent Housing.* The *only* persons who may be served by permanent housing projects (both new and renewal) are those who come from the streets, emergency shelters, or transitional housing. People who are currently housed but may become homeless within seven days, remain eligible for transitional housing and emergency shelters. Please see Section III.C.2.a(3) and the Questions and Answers Supplement for further information.

e. *Pro Rata Need.* Any project not falling fully within the 40 need point range will receive 10 need points. Please see Section V.A.2.b(4) for more information.

f. Fair Market Rent (FMR) Updates. HUD will select projects using the FMRs in place at the time of application. HUD will then apply the FMRs in place at the time of award. See V.A.2.b(3) for more information.

g. *Conducting Business In Accordance with Core Values and Ethical Standards.* All applicants will be required, prior to entering into an agreement with HUD, to submit a copy of their Code of Conduct. Refer to the General Section for detailed instructions regarding this requirement.

h. *Form HUD 96010, Logic Model.* Applicants must submit a Logic Model for each project, new and renewal. Refer to the General Section for instructions and a copy of this form.

i. *CoC Planning Process Organizations.* A description of the "level of participation" has been included for the list of organizations involved in your CoC planning efforts. See Exhibit 1, Form HUD–40076 CoC–B.

j. The *Discharge Planning Policy* narrative has been replaced with a chart. See Exhibit 1, Form HUD–40076 CoC–D.

k. The *Service Activity Chart* has been streamlined to reflect an inventory of supportive services and the agencies providing these services. The description of planned services and how participants access/receive assistance is no longer required. See Exhibit 1, Form HUD–40076 CoC–F.

l. The *Housing Gaps Analysis Chart* has been eliminated. That information is now reported in the Housing Activity Charts, which have been substantially revised. See Exhibit 1, Form HUD–40076 CoC–G.

m. *Participation in Energy Star.* Form HUD–40076 CoC–H has been changed to capture CoCs' efforts to promote energy efficiency in HUD assisted programs. See Exhibit 1.

n. The *Homeless Management Information System (HMIS) Section* has been revised to capture more information on HMIS implementation efforts. See Exhibit 1, Form HUD–40076 CoC–J.

o. The *Project Priorities* Section has been updated to include a *Reallocation Chart* and required narrative response.

See Exhibit 1, Form HUD–40076 CoC–K.

p. The *Continuum of Care Use of Other Resources Chart* has been eliminated.

q. *Audits.* The Reporting Section has been updated to reflect the requirement for annual audits for those grantees that expend more than $500,000 in Federal funds. See Section VI.C for additional information on this subject.

r. Appropriate Discharge Planning and Coordination and Integration of Mainstream Programs are still required, but the *Special Project Certifications* have been eliminated.

s. The *"Housing Emphasis"* scoring has been increased from 10 to 12 points. See Section V.A.2.a.(5) for additional information on this subject.

t. The *"Performance Measurement"* scoring has been increased from 5 to 8 points. See Section V.A.2.a.(6) for additional information on this subject.

u. The *"Leveraging Supplemental Resources"* scoring has been reduced from 13 to 8 points. See Section V.A.2.a.(4) for additional information on this subject.

v. The "Questions and Answers Supplement" should be thoroughly reviewed and is now available on the web at *www.hud.gov/offices/adm/grants/fundsavail.cfm.* Please see Section IV.A.

4. *Developing and Coordinating CoC Systems:* Developing a CoC system should be an inclusive process that brings together participants from the state, local, private and nonprofit sectors to assist homeless persons. It should be coordinated and consistent with the community's larger effort of developing a HUD required Consolidated Plan. 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. State and local 10-year plans to end chronic homelessness must be aligned with (if not identical to) the CoC plan to end chronic homelessness. For a community to successfully address the complex and interrelated problems related to 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.

5. *CoC Components.* A CoC system consists of five 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 search counselors;

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.

e. Prevention strategies play an integral role in a community's plan to eliminate homelessness. By law, prevention activities are ineligible activities in the three programs for which funds are awarded in this competition but are eligible for funding under the Emergency Shelter Grants block grant program.

6. *CoC Planning Process.* 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, community and faith-based organizations, other homeless providers, housing developers and service providers, private businesses and business associations, law enforcement agencies, private funding providers, and homeless or formerly homeless persons. 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 (may include diagnoses of multiple physical disabilities or multiple mental disabilities or a combination of these two types), victims of domestic violence, youth, and any others. 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.

7. *CoC Funding* is provided through the programs briefly described below. Please refer to the CoC Homeless Assistance Programs Chart in Section III.A.3 for a more detailed description of each program:

a. *The Supportive Housing Program (SHP)* provides funding for the development of transitional and permanent supportive housing and services that help homeless persons transition from homelessness to living

as independently as possible. Some services are also funded to assist in achieving the goal of self-sufficiency.

b. *The Shelter Plus Care (S+C) Program* provides funding for rental assistance and requires grantees to identify service dollars. This gives applicants flexibility in devising appropriate housing and supportive services for homeless persons with disabilities.

c. *The Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program* provides rental assistance on behalf of homeless individuals in connection with the moderate rehabilitation of SRO dwellings.

8. *Glossary of Terms:* a. *Applicant.* An entity that applies to HUD for funds. See the CoC Homeless Assistance Programs Chart in Section III.A.3 for a list of entities that are eligible. An applicant must submit a SF–424. If selected for funding, the applicant becomes the grantee and is responsible for the overall management of the grant, including drawing grant funds and distributing them to project sponsors. The applicant is also responsible for supervision of project sponsor compliance with grant requirements. The applicant may also be a project sponsor.

b. *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.

c. *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. A 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." In defining the chronically homeless, the term "homeless" means "a person sleeping in a place not meant for human habitation (*e.g.*, living on the streets) or in an emergency homeless shelter."

d. *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 should be coordinated with the CoC plan. It can be a source of information for the Unmet Need sections of the Housing Activities Chart. The plan contains both narratives and maps, the latter developed by localities using software provided by HUD.

e. *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.

f. *Continuum of Care.* A collaborative funding 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.

g. *Current Inventory.* A complete listing of the community's existing beds and supportive services.

h. *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, while also protecting client confidentiality. 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.

i. *Homeless Person* means a person sleeping in a place not meant for human habitation or in an emergency shelter; and a person in transitional 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 available on the web at *www.hud.gov/offices/adm/grants/fundsavail.cfm.* The programs covered by this NOFA are not for populations who are at risk of becoming homeless.

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

k. *Private Nonprofit Status.* Private nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) ruling providing tax-exempt status under Section 501(c)(3) of the IRS Code; or (2) documentation showing that the applicant is a certified United Way agency; or (3) 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, which are supported by source documentation.

1. *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.

m. *Project Sponsor.* The organization that is responsible for carrying out the proposed project activities. A project sponsor does not submit a SF–424, unless it is also the applicant. To be eligible to be a project sponsor, you must meet the same program eligibility standards as applicants do, as outlined in Section III.A.3, except in the Sponsor-based rental assistance (SRA) component of the S+C Program. Eligible sponsors for the SRA component are statutorily precluded from also applying for S+C funding.

n. SF 424. The application cover sheet required to be submitted by applicants requesting HUD Federal Assistance.

o. *Safe Haven.* A Safe Haven is a form of supportive housing funded and administered under the Supportive Housing Program serving hard-to-reach homeless persons with severe mental illness and other debilitating behavioral conditions who are on the streets and have been unwilling or unable to participate in supportive services. Safe Havens may be transitional supportive housing, or permanent supportive housing if it has the characteristics of permanent housing and requires participants to sign a lease.

9. *Applicant Roles and Responsibilities.* An applicant will be responsible for the overall management and administration of a particular grant,

including drawing down the grant funds, distributing them to the project sponsors, overseeing project sponsors, collecting and disseminating community-level data, and reporting to HUD. Applicants can submit applications for 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 and managing a grant (as the grantee) and carrying out the project activities (as the project sponsor).

II. Award Information

A. Amount Allocated. Approximately $1 billion is available for this CoC competition in FY 2005. 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 FY 2005 appropriations to fund applications submitted in response to this NOFA. The FY 2005 Consolidated Appropriations Act requires HUD to obligate all CoC homeless assistance funds by September 30, 2007. These funds will remain available for expenditure for five (5) years following that date, except as provided by the 2005 Consolidated Appropriations Act, including up to $20 million awarded for the Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program to be available until expended. The funds available for the CoC competition can be used under any of the three programs that can assist in creating community systems for combating homelessness.

1. *Distribution of Funds:* As in previous NOFAs 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.

a. *Permanent Housing Requirement.* Local priorities notwithstanding, the FY 2005 Consolidated Appropriations Act requires that not less than 30 percent of this year's Homeless Assistance Grants (HAG) appropriation, excluding amounts provided for one-year renewals under the Shelter Plus Care Program, must be used for permanent housing projects for all homeless populations.

b. *Chronic Homelessness Requirement.* The Administration has established as a policy priority the goal of ending chronic homelessness. CoCs

are strongly encouraged to use the funds available in this NOFA to target persons experiencing chronic homelessness in their communities. HUD encourages communities to select projects that will contribute to the achievement of this important goal. CoCs should work closely with appropriate state and local governments and interagency councils on homelessness that are establishing their own ten-year plan for eliminating chronic homelessness. All these efforts should be coordinated and consistent with the community's HUD Consolidated Plan as well as the CoC's plan to end chronic homelessness. To work towards this goal, HUD is targeting the Samaritan Initiative for projects that exclusively serve individuals who are experiencing chronic homelessness. In addition, at least 10 percent of the appropriation will be awarded to new or renewal, transitional or permanent housing projects where at least 70 percent of the project's clients are expected to be chronically homeless (as defined by HUD) immediately prior to entry into the project. Housing projects include: SHP transitional housing, permanent housing and Safe Havens; S+C; and SRO projects. Since the housing funding allocation set-aside requirements are expected to continue in future competitions and may affect project funding selections, you are strongly encouraged to begin planning for new housing projects, particularly

those serving individuals experiencing chronic homelessness, and include them as part of your submission in this competition. See Section V.B.3.a and V.B.3.b of this NOFA for additional information on the permanent housing and chronic homeless requirements.

c. *Lower-rated SHP Renewals.* HUD reserves the authority to conditionally select for one year of funding lower-rated eligible SHP renewal projects that are assigned 40 need points in a CoC application receiving at least 25 points under the CoC scoring factor that would not otherwise receive funding for these projects. (See Section V.A.2.a and V.A.2.b of this NOFA for information on project rating and scoring.) Therefore, the projects must receive a minimum score of 65 points. Although these lower-rated SHP renewal projects will have scored below the otherwise recognized funding line, their funding allows homeless persons to continue to be served and move towards self-sufficiency. Not renewing these projects would likely result in the closure of these projects and displacement of the homeless people being served.

2. *Prioritizing Projects for Funding.* Project priority decisions are best made by members of the local community, including local government and community and faith-based organizations, which represent the various economic, housing and social resources within that community. For

example, if HUD has funds available only to award 8 of 10 proposed projects, then it will award funding to the first 8 eligible projects listed, except as may be necessary to achieve the 30 percent overall permanent housing and the 10 percent chronic homelessness requirements; see Section V.B.3.a. and V.B.3.b. of this NOFA for additional information. In such cases, higher priority non-permanent housing projects may be de-selected to fund lower priority permanent housing projects and housing projects predominantly serving those persons experiencing chronic homelessness.

3. *Grant Term.* See chart in Section III.A.3. of this NOFA for information on the term of assistance for each of the three CoC programs covered in this NOFA.

III. Eligibility Information

A. Eligible Applicants

1. Eligible applicants for each program are those identified in the following chart.

2. *Renewal Applicants.* 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 for SHP or S+C programs under a CoC NOFA. If you are a project sponsor or sub-recipient who has not signed such an agreement, you are not eligible to apply for renewal of these projects.

3.—CONTINUUM OF CARE HOMELESS ASSISTANCE PROGRAMS

Elements	Supportive housing	Shelter plus care	Section 8 SRO
AUTHORIZING LEGISLATION	Subtitle C of Title IV of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11381.	Subtitle F of Title IV of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11403.	Section 441 of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11401.
IMPLEMENTING REGULATIONS	24 CFR part 583	24 CFR part 582	24 CFR part 882, subpart H, except that all persons receiving rental assistance must meet the McKinney-Vento definition of homelessness.
ELIGIBLE APPLICANT(S)	• States .... • Units of general local government. • Special purpose units of government, *e.g.* PHAs. • Private nonprofit organizations • Community Mental Health Centers that are public nonprofit organizations.	• States .... • Units of general local government. • PHAs	• PHAs • Private nonprofit organizations.
ELIGIBLE COMPONENTST	• Transitional housing .... • Permanent housing for disabled persons only. • Supportive services not in conjunction with supportive housing. • Safe Havens .... • Innovative supportive housing .. • Homeless Mngt. Info. System (HMIS).	• Tenant-based housing .... • Sponsor-based housing .... • Project-based housing .... • SRO-based housing	• SRO housing.

3.—CONTINUUM OF CARE HOMELESS ASSISTANCE PROGRAMS—Continued

Elements	Supportive housing	Shelter plus care	Section 8 SRO
ELIGIBLE ACTIVITIES (See footnotes 1,2 and 3).	• Acquisition .... • Rehabilitation .... • New construction .... • Leasing .... • Operating costs .... • Supportive services	• Rental assistance	• Rental assistance.
ELIGIBLE POPULATIONS (See footnote 2).	• Homeless individuals and families.	• Homeless disabled individuals .. • Homeless disabled individuals & their families.	• Homeless individuals.
POPULATIONS GIVEN SPECIAL CONSIDERATION.	• Homeless persons with disabilities. • Homeless families with children	• Homeless persons who are seriously mentally ill, Have chronic problems with alcohol and/or drugs, Have AIDS & related diseases..	• N/A.
INITIAL TERM OF ASSISTANCE	2 or 3 years for new SHP 1, 2 or 3 years for new 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.

B. Matching (Cost Sharing)

You must match Supportive Housing Program funds provided for acquisition, rehabilitation, and new construction with an equal amount of cash from other sources. Since SHP by statute can pay no more than 75 percent of the total operating budget for supportive housing, you must provide at least a 25 percent cash match 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 percent cash match. This means that of the total supportive services budget line item, no more than 80 percent may be from SHP grant funds. The cash source may be your agency, other Federal programs, 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. Shelter Plus Care requires a dollar for dollar match; the recipient's match source can be cash or in kind from any of the sources above.

Documentation of the match requirement must be maintained in the grantee's financial records on a grant-specific basis.

C. Other

1. *Eligible Activities.* Eligible activities for the SHP, S+C, and SRO Programs are outlined in the preceding CoC Homeless Assistance Programs Chart at Section III.A.3.

2. *Threshold Requirements.* a. *Project Eligibility Threshold.* HUD will review projects to determine if they meet the following eligibility threshold

requirements. 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.

(1) Applicants and sponsors must meet the eligibility requirements of the specific program as described in program regulations and provide evidence of eligibility and appropriate certifications as specified by the attachments in Section VIII.

(2) The population to be served must meet the eligibility requirements of the specific program as described in the program regulations and the application must clearly establish eligibility of program participants to be served pertaining to homelessness and disability status.

(3) New this year, the only persons who may be served by new and renewal permanent housing projects are those who come from the streets, emergency shelters, or transitional housing. As participants leave currently operating projects, participants who meet this new eligibility standard must replace them.

(4) 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.

(5) The project must be cost-effective, 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.

(6) For those applicants applying for the Innovative component of SHP, whether or not a project is considered innovative will be determined on the basis that the particular approach proposed is new and can be replicated.

(7) S+C renewal applications that are not submitted as part of a CoC application will not be considered as eligible for funding.

(8) Under the Sponsor-based rental assistance S+C component, an applicant must subcontract the funding awarded with an eligible sponsor: a private nonprofit organization or a community mental health agency established as a public nonprofit organization, that owns or leases the housing where participants will reside..

(9) For the Section 8 SRO program, only individuals meeting HUD's definition of homeless are eligible to receive rental assistance. Therefore, any individual occupying a unit at commencement of the unit's rehabilitation will not receive rental assistance if they return to their unit (or any other) upon completion of its rehabilitation.

(10) Applicants agree to participate in a local HMIS system when it is implemented in their community.

b. *Project Quality Threshold.* HUD will review projects to determine if they meet the following quality threshold requirements. A S+C or SHP project renewal will be considered as having met these requirements through its previously approved grant application unless information to the contrary is received. The housing and services proposed must be appropriate to the needs of the program participants and

the community. HUD will assess the following:

(1) The type, scale and general location of the housing fit the needs of the participants and that the housing is readily accessible to community amenities.

(2) That the vast majority of the proposed participants come from the streets or homeless shelters or transitional housing for homeless persons.

(3) The type, scale and location of the supportive services fit the needs of the participants and the mode of transportation to those services is described.

(4) The specific plan for ensuring clients will be individually assisted to obtain the benefits of the mainstream health, social service, and employment programs for which they are eligible is provided.

(5) How participants are helped to obtain and remain in permanent housing is described.

(6) How participants are assisted to both increase their incomes and live independently is provided.

(7) Applicants and sponsors must evidence satisfactory performance for existing grant(s).

c. *Project Renewal Threshold.* Your local needs analysis process must consider the need to continue funding for projects expiring in calendar year 2006. 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 and the 10 percent requirement for individuals experiencing chronic homelessness requirement. It is important that SHP renewals and S+C non-competitive renewals meet minimum project eligibility, capacity and performance standards identified in this NOFA or they will be rejected from consideration for either competitive or non-competitive funding.

d. *Civil Rights Thresholds:* Applicants and the project sponsors must be in compliance with applicable civil rights laws and Executive Orders, and must meet the threshold requirements of the General Section.

(1) Projects funded under this NOFA 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).

(2) *Local Resident Employment.* To the extent that any housing assistance (including rental assistance) funded through this NOFA 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.

(3) *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. Also see General Section.

(4) *Environmental Reviews.* All CoC assistance is subject to the National Environmental Policy Act and applicable related Federal environmental authorities. Conditional selection of projects under the CoC Homeless Assistance competition is subject to the environmental review requirements of 24 CFR 582.230, 583.230 and 882.804(c), as applicable. The recipient, its project partners and their contractors may not acquire, rehabilitate, convert, lease (under S+C/ TRA where participants are required to live in a particular structure or area as described in Section III.C.3.e(3)(a)), repair, dispose of, demolish or construct property for a project under this CoC NOFA, or commit or expend HUD or local funds for such eligible activities, until the responsible entity has completed the environmental review procedures required by Part 58 and the environmental certification and Request for Release of Funds (RROF) have been approved or HUD has performed an environmental review under Part 50 and the recipient has received HUD approval of the property. 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.

3. *Program Requirements.* a. *CoC Geographic Area.* 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 NOFA. When you determine what jurisdictions to include in your CoC strategy area, include only those jurisdictions that are fully 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.B.2.b. of this NOFA). 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. The areas covered by CoC strategies should not overlap.

b. *Expiring/Extended Grants.* If your SHP or S+C Program grant will be expiring in calendar year 2006, 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 2006, you must apply as a renewal under this CoC NOFA to get continued funding.

c. *Coordination with Mainstream Resources.* 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 (non-homeless targeted) 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 funded through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, Welfare-to-Work grant program and Veterans Health Care.

d. *Prevention Strategies and Discharge Policies.* In addition, as a condition for award, any governmental entity serving as an applicant must agree to develop and implement, to the maximum extent practical 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. 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 homeless assistance funds to assist such persons in lieu of state and local resources.

e. *Program-Specific Requirements.* Please be advised that where an applicant for the SHP 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 only PHAs administer the SRO rental assistance, or to the S+C Program, since paying the costs associated with the administration of these grants is ineligible by regulation.

(1) SHP—New Projects

(a) Please note that the grant term for new SHP projects is two (2) or three (3) years.

(b) *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-Vento Act and must be approved by HUD counsel before execution and recordation. Proof of recordation must be provided to HUD counsel before funds for rehabilitation or new construction may be drawn down.

(c) All project sponsors must meet applicant eligibility standards as described in Section III.A.3. As in past years, HUD will review sponsor eligibility as part of the selection process. Project sponsors are required to submit evidence of their eligibility with the application (See Section IV.B.1.(3)(a).

(2) SHP—Renewal Projects

(a) For the renewal of a SHP project, you may request funding for one (1), two (2) or three (3) years.

(b) The total request for each renewable project cannot exceed the average yearly amount received in your current grant for that project, plus up to five percent for administration. 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.

(c) HUD will recapture SHP grant funds remaining unspent at the end of the previous grant period when it renews a grant.

(3) S+C—New Projects

(a) A project may not include more than one component, *e.g.*, combining Tenant-based Rental Assistance (TRA) with Sponsor-based Rental Assistance (SRA) is prohibited within the same grant. Under the TRA component, in order to help provide supportive services or for the purposes of controlling housing costs, a grantee 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. Where this option is exercised, an environmental review and clearance must be performed prior to any commitment to lease a particular structure or unit for participant occupancy as described in Section III.C.2.d.(4), Environmental Reviews.

(b) *S+C/SRO Component.* If you are a state or a unit of general local government, you must subcontract with a Public Housing Authority to administer the S+C assistance. Also, no single project may contain more than 100 units.

(c) *S+C SRA Component.* Project sponsors must submit proof of their eligibility to serve as a project sponsor.

(4) S+C Renewal Projects

HUD encourages the consolidation of appropriate S+C renewal grants when the grants are under the same grantee, same component and expire in the same year. However, renewal requests for expiring S+C grants should still be listed individually on the CoC priority list and will be awarded as individual renewal grants. Where the grantee wishes to consolidate the renewal grants, this action may be subsequently accomplished by the field office at the point of renewal grant agreement

execution. The field office will receive instructions for this process in the S+C Operating Procedures guidance for 2005 awards.

(a) For the renewal of a 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 2005 Fair Market Rent(s) by 12 months. Current FMRs can be found at *www.hudclips.org.* For S+C grants having been awarded one year of renewal funding in 2004, the number of units requested for renewal this year must not exceed the number of units funded in 2004. 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.

(b) The renewal of S+C SROs expiring in 2006 will also be non-competitively awarded under this NOFA. For the renewal of S+C SRO rental assistance, you may request up to the amount determined by multiplying the number of units under contract at the time of your application for renewal funding by the contract rent at the time of expiration by 12 months.

(c) Under the FY 2005 Consolidated Appropriations Act, eligible S+C Program grants whose terms are expiring in 2006, and S+C Program grants that have been extended beyond their original five-year terms but which are projected to run out of funds in 2006, 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 demonstrate that their applicant and sponsor meet eligibility, capacity and performance requirements described in Section V.A.1 of this NOFA. Non-competitive S+C renewals should be submitted by the application deadline. These S+C renewal projects will not count against a continuum's pro rata need amount, but should be numbered, continuing the priority sequence, on the CoC Priority Chart. On the other hand, no community hold harmless amount will be computed for any CoC using S+C renewal amounts since these projects are being funded outside of the competition.

(5) Section 8 Moderate Rehabilitation SRO Program—New Projects

As an applicant, the following limitations apply to the Section 8 SRO program:

(a) Under section 8(e)(2) of the United States Housing Act of 1937, no single project may contain more than 100 assisted units.

(b) Under 24 CFR 882.802, applicants that are private nonprofit organizations must subcontract with a Public Housing Authority to administer the SRO assistance.

(c) 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 Physical Condition Standards.

(d) 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 (HAP) Contract. For purposes of Fiscal Year 2005 funding, the cost limitation is raised from $19,500 to $20,000 per unit to take into account increases in construction costs during the past 12-month period.

(e) The SRO Program is subject to the Federal standards at 24 CFR part 882, subpart H.

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

(g) Resources outside the program pay for the rehabilitation, and rehabilitation financing. The rental assistance covers operating expenses of the SRO housing, including debt service for rehabilitation financing. Units may contain food preparation or sanitary facilities or both.

(6) Section 8 Moderate Rehabilitation SRO Program—Renewals

This program section of the NOFA is not applicable to the renewal of funding under the Section 8 SRO program. The renewal of expiring Section 8 SRO projects is not part of the competitive CoC NOFA process. Rather, expiring Section 8 SROs will be identified at the beginning of the applicable year by the public housing authority and HUD field office. One-year renewal funds for expiring Section 8 SRO HAP contracts will be provided by HUD under a separate, non-competitive process. For further guidance on Section 8 SRO

renewals, please contact your local HUD field office.

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

(1) *SHP:* 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). Subsequent loss of site control beyond the 12-month statutory limit will be cause for cancellation of the award and recapture of funds. HUD may deobligate SHP funds if the following additional timeliness standards are not met:

(a) 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.

(b) 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.

(c) You must begin all activities that may proceed independent of construction activities, including HMIS, within twelve (12) months of the date of HUD's grant award letter. HUD may reduce a grant agreement term to one (1) year where implementation delays have reduced the amount of funds that reasonably can be used in the original term.

(2) *S+C Except SRO Component.* HUD may deobligate S+C funds if you do not meet the following timeliness standards:

(a) 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.

(b) 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) *Section 8 Moderate Rehabilitation SRO Program and SRO Component of the S+C Program.* For projects carried out under the Section 8 SRO program and the SRO component of the S+C program, the rehabilitation work must be completed and the HAP 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.

IV. Application and Submission Information

A. Addresses to Request Application Package. A checklist of forms needed to complete the application is provided. Exhibits 1–4 and the Applicant Certifications are attachments as described in Section VIII below. The Exhibits, Geographic Codes, Initial Pro Rata Need Amounts, Applicant Certifications, and the Questions and Answers Supplement can be accessed at *http://www.hud.gov/offices/adm/grants/ fundsavail.cfm.* An applicant may also obtain a copy of the SuperNOFA by calling the NOFA Information Center at 1–800–HUD–8929 (voice) (this is a toll free number) or you may download it from the web site at *http:// www.grants.gov.* Please note that all sections of the SuperNOFA are critical and must be carefully reviewed to ensure your application can be considered for funding.

B. *Content and Form of Application Submission.* The only option for submitting a viable application under this NOFA is to submit the entire Continuum of Care application, with all of its projects, together in a single package mailed to HUD. Each application will consist of one Continuum of Care Exhibit and submissions from one or more applicants and project sponsors. Although HUD will accept an application for a project exclusive of participation in any community-wide or region-wide CoC development process, projects will receive few, if any, points under the CoC rating factors and are very unlikely to be funded. To ensure that no applicant is afforded an advantage in the rating of the CoC element (described in Section V.A.2.a.) HUD is establishing a limitation of 30 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. Please note Exhibit 1, as well as Exhibits 2–4, should only include the actual application questions and responses being provided and should not include the HUD application instructions or any blank tables and

charts. The General Section 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. Attachment 7 to this NOFA contains program-specific Applicant Certifications.

1. Application Submission Requirements:

a. A completed application will include one Exhibit 1 (CoC) and any number of Exhibits 2 (SHP New), 2R (SHP Renewal), 3 (S+C New), 3R (S+C Renewal) and 4 (SRO New), 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 Section 8 SRO program in this example. Refer to Assembly Order below for full assembling instructions.

b. *Assembly Order:* Each CoC must submit the entire CoC application, with all of its parts, in a single package to HUD. There are three separate sections to a CoC submission: The CoC Exhibit 1, all applicant documentation, and all project documentation. The application must be assembled in the following order:

(1) Section I—Exhibit 1 Narrative and Charts

(a) Exhibit 1, the CoC plan with Forms CoC–A through N;

(b) HUD–27300, Questionnaire for HUD's Initiative on Removal of Regulatory Barriers;

(c) HUD 2993, Acknowledgment of Application Receipt; and

(d) HUD 2994, Client Comments and Suggestions (optional).

(2) Section II—Applicant Documentation

(a) SF–424 Application for Federal Assistance. Submit one SF–424 for each applicant in the Continuum. Attached to each SF–424 must be a list of all the applicant's projects in priority number order, with project name and requested amount. Each SF–424 must also include the applicant's DUNS number. Please see the General Section for more information on obtaining a DUNS number. The SF–424 SUPP, Survey on Ensuring Equal Opportunity for Applicants, is for private nonprofits applicants only and completion/

submission of this survey is voluntary. Additionally, each applicant must attach the following documentation (i-v) to its SF–424:

(i) Documentation of Applicant Eligibility. Only applicants for new projects must include documentation of eligibility as defined in the chart in Section III.A.3. Also, see Section I.A.8.k. & l. of this NOFA for information on the documentation required to validate non-profit status.

(ii) SF–LLL, Disclosure of Lobbying Activities, where applicable.

(iii) Applicant Code of Conduct. (New applicants and applicants awarded HUD funding prior to 2005).

(iv) HUD 40076–CoC, Applicant Certifications, located in Attachment 7 of this NOFA.

(3) Section III—Project Documentation: Each project applying under Exhibits 2–4 must be submitted in its priority list order with all required forms for that exhibit. The following documentation must be included after each project submission:

(a) Documentation of Sponsor Eligibility. Only sponsors for new projects must include documentation of eligibility as defined in the chart in Section III.A.3. See also Section I.A.8.m. for information on the documentation required to validate sponsor eligibility.

(b) HUD–96010, Logic Model;

(c) HUD–2880, Applicant/Recipient Disclosure/Update Report;

(d) HUD–2991, Certification of Consistency with the Consolidated Plan; and

(e) SF 424–SUPP, Survey on Ensuring Equal Opportunity for Applicants (for private nonprofit applicants only— completion of survey is voluntary).

2. Assembly Format

a. The standard font to be used for narratives is Times New Roman, size 12 (pitch). Number all pages within each exhibit sequentially and insert tabs marking each exhibit. For Exhibit 1, CoC 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 CoC 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.

b. Please use a two-hole punch to insert holes at the top of your application.

c. Please do not bind your application, since this impedes processing.

C. Submission Dates and Times: 1. *Application Submission Date.* Your

completed application should be submitted on or before June 10, 2005 to the addresses shown below. HUD will not accept faxed or hand delivered applications.

a. *Timeliness.* Your application will be considered timely filed if your application is postmarked on or before 11:59:59 on the application submission date and received by HUD on or within fifteen (15) days of the application submission date. Applicants mailing their applications must take their application to a post office to get a receipt of mailing that provides the date and time the package was submitted to the USPS. Postal Service rules now require that large packages must be brought to a postal facility for mailing. In many areas, the USPS has made a practice of returning to the sender, large packages that have been dropped in a mail collection box. Paper copy applications submitted to the USPS by the submission date and time and received by HUD no later than 15 days after the established submission date will receive funding consideration. Applicants should request a receipt for mailing their application submission, which shows the date and time it was received by the Postal Service. If the USPS does not have a receipt showing a digital time stamp to record the submission time, HUD will also accept USPS Form 3817, Certificate of Mailing, date stamped by the Postal Service. Applicants may use any type of mail service provided by the USPS to have their application package delivered to HUD in time to meet the timely submission requirements. Applicants whose applications are determined to be late, who *cannot* furnish HUD with a receipt from the USPS that verifies the package was submitted to the USPS prior to the submission due date and time, will not receive funding. If your application is sent by overnight delivery or express mail, other than the United States Postal Service, your application will be timely filed if it is placed in transit with the overnight/express mail service on or before the application due date. Applicants should retain a receipt from these services showing that it was submitted for delivery by the application submission date and time.

b. *Field Office Copies.* The HUD Field Office must also receive one copy of your application, with the same due date and timely filed requirements as described in Section IV.C.1.a above. The General Section provides for a process to use the HUD Field Office copy of the application when a portion may be missing from the HUD Headquarters copy. To supplement that guidance, in the rare event that a CoC's entire

application is not received at HUD Headquarters on time, HUD may similarly request proof that the Headquarters and Field Office copy was timely filed and, if so, may use the copy received by the Field Office for review.

D. Intergovernmental Review. Not applicable. This funding opportunity is not subject to Executive Order (EO) 12372.

E. Funding Restrictions. Funding Restrictions are outlined in Sections V.B.3.a and V.B.3.b.

F. Other Submission Requirements:

1. Addresses for Submitting Applications

a. *To HUD Headquarters.* Submit your original completed application (the application with the original signed documentation) and one additional copy of Exhibit 1 only to: HUD Headquarters, Robert C. Weaver Building, 451 Seventh Street, SW., Room 7270, Washington, DC 20410, Attention: Continuum of Care Programs.

b. *To the Appropriate CPD Field Office.* Also submit one copy of your completed application to the Community Planning and Development Division of the appropriate HUD Field Office for your jurisdiction. Please see the General Section for Field Office addresses.

2. Security Procedures. HUD recommends that applications be mailed or shipped express using the United States Postal Service (USPS). However, applications shipped via United Parcel Service (UPS), FedEX, DHL, or Falcon Carrier will also be accepted. Due to HUD security regulations, *no other delivery service is permitted into HUD Headquarters without escort. You must, therefore, use one of the four carriers listed above.* HUD will not be responsible if a carrier other than one of the named carriers is unable to deliver your application.

V. Application Review Information

A. Criteria. Your application will receive a higher score under the CoC scoring factors if the application demonstrates the achievement of three basic goals:

—One, that you have provided maximum participation in the planning process by nonprofit organizations (including those representing persons with disabilities), government agencies, public housing authorities, faith-based and other community-based organizations, other homeless providers, housing developers and service providers, private businesses and business associations, law enforcement agencies, funding

providers, and homeless or formerly homeless persons. Also, you ensure that other 10 year plans within your CoC's geographic area are aligned with the CoC plan;

—Two, that you have created, maintained, and built upon a community-wide inventory of housing and services for homeless families and individuals (both HUD and non-HUD funded); 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; and

—Three, 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, but are not limited to, 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.

1. *Applicant and sponsor eligibility, capacity and performance:* HUD will review applications to ensure that the applicant and project sponsor meet the eligibility and capacity standards outlined in this section. If HUD determines these standards are not met, the project will be rejected from the competition. The eligibility, capacity and performance standards are as follows:

a. You must be eligible to apply for the specific program.

b. 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.

c. If you or the project sponsor is a current or past recipient 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, there are no serious unresolved HUD monitoring finding, and no outstanding audit finding of a material nature regarding the administration of the program.

2. *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 have been modified in this NOFA as described below. Only the factors described in this NOFA—Continuum of Care and Need—will be used to assign points. Paragraphs 2a and 2b in this section describe selection factors. Up to 100 points will be assigned using these factors, including rating points for HUD's policy priority of ending chronic homelessness by 2012; and the policy priority for removing regulatory barriers to affordable housing (see Section V.A.2.a.(1)(c) and (d) below on both policy priorities). There are no bonus points for proposing projects in an RC/EZ/EC–IIs.

a. *Continuum of Care.* HUD will award up to 60 points as follows:

(1) *Process and Strategy:* HUD will award up to 17 points based on the extent to which your application demonstrates:

(a) 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 and other low-income 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

(b) 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 independent housing; 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.

(c) The existence of a realistic strategy for ending chronic homelessness that establishes past performance, future goals and action steps. It should be aligned with other 10-year plans in the community to eliminate chronic homelessness (if applicable), and the local HUD Consolidated Plan.

(d) A local plan and/or existing policy to remove regulatory barriers to the production of affordable housing. As provided for in the General Section, HUD will award up to 2 points, within the 17 points for this rating factor, based on the extent that the CoC's application demonstrates a local plan to remove regulatory barriers to affordable housing. Applicable activities include the support of state and local efforts to streamline processes, eliminate redundant requirements, statutes, regulations, and codes that impede the availability of affordable housing. The response (one questionnaire per CoC) should be submitted for consideration as a completed HUD Form 27300, Questionnaire for HUD's Initiative on Removal of Regulatory Barriers. The continuum should submit the questionnaire for the local jurisdiction where the majority of its CoC assistance will be provided. Please identify the name of the jurisdiction reported on the top of the first page of the returned questionnaire. This questionnaire can be found in the attachments to the General Section and should be submitted with Exhibit 1.

(e) *Participation in Energy Star.* In keeping with the Administration's policy priority of promoting energy efficient housing while protecting the environment, applicants applying for new construction or rehabilitation funding, who maintain housing or community facilities or provide services in those facilities, are encouraged to promote energy efficiency and are specifically encouraged to purchase and use Energy Star labeled products. Refer to the General Section for detailed information.

(f) Your Continuum's progress in working 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.

(2) *HMIS Implementation.* HUD will award up to 5 points based upon the extent to which your application

demonstrates progress in the planning, implementation and operation of an HMIS system covering at a minimum all street outreach, emergency shelters and transitional housing programs so that a reliable, unduplicated count of homeless persons on the street and in shelters may be conducted.

(3) *Gaps and Priorities:* HUD will award up to 10 points based on the extent to which your application:

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

(b) Proposes projects that are not inconsistent with the unmet need 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.

(4) *Leveraging Supplemental Resources:* HUD will award up to 8 points based on the extent to which your application demonstrates leveraging of funds requested under this NOFA with other resources, including private, other public, and mainstream services and housing programs, for proposed projects and ongoing efforts. 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, but are not limited to, 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.

(5) *Emphasis on Housing Activities:* HUD will award up to 12 points based upon the relationship between funds requested for housing activities (*i.e.,* transitional and permanent) 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 requests for funds for rental assistance and approvable requests for funds for acquisition, rehabilitation, construction,

leasing and operations when used in connection with housing. HMIS costs and administrative costs will be excluded from this calculation as either a housing or supportive service cost.

(6) *Performance Measurement:* HUD will award up to 8 points based upon the CoC's progress in reducing homelessness. This will be measured by program participants' success in moving to and maintaining permanent housing as reported in the most recent APR. HUD will also be assessing the extent to which participants successfully become employed and access mainstream programs. These measures emphasize HUD's determination to assess grantees' performance in the prior program year and to determine if they are meeting the overall goal of the Homeless Assistance Grants under which they are funded. Both housing and supportive services only projects will be assessed, using the data submitted in the Exhibit 1 CoC Project Performance on Form HUD 40076 CoC–M.

b. *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

(1) *Step 1—HUD's Determination of preliminary pro rata 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 (ESG) 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 NOFA.

(2) *Step 2—Determining CoC hold harmless pro rata need:* In CoCs where the total amount needed to fund, for one year, all SHP grants eligible for renewal in this competition exceeds the preliminary pro rata need amount for that CoC, the CoC will receive this higher amount, referred to as the CoC hold harmless amount. This adjustment was formerly known as the renewal bonus. SHP grants eligible for renewal are those that expire between January 1, 2006 and December 31, 2006. No adjustment will be made for S+C renewals. To provide communities with maximum flexibility in addressing current needs, CoCs have the discretion to not fund or to reduce one or more SHP renewal project applications and still receive the benefit of the hold harmless amount if the CoC proposes to use that amount of reduced renewal funds for new permanent supportive housing projects. . Please be advised

that the new projects (and the renewal dollars attached) proposed through this reallocation are subject to the competitive process, i.e., the CoC must score above the national funding line for the projects to be funded.

(3) *Step 3—Samaritan Housing Initiative:* Formerly referred to as the Permanent Housing Bonus, this special incentive to promote permanent supportive housing for the chronically homeless is provided to CoC systems that place an eligible, new permanent housing project in the number one priority list position on the priority list. If the number one priority project qualifies as an eligible, new permanent housing project exclusively serving the chronically homeless, then the full amount of that project's eligible housing activities, up to a maximum 15 percent of the CoC's preliminary pro rata need, will be added to the pro rata need amount for the Continuum. The only eligible activities that will be counted toward this bonus are housing activities and for SHP, case management, and administration. Applicants may use no more than 20 percent of this bonus for case management costs. Please note: any amount of the proposed project exceeds the limitations described above will be applied against the pro rata need for the CoC. For the SHP program, housing activities are acquisition, new construction, rehabilitation, leasing of housing and operating costs when used in connection with housing. S+C and SRO rental assistance are defined as housing activities and are eligible under the incentive as well. HMIS costs will be excluded from this calculation as either a housing or supportive service cost.

The dollar amount determined after application of each of these steps, as applicable, is referred to as the "final pro rata need amount." Please be advised that the final funding amount awarded to Shelter Plus Care or Section 8 SRO projects may be different from the requested amount due to changes in the FMRs. HUD will apply FMR changes after selection.

(4) *Awarding need points to projects:* Once HUD establishes the final pro rata need, HUD will apply it against the priority project list in the application. Starting from the highest priority project, HUD will proceed down the list to award need points to each project. Any project not falling fully within the 40 point need range will receive 10 need points. Thereafter, HUD will proceed further down the priority project list and award 10 points for need to each project if it falls fully 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 5 points. If the projects for the Continuum are not prioritized, then all projects will receive 0 points for Need.

B. *Reviews and Selection Process.* 1. Review, Rating and Ranking. HUD may employ rating panels to review and rate applications. See the General Section for more information on rating panels. Two types of reviews will be conducted—threshold review and selection factor (CoC and Need) rating. Applicant and Sponsor Eligibility and Capacity as well as Project Eligibility and Project Quality are threshold reviews. Threshold reviews are explained in Section III.C.2 of this NOFA, which covers eligible applicants and projects. HUD will add the score for the CoC to the Need score to obtain a total score for each project. The projects will then be ranked nationally from highest to lowest according to the total combined score.

2. *Conditional Selection and Adjustments to Funding.* a. *Conditional Selection.* Whether a project is conditionally selected, as described in Section VI.A, 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, as well as the 10 percent chronic homeless requirement. Projects that are included in the 10 percent chronic homeless requirement may also be part of the 30 percent overall permanent housing requirement. (See Section V.B.3 for additional selection considerations regarding these requirements.)

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 fund non-permanent housing, safe haven-TH and transitional housing projects that predominantly serve individuals experiencing chronic homelessness in order to achieve the 10 percent chronic homeless 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, CoC Supplemental Resources, Housing Emphasis and Performance. The final tie-breaking factor is the priority number of the competing projects on the applicable CoC priority list(s).

HUD has determined that the Congressional goal of enhancing

homeless data collection at the CoC level is best achieved by assisting CoCs seeking dedicated Homeless Management Information Systems (HMIS) to receive Supportive Housing Program funds. To this end, HUD reserves the right to fund for at least one year lower rated eligible dedicated HMIS projects receiving 40 need points and at least 25 Continuum points.

b. *Adjustments to Funding:* HUD has determined that geographic diversity is an appropriate consideration in selecting homeless assistance projects in the competition. 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. If you do not submit clear project priority designations for the Continuum or if HUD, at its sole discretion, cannot determine the CoC's priority designations, then HUD will give all such projects 0 Need points. If the CoC requests a new permanent housing project as the highest priority, and HUD determines that it is not a permanent housing project, HUD reserves the right to not award funds to that project rather than reclassify the component. The intent of this provision is to preserve PRN for lower ranking projects. 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, the lowest priority first level project being selected for funding will be reduced to the amount that is wholly within the higher need level. HUD may otherwise adjust funding of applications in accordance with the provisions of the General Section. 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. If the geography included in your CoC strategy substantially overlaps that of 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 receive 0 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.

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

a. *Thirty Percent Permanent Housing Requirement.* In accordance with the appropriation for homeless assistance grants in the Fiscal Year 2005 Consolidated Appropriations Act, HUD will use not less than 30 percent of the total FY 2005 Homeless Assistance Grants appropriation, excluding amounts provided for renewals under the S+C Program, to fund projects that meet the definition of permanent housing. Projects meeting the definition of permanent housing for this purpose are:

(1) New and renewal projects under the SHP that are designated as either permanent housing for homeless persons with disabilities or Safe Haven projects designated as having the characteristics of permanent housing for homeless persons with disabilities, including having leases with all program participants. All such permanent housing projects chosen for this purpose must have received at least 10 Need points, and must be submitted as part of a CoC application receiving at least 25 points under the CoC scoring factor. However, no CoC applicant may receive more than 30 percent of its pro rata need, up to $3 million, for ''second-level'' permanent housing projects assigned 10 Need points that are selected for funding under this procedure. (See Section V.A.2.b (4) for definition of ''second-level''.) HUD will award no less than 30 percent of the total FY 2005 Homeless Assistance Grants appropriation, excluding amounts for S+C 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 will be

deselected if necessary to add an adequate number of permanent housing projects, even if they are lower scoring housing projects. HUD will, if necessary, first proceed to de-select new SSO projects initially selected, starting with lowest scoring new projects and proceeding to higher scoring new SSO projects initially selected. If the funding line is still exceeded, HUD will proceed to de-select the lowest scoring new non-permanent housing projects initially selected and proceed to higher scoring new non-permanent housing projects. Finally, if the funding line is still exceeded HUD will proceed to de-select SSO and then other non-permanent housing renewal projects until all selected projects are within the funding line.

(2) New S+C projects; and

(3) SRO projects.

b. *Ten Percent Housing for Chronic Homeless Requirement:* HUD has implemented a requirement that at least 10 percent of the appropriation must be awarded for projects predominantly serving individuals experiencing chronic homelessness. To be considered predominantly serving chronically homeless people, at least 70 percent of the persons served in this project must meet HUD's definition of chronic homelessness. Permanent housing, transitional and safe haven housing projects, whether new or renewal, that commit to predominantly serving persons experiencing chronic homelessness will be counted for this purpose. To meet this requirement, HUD will also include permanent housing projects selected for the 30 percent requirement that predominantly serve chronically homeless persons. S+C renewals will then be screened to count projects predominantly serving chronically homeless persons. If the 10 percent requirement is not yet met, permanent, transitional and safe haven housing projects below the funding line that predominantly serve chronically homeless persons will also be selected to achieve this requirement.

c. *Distribution of Selections:* In accordance with section 429 of the McKinney-Vento Act, HUD will award Supportive Housing Program 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 S+C 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 Single Room Occupancy (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 S+C 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 SRO Section 8 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 S+C 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 S+C Program) or city or urban county (for the purposes of the Section 8 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 NOFA 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 NOFA, that right will be exercised uniformly across all applications received in response to this NOFA.

4. *Corrections to Deficient Applications.* The General Section provides the procedures for corrections to deficient applications.

VI. Award Administration Information

A. Award Notices

1. *Action on Conditionally Selected Applications.* HUD will notify conditionally selected applicants in writing. HUD may 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; a copy of your Code of Conduct; 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 and add them to funds available for the next competition for the applicable program.

2. *Applicant Debriefing:* See the General Section for applicant debriefing procedures.

3. *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 submitted in writing to the Assistant Secretary for Community Planning and Development and must state what HUD error the applicant believes has occurred.

B. Administrative and National Policy Requirements

1. *Administrative Requirements.* a. The Government Performance and Results Act (GPRA) require Federal agencies to measure the performance of their programs. HUD captures this information not only from monitoring visits and APRs, but also on the data gathered in annual competitions. For example, the description of methods used in determining the project priority order submitted in Exhibit 1, Form HUD 40076 CoC-K, Project Priorities Chart, provides verification that projects are performing satisfactorily and are effectively addressing the needs for which they were designed. HUD's homeless assistance programs are measured in 2005 by the objective to "end chronic homelessness and to move homeless families and individuals to permanent housing." This objective has a number of measurable indicators, five of which relate directly to the Continuum of Care homeless assistance programs. These five indicators are:

(1) At least 386 functioning CoC communities or 93 percent of our continuums will have a Homeless Management Information System (HMIS) in 2005. This information is collected via Exhibit 1, Form HUD 40076 CoC-J, HMIS;

(2) The number of persons experiencing chronic homelessness declines by up to 50 percent by FY 2008. This information is captured in Exhibit 1, Form HUD 40076 CoC-I, Homeless Population and Subpopulations Chart;

(3) The percentage of formerly homeless individuals who remain housed in HUD permanent housing projects for at least 6 months will be 70 percent. Stability in this permanent housing is addressed in Exhibit 1, Form HUD 40076 CoC-M, CoC Project Performance;

(4) The percentage of homeless persons who have moved from HUD transitional housing to a form of permanent housing will be 60 percent. The success of transitional housing is addressed in Exhibit 1, Form HUD 40076 CoC-M, CoC Project Performance; and

(5) The employment rate of persons exiting HUD homeless assistance projects will be 10 percentage points greater than the employment rate of those entering. Obtaining employment is addressed in Exhibit 1, Form HUD 40076 CoC-M, Project Performance Chart.

b. To achieve this objective and each of these measurable indicators, HUD needs your community's help. The emphasis in this year's competition on housing chronically homeless persons, using HUD funds for transitional and especially permanent housing, helping clients access mainstream service programs and jobs, and implementing HMIS are all aligned with this GPRA objective and its performance indicators.

2. *Sanctions.* 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**.

C. Reporting: Once conditionally selected applications advance to full award and execution of a grant agreement, grantees are required to submit an Annual Progress Report (APR) and a completed Logic Model showing outputs and outcomes achieved for the year to both HUD Headquarters and the respective Field Office each year. Also, Grantees who expend $500,000 or more in a year in Federal awards are reminded they must have a single or program-specific audit for that year in accordance with the provisions of 24 CFR 45 and OMB Circular No. A–133. The APR for HUD's competitive homeless programs provides information to HUD necessary for program monitoring and evaluation. A key element that has been recently added to the APR is measuring the incidence of chronic homelessness and your Continuum's progress in moving individuals into permanent housing. The process of gathering and analyzing the information needed to complete the APR also assists local projects with their own program evaluation. The APR is the mechanism used by HUD Headquarters and Field Offices to review the performance of funding recipients on an annual basis. The reports permit HUD to understand what types of clients are being served in its homeless assistance programs and what the programs' success rate is in helping homeless families and individuals achieve residential stability and increase their skills and/or incomes. For the SHP and S+C programs, the APR also reports to HUD the amount of local match that has been provided to fulfill statutory and regulatory requirements. The Department has used the reports to monitor grant execution and to evaluate the eligibility of the population being served and housed, as well as the supportive services offered to the participants. The APR helps identify how effective the grantee has been in helping program participants achieve residential stability, greater self-determination, and increase skills or income which are our program goals and objectives. This also allows the

grantee to revise or set goals for the next year.

VII. Agency Contacts

A. For Further Information. You may contact the HUD Field Office serving your area, at the telephone number shown in the General Section, or you may contact the NOFA Information Center at 1–800–483–8929 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).

B. 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 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.

C. Satellite Broadcast. HUD will hold one or more information broadcasts via satellite for potential applicants to learn more about the program and preparation of the application. Viewing of these broadcasts, which will provide critical information on the application process, is highly recommended. For more information about the date and time of the broadcast, you should consult the HUD Web site at *http://www.hud.gov.*

VIII. Other Information

A. Paperwork Reduction Act

The information collection requirements contained in this document have been submitted to the Office of Management and Budget (OMB) for approval under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520) and OMB approval is

pending. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a currently valid OMB control number. Public reporting burden for the collection of information is estimated to average 44 hours per annum per respondent for the application and grant administration. This includes the time for collecting, reviewing, and reporting the data for the application, semi-annual reports and final report. The information will be used for grantee selection and monitoring the administration of funds. Response to this request for information is required in order to receive the benefits to be derived.

B. This final section lists the attachments that are critical to the application process. Please see Section IV.B.1.b of this NOFA for a complete description of the forms and certifications required and the order of assembly. In addition to applicant and sponsor documentation of eligibility, please provide:

1. Forms to complete Exhibit 1, CoC. These include:

Form HUD-40076 CoC-A	2005 Application Summary
Form HUD-40076 CoC-B	Planning Process Organizations
Form HUD-40076 CoC-C	Goals and System Under Development
Form HUD-40076 CoC-D	Discharge Planning Policy Chart
Form HUD-40076 CoC-E	Unexecuted Grants Chart
Form HUD-40076 CoC-F	Service Activity Chart
Form HUD-40076 CoC-G	Housing Activity Chart
Form HUD-40076 CoC-H	Energy Star Initiative Chart
Form HUD-40076 CoC-I	Homeless Population and Subpopulations Chart/Information Collection Methods
Form HUD-40076 CoC-J	Homeless Management Information System
Form HUD-40076 CoC-K	Project Priorities/Reallocation Charts/Information
Form HUD-40076 CoC-L	Enrollment and Participation in Mainstream Programs
Form HUD-40076 CoC-M	CoC Project Performance
Form HUD-40076 CoC-N	Project Leveraging Chart
Form HUD-27300	Questionnaire for HUD's Initiative on Removal of Regulatory Barriers
Form HUD 2993	Acknowledgment of Application Receipt
Form HUD 2994	Client Comments and Suggestions

2. Forms to complete Exhibit 2, SHP – New Projects. These include:

SF-424	Application for Federal Assistance
Form HUD-40076 CoC-2A	Project Narrative
Form HUD-40076 CoC-2B	Project Information
Form HUD-40076 CoC-2C	Existing Facilities and/or Activities
Form HUD-40076 CoC-2D	Number of Beds, Participants, and Supportive Services
Form HUD-40076 CoC-2E	HMIS Budget
Form HUD-40076 CoC-2F	Operating Costs Chart
Form HUD-40076 CoC-2G	Leasing Information
Form HUD-40076 CoC-2H	Project Budget
Form HUD-40076 CoC-2I	Additional Key Information
Form HUD-96010	Logic Model
Form HUD-2991	Certification of Consistency with the Consolidated Plan;
Form HUD-2992	Certification Regarding Debarment and Suspension;
Form HUD-2880	Applicant/Recipient Disclosure/Update Report; and
SF-424 SUPP	Voluntary Survey on Ensuring Equal Opportunity

3. Forms to complete Exhibit 2R, SHP – Renewal Projects. These include:

SF-424	Application for Federal Assistance

Form HUD 40076 CoC-2RA	Project Information/Project Budget
Form HUD 40076 CoC-2RB	Supportive Services Chart
Form HUD 40076 CoC-2RC	HMIS Budget
Form HUD 40076 CoC-2RD	Operating Costs Chart
Form HUD-96010	Logic Model
Form HUD-2991	Certification of Consistency with the Consolidated Plan;
Form HUD-2992	Certification Regarding Debarment and Suspension;
Form HUD-2880	Applicant/Recipient Disclosure/Update Report;
SF-424 SUPP	Voluntary Survey on Ensuring Equal Opportunity

4. Forms to complete Exhibit 3, S+C –New Projects. These include:

SF-424	Application for Federal Assistance
Form HUD 40076 CoC-3A	S+C Component Comparisons
Form HUD 40076 CoC-3B	Project Narrative
Form HUD 40076 CoC-3C	Project Component/Information/Participant Count/Major Milestones
Form HUD 40076 CoC-3D	TRA Project Budget
Form HUD 40076 CoC-3E	SRA Project Budget
Form HUD 40076 CoC-3F	PRA Project Budget
Form HUD 40076 CoC-3G	SRO Project Budget
Form HUD 40076 CoC-3H	Additional Key Information
Form HUD-96010	Logic Model
Form HUD-2991	Certification of Consistency with the Consolidated Plan;
Form HUD-2992	Certification Regarding Debarment and Suspension;
Form HUD-2880	Applicant/Recipient Disclosure/Update Report; and
SF-424 SUPP	Voluntary Survey on Ensuring Equal Opportunity

5. Forms to complete Exhibit 3R, S+C Renewal Projects. These include:

SF424	Application for Federal Assistance
Form HUD 40076 CoC-3RA	Project Narrative/Performance/Component/Information
Form HUD 40076 CoC-3RB	Participant Count
Form HUD 40076 CoC-3RC	S+C Renewal Budget
Form HUD 40076 CoC-3RD	S+C Renewal Budget/SRO Only
Form HUD 40076 CoC-3RE	Additional Key Information
Form HUD-96010	Logic Model
Form HUD-2991	Certification of Consistency with the Consolidated Plan;
Form HUD-2992	Certification Regarding Debarment and Suspension;
Form HUD-2880	Applicant/Recipient Disclosure/Update Report; and
SF-424 SUPP	Voluntary Survey on Ensuring Equal Opportunity

6. Forms to complete Exhibit 4, SRO–New Projects. These include:

SF-424	Application for Federal Assistance
Form HUD 40076 CoC-4A	Project Narrative
Form HUD 40076 CoC-4B	Experience Narrative/Project Information
Form HUD 40076 CoC-4C	Budget
Form HUD 40076 CoC-4D	PHA Certification
Form HUD 40076 CoC-4E	Additional Key Information
Form HUD-96010	Logic Model
Form HUD-2991	Certification of Consistency with the Consolidated Plan;
Form HUD-2992	Certification Regarding Debarment and Suspension;
Form HUD-2880	Applicant/Recipient Disclosure/Update Report;
Form HUD-92041	Sponsor's Conflict of Interest Resolution; and
Form HUD-96010	Logic Model
SF-424 SUPP	Voluntary Survey on Ensuring Equal Opportunity

7. Applicant Certifications.

Note: This year, the Questions and Answers Supplement can be accessed at: http://ww.hud.gov/offices/adm/grants/fundsavail.cfm.

U.S. Department of Housing and Urban Development

Office of Community Planning and Development

OMB Approval No. PENDING

(exp. pending)

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 20 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 Programs - Exhibit 1
(Exhibit 1 consists of forms HUD 40076-COC-A through form HUD 40076-CoC-N, plus narrative text as specified in the instructions for each form)

Exhibit 1: Continuum of Care (Exhibit 1 consists of HUD Forms 40076-COC A through HUD 40076-CoC N, plus narrative text as specified in the instructions for each form)

2005 Application Summary

Place this page in the front of your application. This page does not count towards the page limitation.

Continuum of Care (CoC) Name: _____

CoC Contact Person and Organization: _____

Address: _____

_____

Phone Number: _____ E-mail Address:_____

Continuum of Care Geography

Using the Geographic Area Guide found on HUD's website at http://www.hud.gov/grants/index.cfm, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. Enter the name of *every listed* city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Before completing, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping Continuum of Care systems.

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
example: Syracuse	366376		
example: Onondaga County	369067		

Reproduce this page to include additional names and codes.

Form HUD-40076 COC-A

Exhibit 1: Continuum of Care Planning Process Organizations

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 100% planning meetings**
State agencies:			
Local government agencies:			
Public Housing Authorities (PHAs):			
Nonprofit organizations:			
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).

Form HUD 40076 CoC-B

Exhibit 1: Continuum of Care Narrative and Form HUD-40076 CoC-B Instructions

Continuum of Care Narrative

Your response should consist of narrative text and a completed form HUD-40076 CoC-B

1. **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 information:

a. *Identify* the lead entity (i.e., convenor or organization managing the overall process) for the CoC planning process.

b. *Describe* your community's CoC planning process, clearly defining the organizational structure. Demonstrate 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 2004, 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. *Describe* which and how local, and/or state elected officials are involved in the process.

e. *List,* using the format in HUD 40076 CoC - B:(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. Medium attendance levels might include attending between 40% and 80% of CoC planning meetings. Participants who attend less than 40% of CoC planning meetings have low participation levels. In order to obtain a higher competitive score for "participation," planning participants must attend more than 50% of the planning and/or committee meetings. In addition, if more than one geographic area is claimed on the 2005 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 2d, your response will count as only one page towards the 30-page limitation.)

Form HUD 40076 CoC-B

Exhibit 1: Continuum of Care Goals and System

1. Your community's CoC *goals, strategy, and progress*

The key to developing a successful CoC is to reassess regularly the existing system and identify shortcomings or gaps, then establish a set of goals and action steps to address those shortcomings of gaps. With this in mind, please provide the following:

a. Chronic Homelessness Goals/Strategy

A chronic homeless person is defined as 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. An episode is a separate, distinct and sustained stay on the streets and/or in an emergency homeless shelter.

> **(1) Past Performance.** HUD must track local CoC progress made toward the Administration's goal of ending chronic homelessness. Please complete the charts below, indicating for each year the total unduplicated point-in-time count of the chronic homeless and the number of existing and new permanent beds from **all** funding sources targeted to house the chronically homeless. In the charts below, please use the data provided in your 2004 and 2005 Homeless Population and Subpopulations Charts for the number of individuals. For the number of permanent beds, please use the data provided in the 2005 Housing Activity Chart and, to the extent possible, estimates for 2004. Please also tell us using no more than two pages:
>
> > (a) The specific actions that your community has taken over the past year towards ending chronic homelessness;
> >
> > (b) Any remaining obstacles to achieving this goal; and
> >
> > (c) Describe any changes in the total number of chronic homeless persons reported in 2004 and 2005.

Individuals Chart

Number of Chronic Homeless Individuals	
	Point in time count
2004	
2005	

Beds Chart

Number of permanent beds for house the chronically homeless			
	Permanent beds as of Jan	Permanent beds Net Change	End of Year TOTAL
2004			
2005			

> **(2) Current Chronic Homelessness Strategy.** In order to keep HUD informed of your long-term chronic homelessness strategy, please provide a brief summary of the community's strategy for ending chronic homelessness, including any updates to your strategy. (*Your response to this item is expected to be no more than 2 pages, however, none of it will count towards your 30-page limitation.*)

Form HUD 40076 CoC-C

Exhibit 1: Continuum of Care Goals and System

(3) Coordination. If your CoC covers a jurisdiction that has developed, or is developing, a separate strategy to end chronic homelessness, please provide a narrative description of efforts made to ensure coordination between that strategy and the overall CoC strategy, i.e. endorsement of that coordination by the applicable unit of government chief executive officer, etc.

Chronic Homelessness Goals Chart

(4) Indicate future-oriented goals, and the specific action steps for each that will be taken 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.

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	a. Develop strategy of who does what. b. Get concurrence of best date. c. Train volunteers in techniques.	Emergency Shelter Commission	January 2006
Goal 1:			
Goal 2:			
Goal 3:			

b. Other Homeless Goals Chart

In addition to the goals for ending chronic homelessness, please describe the goals and specific action steps for each that will be taken over the next 18 months 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:			

Form HUD 40076 CoC-C

Exhibit 1: Continuum of Care – Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being systematically discharged from publicly funded institutions or systems of care.

Please complete the following to illustrate the current level of development and implementation within your CoC geographic areas.

Development and Implementation of Discharge Planning
Indicate **Yes** or **No** in appropriate box

Publicly Funded System(s) of Care/Institution(s) in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Foster Care				
Health Care				
Mental Health				
Correctional				

Form HUD 40076 CoC-D

Exhibit 1: Continuum of Care – Unexecuted Grants Chart

Unexecuted Grants Awarded Prior to the 2004 Continuum of Care Competition

Using the prescribed format, please provide a list of all HUD McKinney-Vento Act awards announced prior to 2004 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
		Total	

Form HUD 40076 CoC-E

Exhibit 1: Continuum of Care Service Activity Chart

Using the format below, describe the fundamental service components of your Continuum of Care system currently in place, and *agencies that provide that service.* (*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 -- Service Activity Chart
Component: *Prevention* Services in place: Please list by type (e.g., rental/mortgage assistance) Service Providers:
Component: *Outreach* Outreach in place: Please list the outreach activities, e.g., mobile van, for homeless persons who are **living on the streets** in your CoC area. Service Providers:
Component: *Supportive Services* Services in place: Please list each of the following services, if provided in your community: case management, life skills, alcohol and drug abuse treatment, mental health treatment, AIDS-related treatment, education, employment assistance, child care, transportation, and other. Service Providers:

Form HUD 40076 CoC-F

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart

EMERGENCY SHELTER

Provider Name / Facility Name	HMIS Part. Code	Number of Year-Round Beds Ind.	Number of Year-Round Beds Fam.	Geo Code	Target Pop. A	Target Pop. B	2005 Year-Round Units/Beds Family Units	Family Beds	Individual Beds	Total Year-Round	2005 Other Beds Seasonal	Over-flow/Voucher
Current Inventory												
TOTALS						TOTALS						
Under Development / Anticipated Occupancy Date												
TOTALS						TOTALS						
Unmet Need						TOTALS						

1. Total Year-Round Individual ES Beds		
2. Year-Round Individual ES Beds in HMIS		
3. HMIS Coverage Individual ES Beds		%

(Divide line 2 by line 1 and multiply by 100. Round to whole number.)

4. Total Year-Round Family ES Beds		
5. Family ES Beds in HMIS		
6. HMIS Coverage Family ES Beds		%

(Divide line 5 by line 4 and multiply by 100. Round to whole number.)

Form HUD 40076 CoC-G

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System – Housing Activity Chart

Transitional Housing

Provider Name	Facility Name	HMIS Part. Code	#Yr. Round		Geo Code	Target Pop		2005 Year-Round Units/Beds			
			Ind	Fam		A	B	Family Units	Family Beds	Individual Beds	Total Year-Round Beds
Current Inventory											
TOTALS											

	Anticipated Occupancy Date										
Under Development											
TOTALS											

Unmet Need											
TOTALS											

1.	Total Year Round Individual TH Beds			4.	Total Year Round Family TH Beds	
2.	Individual TH Beds in HMIS			5.	Family TH Beds in HMIS	
3.	HMIS Coverage Individual TH Beds		%	6.	HMIS Coverage Family TH Beds	%
	(Divide line 2 by line 1 and multiply by 100. Round to whole number)				(Divide line 5 by line 4 and multiply by 100. Round to whole number)	

Form HUD 40076 CoC-G

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System – Housing Activity Chart

Permanent Supportive Housing

		HMIS			Target Pop		2005 Year-Round Units/Beds			
Provider Name	**Facility Name**	**Part. Code**	**#Yr. Round** Ind | Fam	**Geo Code**	**A**	**B**	**Family Units**	**Family Beds**	**Individual /CH Beds**	**Total Year-Round Beds**
Current Inventory										
TOTALS										/CH
Under Development		Anticipated Occupancy Date								
TOTALS										/CH
Unmet Need										/CH

1. Total Year Round Individual PSH Beds		
2. Individual PSH Beds in HMIS		
3. HMIS Coverage Individual PSH Beds		%

(Divide line 2 by line 1 and multiply by 100. Round to whole number)

4. Total Year Round Family PSH Beds	
5. Family PSH Beds in HMIS	
6. HMIS Coverage Family PSH Beds	

(Divide line 5 by line 4 and multiply by 100. Round to whole number)

Form HUD 40076 CoC-G

Exhibit 1: Continuum of Care Housing Activity Chart Instructions

Please provide information on each project/voucher program (Current and Under Development) at the time of point-in-time date of your Housing Activity Survey.

<u>Column Name</u>

Provider Name: Self-explanatory.
Facility Name: Self-explanatory.

HMIS Participation Code: Enter one of the following four codes for each facility concerning its participation in the CoC's HMIS.
A = all of the clients served by this program have data entered into the HMIS; S= some of the clients served by this program have data entered into the HMIS; N= none of the clients served by this program have data entered into the HMIS but they plan to participate in the future; Z=this program does not plan to participate in HMIS

Number of Year-Round Beds in HMIS: Enter the number of year-round individual beds and number of year-round family beds that are covered by the HMIS. A bed is "covered" if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as "covered". These numbers should be consistent with the participation code and should not exceed the total number of beds provided in each project, as reported in the subsequent columns in this table.

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

Target Population A: Select the code that best represents your project: **SM**= only Single Males (18 years and older); **SF**= only Single Females (18 years and older); **SMF**= only Single Males and Females (18 years and older with no children); **FC**= only Families with Children; **YM**= only unaccompanied Young Males (under 18 years); **YF**= only unaccompanied Young Females (under 18 years); **YMF**= only unaccompanied Young Males and Females (under 18 years); **M**= mixed populations. Only one code should be used per facility. If more than one group is served use the **M**=mixed populations code.

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

2005 Year-Round Units/Beds:
   Family Units: Enter the number of units that the project set-aside for serving families.
   Family Beds: Enter the number of beds that are contained in family units.
   Individual Beds: Enter the number of beds that are serving individuals. For the Permanent Supportive Housing Chart only (both Current and Under Development Inventories), indicate first the total number of individual beds, then the estimated number of those beds designated for CH individuals or occupied by persons who met the definition of chronic homelessness at the time of placement into PSH beds. (Example: 115/5 indicates that there are a total of 115 PSH beds for individuals in the COC, 5 of which are designated for or occupied by a CH person.)

2005 All Beds (Emergency Shelters Only)
Emergency shelters are usually structures with year-round beds, but there are structures with seasonal beds that are made available to homeless persons during particularly high-demand seasons of the year, usually wintertime. In addition, projects may have overflow capacity that includes cots or mats in addition to permanent bed capacity that is not ordinarily available but can be marshaled when demand is especially great, for example, on the coldest nights of the year. Vouchers are to be identified under overflow beds. The total number of year-round, seasonal and overflow beds would provide a point-in-time snapshot of the housing inventory for homeless people at its highest point in the year.
Year-Round Beds: The number of family beds in (column "Family Beds") **plus** the number of beds for individuals (column "Individual Beds").
Seasonal Beds: The number of beds made available to individuals and families on a seasonal basis.
Overflow Beds: The number of beds, mats or spaces or vouchers that are made available on a very temporary basis.
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. Indicate the anticipated occupancy date for project.
(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

Form HUD 40076-CoC-G

Exhibit 1: Continuum of Care Participation in Energy Star Chart

HUD promotes energy efficient housing. CoCs that have applicants applying for new construction or rehabilitation funding or who maintain housing or community facilities or provide services in those facilities are also encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. Please check all that apply:

Are you aware of the Energy Star Initiative?   ☐ Yes   ☐ No

Have you notified CoC members of this initiative? ☐ Yes   ☐ No

Percentage of CoC projects on Priority Chart to use Energy Star appliances: ___%

<div align="right">Form HUD 40076 CoC–H</div>

Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	**Transitional**		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals				
2. Homeless Families with Children				
2a. Persons in Homeless Families with Children				
Total (**lines 1 + 2a only**)				
Part 2: Homeless Subpopulations	**Sheltered**		**Unsheltered**	**Total**
1. Chronically Homeless				
2. Severely Mentally Ill			*	
3. Chronic Substance Abuse			*	
4. Veterans			*	
5. Persons with HIV/AIDS			*	
6. Victims of Domestic Violence			*	
7. Youth (Under 18 years of age)			*	

<div align="right">*Optional for Unsheltered</div>

<div align="right">Form HUD 40076 CoC-I</div>

Exhibit 1: Continuum of Care Homeless Population and Subpopulations Instructions

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 or **(S)** statistically reliable samples. The quality of the data presented in each box must be identified as: **(A)**, **(N)**, or **(S)**.

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 or **(S)** statistically reliable samples. The quality of the data presented in each box must be identified as: **(A)**, **(N)**, or **(S)**.

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.

Form HUD 40076 CoC-I

Exhibit 1: Continuum of Care Information Collection Methods Instructions

Methods used to Collect Information for the Fundamental Components of the CoC System Housing Activity Chart and Homeless Population/Subpopulations Charts

1. Housing Activity Chart.

(a) Describe your community's methods for conducting an annual update of the emergency, transitional housing and permanent supportive current housing inventory in place and under development contained in the 2005 CoC competition, including the definition your community used for emergency shelter and transitional housing. Specify the data source (e.g., City Shelter Survey), the method (e.g., mail survey), and response rate for filling out the "Current Inventory in 2005" and "Under Development in 2005" columns. The survey must be for a one night point-in-time count in the last week of January 2005.

2. Unmet Housing Needs.

(a) Briefly describe the basis for your CoC's determination as to the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless.

3. Part 1 and 2 Homeless Population and Subpopulations Chart.

(a) Describe your CoC's methods (e.g., on-line HMIS data, mail survey, response rate) for data collection used to complete the "sheltered" portion of Part 1 and 2 based upon a one day, point-in-time study in the last week of January 2005. Please indicate whether your CoC does annual shelter counts. Describe your plans for the next required sheltered count in January 2007.

(b) Describe your CoC's methods for data collection used to complete the "unsheltered" portion of Part 1 and 2 based upon a one day, point-in-time study, preferably in the last week of January 2005. If your CoC uses point-in-time other than a day in the last week in January, please describe the basis for selecting that date. Please indicate whether your CoC does annual unsheltered counts. Describe your plans for the next required unsheltered count in January 2007.

Form HUD 40076 CoC-I

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

Please complete the information below. Your response to this item will not count towards your 30-page limitation.

This section should be completed in conjunction with the lead agency/organization responsible for HMIS implementation. Note: all information requested in questions 1 through 3 should apply only to the Continuum of Care as defined in Exhibit One, even if your CoC is part of a multi-CoC implementation.

> **For questions 1, 2 and 3, please provide information related to the CoC as defined in Exhibit One only, even if the CoC is part of a multi-CoC HMIS implementation**

1. HMIS implementation:
   a. Phases of HMIS Implementation

Planning Start Date (mm/yyyy): _____
   If not yet planning, please select a reason:
   ❏ New CoC in 2005
   ❏ Lack of funding for planning
   ❏ Other _____

Data Collection Start Date: _____

Date the CoC achieved or anticipates achieving 75% <u>bed</u> coverage in:

	Date Achieved (mm/yyyy)	Date Anticipated (mm/yyyy)
Emergency Shelter		
Transitional Housing		
Permanent Supportive Housing (McKinney-Vento funded units)		

	Number of Programs	Percent of Total Programs
Street outreach programs participating in HMIS		%
Other non-housing programs participating in HMIS		%

Form HUD 40076 CoC-J

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

    b. Describe in a brief narrative the progress of the HMIS implementation since July 2004, including the engagement and participation of special populations such as domestic violence providers.

    c. Describe any challenges and/or barriers the CoC have experienced implementing the HMIS since July 2004.

2. Describe in a brief narrative current and/or future strategies to implement the HMIS Data & Technical Standards (participation, data elements, privacy, security) and the CoC's strategy to monitor and enforce compliance.

3. Counting Procedures

    a. Describe in a brief narrative the CoC's methodology to generate an unduplicated count of homeless persons (e.g. in emergency shelters, transitional housing programs and living on the street). If the CoC is currently unable to generate an unduplicated count across all programs within the CoC, describe the strategy for achieving an unduplicated count in the future.

    b. List the total number of duplicated and unduplicated client records entered during 2004 by all providers within the CoC

        Total Duplicated Client Records Entered in 2004: _____

        Total Unduplicated Client Records Entered in 2004: _____

For questions 4 and 5, please provide information on the HMIS implementation as a whole. If your CoC is part of a multi-CoC implementation, the lead organization may be from outside of the CoC defined in Exhibit One.

---

4. HMIS Lead Organization Information:
    Organization Name: _____
    Contact Person: _____
    Phone: _____
    Email: _____

5. List the HUD-defined CoC name and number for each CoC in the HMIS implementation. If the CoC is part of a multi-CoC implementation, this information should be provided by the HMIS lead organization. (HUD-defined CoC names and numbers are available at www.hud.gov/___.

HUD-Defined CoC Name	CoC Number	HUD-Defined CoC Name	CoC Number
Ex. District of Columbia	DC04-500		

Form HUD 40076 CoC-J

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS) Instructions:

1a. **Planning Start Date** - CoCs can record approximate month and year to report on the planning start date, particularly if the planning process occurred a long time ago.

Data Collection Start Date – CoCs should provide the month and year that providers began entering data into the HMIS. If this is a multi-CoC HMIS implementation, this response should refer to the date providers within this CoC began entering data.

Bed Coverage – If the CoC has already achieved 75% bed coverage in a specific category, please record the approximate month/year that this occurred. If the CoC has not yet achieved 75% bed coverage in a specific category, please provide the month/year that the CoC anticipates that 75% bed coverage will be achieved. The responses to this question should be consistent with the detailed program information recorded in the Housing Activity Chart. A bed is "covered" if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as "covered".

Bed coverage is calculated by dividing the number of "covered" beds by the total number of beds in that category. For example, if a CoC has two programs that each operate 50 emergency shelter beds and only one of the providers enters client data, then the current emergency shelter bed coverage is 50%.

Outreach and Non-housing Program Participation – The numbers in the first column represent the number of programs within the CoC in each of these categories that are entering client-level data in the HMIS. The percentages in the second column should be calculated by dividing the number of participating agencies by the total number of programs in that category that operate within the CoC. For instance, if two of the four outreach programs in a CoC are entering client-level data, then the CoC would enter "2" in the first column and "50%" in the second.

3b. If providers share basic client identifiers with each other for the purposes of searching for existing client records during initial intake, the duplicated and unduplicated counts may be the same. If basic client identifiers are not shared with other providers during the client search process, then the duplicated count represents the sum of all client records entered by each provider and the unduplicated count represents the total number of clients served within the CoC after duplicates between agencies are eliminated.

Form HUD 40076 CoC-J

Exhibit 1: Continuum of Care – Project Priorities Chart

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

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

*Place the component type for each project under column 7.

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, continuing the priority numbering sequence.

(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 or lower than those found in the October 1, 2004 Federal Register.

(3) Requested subsidy cannot exceed current FMR unless a PHA Letter or Exception Rent approval letter are attached.

Form HUD 40076 CoC-K

Exhibit 1: Continuum of Care: Project Priorities Chart Instructions

A priority ordering of all projects proposed for each community in the Continuum of Care strategy should be included on the Project Priority chart. The projects that communities rank as higher priorities will receive the most points under the "Need" criterion. 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 2005 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 SF-424*).

2. In the *second column*, enter the *project sponsor* that will carry out the project.

3. The *third column* is the *name of the project.*

4. The *fourth 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.

5. In the *fifth column*, enter the requested amount of project funding for each project.

6. In the *sixth column*, enter the requested term of your project in years.

7. In the *seventh 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/transitional **(SH-th)**, Safe Haven/permanent **(SH-ph)**, 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 Moderate Rehabilitation Single Room Occupancy rental assistance **(SRO)**.

8. 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.)

9. Place all Shelter Plus Care renewal projects as the last entries in the chart, continuing the numbering sequence. They are not "prioritized" with the other programs because they are being funded non-competitively.

10. The tiering of projects on your priority list is no longer permitted.

Form HUD 40076 CoC-K

Exhibit 1: Continuum of Care Pro Rata Need (PRN) Reallocation Chart and Instructions (only for eligible Hold Harmless Continuums)

Reduced or Eliminated Grant in the 2005 Competition

A	B	C	D	E	F
Expiring Grants	Prog. Code	Comp-onent	Annual Renewal Amount	Reduced Amount	Retained Amount from Existing Grant
Ex: MA01B300002	SHP	TH	$100,000	$60,000	$40,000
Ex: MA01B400003	SHP	SSO	$80,000	$80,000	$0
		TOTAL:	$180,000	$140,000	$40,000

Newly Created Permanent Housing Projects in the 2005 Competition

G	H	I	J
2005 Project Priority Number	Prog. Code	Comp-onent	Transferred Amounts
Ex: #5	SHP	PH	$90,000
Ex: #12	S+C	TRA	$50,000
	TOTAL:		$140,000

Continuum of Care PRN Reallocation Chart Submission Instructions

Continuums that receive the Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2005 CoC competition. Continuums may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

Advisory Warning: According to the CoC competitive process, a CoC that scores below the funding line will not have the new projects on this chart funded. As such the reallocated funds that had been used for renewals would no longer be available to the Continuum.

The purpose of the chart above is to assist Continuums eligible for Hold Harmless PRN to identify:
(1) The PRN funds the Continuum is making available for reallocation through the reduction or elimination of project(s) eligible for renewal.
(2) The amount transferred to the new project(s) created for the 2005 competition.

Form HUD 40076 CoC-K

Exhibit 1: PRN Reallocation Chart Instructions and CoC Priorities Narrative

Column A: Identify the project number of each expiring SHP grant that will be reduced or eliminated;

Column B: Identify the program code of the grant to be reallocated;

Column C: Identify the component of the grant to be reallocated;

Column D: Identify each grant's Annual Renewal Amount. Verify these amounts with your HUD Field Office. **

Column E: Identify the amount that will be reduced from each grant's one-year amount;

Column F: Identify any retained amount from the existing grant by subtracting the amount in Column E from the amount in Column D. Any remaining amount in Column F can be <u>renewed</u> in the 2005 competition;

Column G: Identify the 2005 priority number given to each new project being created using Hold Harmless funding;

Column H: Identify the program of the newly created project. (SHP, S+C, Section 8 SRO)

Column I: Identify the component of the newly created project (PH, SH-ph, SRA, TRA, PRA, PRAR, SRO);

Column J: Identify the amount(s) being transferred from Column E for the respective project(s) identified in Column G.

Finally: To insure that the Continuum has completed this process correctly, the total of Column J <u>cannot</u> exceed the total of Column E.

**Note: For the first time, Annual Renewal Amounts include the previously awarded administration funds; therefore no additional administration funds may be requested.

Continuum of Care Priorities Narrative Instructions

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

a. The sources you use to determine whether projects up for renewal are performing satisfactorily and effectively addressing the need(s) for which they were designed **(Check all that apply):**
☐Audit ☐APR ☐Site Visit ☐Monitoring Visit ☐ Client Satisfaction

b. Describe how each **new** 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.)*

c. Demonstrate how the project selection and priority placement processes for all projects were conducted **fairly and impartially.** In doing so:
(1) Specify your open solicitation efforts for projects;
(2) Identify the objective rating measures applied to the projects;
(3) Demonstrate that participants on the review panel or committee are unbiased;
(4) Explain the voting system/decision making process used;
(5) If your CoC receives the hold harmless pro rata need amount and has used the reallocation process to free up PRN to create new projects, please explain the open decision making process used to reduce and/or eliminate projects;
(6) If written complaints concerning the process were received during the last 12 months, please briefly describe them and how they were resolved;

Form HUD 40076 CoC-K

Exhibit 1: Continuum of Care Supplemental Resources

Enrollment and Participation in Mainstream Programs

(1) Check those mainstream programs for which your COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

☐ SSI ☐ SSDI ☐ TANF ☐ Medicaid ☐ Food Stamps
☐ SCHIP ☐ WIA ☐ Veterans Health Care

(2) Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:

☐ A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.

☐ The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.

☐ CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.

☐ A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.

☐ The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.

☐ CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.

☐ A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.

☐ A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.

☐ Other (Please describe in 1-2 sentences.)

Form HUD 40076 CoC–L

Exhibit 1: CoC Project Performance - Housing and Services

This section will assess your CoC's progress in reducing homelessness by helping clients move to permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. For each area below (e.g., permanent housing), tally information from the APR most recently submitted for the appropriate RENEWAL project(s) on the 2005 Priority Chart. Note: If you are not submitting any renewals in this year's competition for one or more of the areas presented below check the appropriate box.

A. Housing

1. Permanent Housing. HUD will be assessing the percentage of all participants who remain in permanent SHP or S+C housing for over six months. (SHP projects include both SHP-PH and SHP-Safe Haven permanent housing renewals.) Based on responses to APR Question 12(a) and information available on persons who did not leave (e.g., information to respond to APR Question 12(b)) from each of the above permanent housing projects included on your Priority Chart, complete the following:

Check here ☐ if there are no applicable permanent housing renewal projects.
Check here ☐ to indicate that all permanent housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

a. What is the number of participants who **exited** the permanent housing project(s) during the operating year (from APR Question 12(a))? _____.
b. What is the number of participants who did **not leave** the project(s) during the operating year? _____.

c. Of those who **exited**, how many stayed longer than **6 months** in the permanent housing (from APR Question 12(a))? _____.
d. Of those who did **not leave**, how many stayed longer than **6 months** in the permanent housing? _____.

e. Of the total number of participants in the permanent housing project(s) (both those who left and those who stayed), what percentage stayed longer than 6 months (both those who left and those who stayed)? (c+d divided by a+b x 100 = e) Example: (11 + 10) divided by (20 + 20) x 100 = 52.5% _____%. Round all percentages to the first decimal place.

2. Transitional Housing. HUD will be assessing the percentage of all TH clients who move to a permanent housing situation. (SHP-TH, SHP-Safe Haven that is *not* identified as permanent housing, and SHP-Innovative renewal projects should all be included as transitional housing.) Based on responses to APR Question 14 from each of the above projects included on your Priority Chart complete the following:

Check here ☐ if there are no applicable transitional housing renewal projects.
Check here ☐ to indicate that all transitional housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

a. What is the total number of participants who left transitional housing project(s) during the operating year? (Include all persons who left, including those who left to an unknown destination.) _____.
b. What is the number of participants who left transitional housing project(s) and **moved to permanent housing?** _____.
c. Of the number of participants who left transitional housing, what percentage moved to permanent housing? (b divided by a x 100 = c) _____%.

Form HUD 40076 CoC-M

Exhibit 1. CoC Project Performance - Housing and Services Continued

B. Supportive Services

<u>Mainstream Programs and Employment Chart</u>. HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services and who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Based on responses to APR Question 11 for each of the renewal projects included on your Priority Chart complete the following:

Check here ☐ if there are no applicable renewal projects.

Check here ☐ to indicate that <u>all</u> non-HMIS renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

1 Number of Adults Who Left (Use the same number in each cell)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col 3 ÷ Col 1 x 100)
Example: 105	a. SSI	40	38.1%
105	b. SSDI	35	33.3%
105	c. Social Security	25	23.8%
	a. SSI		
	b. SSDI		
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
	h. Employment Income		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
	n. No Financial Resources		

Column 1: *Number of Adults Who Left*. For each SHP and S+C 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 totals from each renewal's APR to get the total number of adults in the CoC who left these projects during the operating year.

Column 2: *Income Source.* Income sources from the APR Question 11.

Column 3: *Number of Exiting Adults with Source of Income.* 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 4: *% with Income at Exit.* Divide Column 3 by Column 1, then multiply by 100 and round to the nearest first decimal place (e.g. 38.1%).

Form HUD 40076 CoC-M

Exhibit 1: Continuum of Care Supplemental Resources Project Leveraging Chart

HUD homeless program funding is limited and, therefore, can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. Therefore, HUD is interested in applicants using supplemental resources, including HUD CDBG and other Federal and state mainstream programs, to address homeless needs.

Please complete the following Project Leveraging Chart *(HUD 40076 CoC -N)*. (Instructions follow the chart)

Continuum of Care: Project Leveraging

(Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. *This entire chart will count as only one page towards the 30-page limitation*)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
3	Example: Sarah's House	Child Care	City CDBG	$10,000
				TOTAL

*Please enter the value of the contribution for which you have a written commitment at time of application submission.

HUD 40076 CoC-N

Exhibit 1: Continuum of Care Project Leveraging Chart - Instructions

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 2004 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)

Form HUD 40076 CoC-N

U.S. Department of Housing and Urban Development

OMB Approval No. PENDING

(exp. pending)

Office of Community Planning and Development

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 8 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)

Exhibit 2: Supportive Housing Program – New Project Instructions

(Exhibit 2 is the application for a new SHP project, consisting of forms HUD 40076-CoC-2A through form HUD 40076-CoC-2I, plus narrative text as specified in the instructions for each form)

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form **HUD-40076-CoC** (04/2004)

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP – New Project Instructions

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.)

Project Narrative

The project narrative is a description of your proposed project. Please respond to the items in this section 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 narrative.** 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.

Form HUD 40076 CoC-2A

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP – New Project Instructions (continued)

  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 or 3 year required term**, except for dedicated HMIS projects)

  g. If this is the Priority #1 permanent housing bonus project, indicate that 100 % of the persons to be served will be chronically homeless: ☐ Yes ☐ No

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). New this year, permanent housing projects may only serve those who come from the street, emergency shelter or transitional housing.

   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. What the TYPE (e.g., apartments, group home) **and** SCALE (e.g., number of units, number of persons per unit) of the proposed housing will be to fit the needs of the participants.
   b. That the basic COMMUNITY AMENITIES (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) will be readily 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.

Form HUD 40076 CoC-2A

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP – New Project Instructions (continued)

4. **Supportive services the participants will receive**. Demonstrate for each of the following:

   a. What the TYPE (e.g., case management, job training) **and** SCALE (the frequency and duration) of the supportive services proposed will be to 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, 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
   For all Projects:
   a. Date (mm/yyyy) this project will begin participating (entering data) in the HMIS _____/_____

   b. Will all clients served by this project be entered in the HMIS? ☐Yes ☐No
   For all Dedicated HMIS projects ONLY:
   c. 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.

   d. Demonstrate that at least 50 percent of the beds (emergency, transitional and McKinney-Vento permanent housing) listed in the "Current Inventory in 2005" categories in the Fundamental Components in the CoC System – Housing Activity Chart will be included in the CoC-wide HMIS.

   e. Name the lead agency designated to oversee the HMIS project.

   f. Provide the timetable for implementing the new or expanded HMIS.

   g. Demonstrate that no State or local government funds would be replaced with the funding being requested of HUD for this project.

Form HUD 40076 CoC-2A

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP – New Project Instructions (continued)

8. **Discharge Policy.** For State and local government applicants who submitted a Discharge Policy certification within their 2001 through 2004 applications, 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.)

Experience Narrative

The experience narrative is a description of the experience of all the organizations involved in carrying out the project. Refer to the program section of the NOFA for the applicant and project sponsor eligibility. **A project sponsor must meet the same eligibility standards as applicants.**

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 1999, 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: 2000	CA16B000-062	$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 III.C.3.f of the Notice of Funding Availability (NOFA).

Form HUD 400076 CoC-2A

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP – New Project Instructions (continued)

5. Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (3).

6. If sponsor is a nonprofit organization (rather than a State or unit of local government), one of the following must be attached:

   - 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 in Section I.A.7 of the program section of the NOFA.

   - 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.

Form HUD 400076 CoC-2A

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP - Project Information

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):	

Program Components/Types

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

☐ Transitional Housing

☐ Permanent Housing for Persons with Disabilities

☐ Supportive Services Only

Safe Havens, select only one type of SH project:

☐ Safe Haven – Transitional. Check here if your Safe Haven project has the characteristics of transitional housing.

☐ Safe Haven – Permanent. Check here if your Safe Haven project has the characteristics of permanent housing 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)

Form HUD 40076 CoC-2B

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP – 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 Number of Beds, Participants and Supportive Services Charts –Form HUD 40076 CoC–2D.)

    ☐ No (Skip to Number of Beds, Participants and Supportive Services Charts –Form HUD 40076 CoC–2D.)

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.

Form HUD CoC 40076-2C

Exhibit 2. SHP – Number of Bed, Participants, and Supportive Services

Applicant Name_____ Project Name_____ DUNS #_____

Charts

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) or Dedicated HMIS 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				
a.1. number of disabled individuals who are chronically homeless				
b. number of other individuals				

Note: If your project is funded you will be held responsible for achieving the numbers submitted.

Form HUD 40076 CoC-2D p

Exhibit 2. SHP - Number of Bed, Participants and Supportive Services Charts (continued)

Applicant Name_____ Project Name_____ DUNS #_____

Chart 3: Supportive Services

Supportive Service Costs	SHP Dollars Requested	Est. No. of Persons Served (point in time)
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:		
Total SHP Dollars Requested**		
Total Supportive Services Costs***		

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

**SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 6, of the Project Budget portion on Form HUD 40076 CoC -2H.

***The total supportive service costs entered here should equal the amount shown in the "Total Budget" column, Line 6, of the Project Budget on Form HUD 40076 CoC -2H.

Form HUD 40076 CoC-2D

Exhibit 2: SHP - Number of Beds, Participants, and Supportive Services - Instructions

Applicant Name_____ Project Name_____ DUNS #_____

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) or Dedicated HMIS projects.
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 on Form HUD 40076 CoC-2E.

Instructions for Completing Chart 1 and Chart 2
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 Form HUD 40076 CoC-2C to using existing facilities to serve the homeless. If you checked "No" in Form HUD 40076 CoC-2C 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

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.

Note: If your project is funded you will be responsible for achieving the numbers submitted.

Instructions for Completing Chart 3 Supportive Services
If your new project is requesting the use of SHP funds for any supportive services, please complete Chart 3 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). 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 on Form HUD 40076 CoC-2H.

Form HUD 40076 CoC-2D

Exhibit 2: Instructions for Completing Chart 3 Supportive Services (continued):

Applicant Name_____ Project Name_____ DUNS #_____

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 or project sponsor must make a cash payment for at least 20% of the project's total supportive services budget annually.

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:

Supportive Service Costs	SHP Dollars Requested	Est. No. of Persons Served (point in time)
Service Activity: Case Management **Quantity: 2 FTE @ $25,000 per year**	$80,000	60
Service Activity: Education—job training **Quantity: 20 slots per year**	$50,000	40

Form HUD 40076 CoC-2D

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP - 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	$67,200
Administrative Support Staff 1 – Staff x .5 FTE @ $16,000/annual x 3 years = $24,000	$19,200

Chart: HMIS Budget

Cost Item	SHP Dollars Requested
Equipment	**Total**
Central Server(s)	
Personal Computers and Printers	
Networking	
Security	
Software	**Total**
Software/User Licensing	
Software Installation	
Support and Maintenance	
Supporting Software Tools	
Services	**Total**
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	
Personnel	**Total**
Project Management/Coordination	
Data Analysis	
Programming	
Technical Assistance and Training	
Administrative Support Staff	
HMIS Space and Operations	**Total**
Space Costs	
Operational Costs	
Total SHP Dollars Requested*	
Total HMIS Costs**	

*SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 8, of the Project Budget on Form HUD 40076 CoC -2H.

* *The total HMIS costs entered here should equal the amount shown in the "Total Budget" column, Line 8, of the Project on Form HUD 40076 CoC -2H.

Form HUD 40076 CoC-2E

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP - Operating Costs Chart

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
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*)	
Total SHP Dollars Requested**	
Total Operating Costs Budget ***	

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

**Total SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 7, of the Project Budget on Form HUD 40076 CoC -2H.

***The total operating costs entered here must equal the amount shown in the "Total Budget" column, Line 7 of the Project Budget on Form HUD 40076 CoC -2H.

Form HUD 40076 CoC-2F

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Applicant Name_____ Project Name_____ DUNS #_____
```

Exhibit 2: SHP - Instructions for Completing the Operating Costs Chart

Complete the Operating Costs Chart 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 on Form HUD CoC 40076 CoC-2H.

In the second column, enter the amount of SHP funding requested 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.

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:

- Operating costs of a supportive services only facility;
- Administrative expenses such as audits and preparing HUD reports;
- Rent of space for supportive housing and/or supportive services (see SHP Leasing Information, Form HUD CoC-2G); and
- 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 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 cash payment for 25% of the project's operating budget annually.

Example:

Operating Costs	SHP Dollars Requested
Utilities	$32,000
Maintenance Engineer (salary, % time, fringe benefits) $40,000/annually .20 x .15 fringe benefits x 2 years = $18,400	$13,800

Form HUD 40076 CoC-2F

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP - Leasing Charts

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
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				$

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:

Structure 2	Monthly Leasing Cost	Number of Months	Total
	$ x	=	$

Address:

Form HUD 40076 CoC-2G

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP - Instructions for Completing the Leasing Charts

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.

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

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 October 1, 2004. (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 your current approval letter must be submitted** with this document.

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 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.

Form HUD 40076 CoC-2G

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP - Project Budget (*complete all 3 columns*)

Enter the amount of SHP funds requested by line item in the "SHP Request" column. All SHP projects may request funding for two or three years (dedicated HMIS may request a one, two or three year term). **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 (projects that request funds for acquisition, rehabilitation or new construction), please add up the SHP structure budgets *on page 3 of this form* 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 I (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.

Form HUD 40076 CoC-2H

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP – Project Budget Instructions

This section 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.

Form HUD 40076 CoC-2H

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP Structure Budgets - Projects With Multiple Structures

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 one (1), two (2), or three (3) 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 **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		

Form HUD 40076 CoC-2H

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2: SHP - Additional Key Information

HUD needs the following information to respond to public and Congressional inquiries about program benefit. Responses from this section will also be used to measure compliance with the requirement that no less than 10 percent of the funds awarded are for projects predominantly serving individuals experiencing chronic homelessness, where at least 70 percent of the persons served meet HUD's definition of chronic homelessness.

1. Which of the following subpopulations will your project predominately assist? (Check the *Predominantly Serve* box if your project primarily targets the given subpopulation, i.e., 70 percent or more of the persons you propose to serve, **or** the *Serve box* if less than 70 percent.)

Subpopulation	Serve (less than 70%)	Predominantly Serve (70% or more)
Chronically Homeless		
Severely Mentally Ill		
Chronic Substance Abuse		
Veterans		
Persons with HIV/AIDS		
Victims of Domestic Violence		
Women with Children		
Youth (Under 18 years of age)		

2. If you propose to serve persons experiencing chronic homelessness in your project, provide the number of chronically homeless persons to be served (at a point in time): _____.

3. 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

4. Is the sponsor and/or applicant 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.)

    Sponsor: ☐ Yes   Applicant: ☐ Yes
              ☐ No   ☐ No

5. Is the Logic Model attached? Please see the General Section for instructions.
    ☐   Yes   ☐   No

6. Have you ever received a Federal grant, either directly from a Federal Agency or through a state/local agency? ☐ Yes ☐ No

7. Have you ever received SHP or S+C or SRO funds? ☐   Yes   ☐   No

Form HUD 40076 CoC-2I

**U.S. Department of Housing
and Urban Development**

Office of Community Planning and Development

OMB Approval No. PENDING

(exp. pending)

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 3 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)

Exhibit 2R: Supportive Housing Program – Renewal Project Instructions

(Exhibit 2R is the application for a renewal SHP project, consisting of forms HUD 40076-COC-2RA through form HUD 40076-CoC-2RE, plus narrative text as specified in the instructions for each form.)

Previous versions obsolete

form **HUD-40076-CoC** (04/2004)

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2R: SHP Project Information

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:_____ PIN:_____
   k. Component/Type: (please check one) TH☐ PH☐ SSO☐ SH-Th☐

   SH-Ph ☐ HMIS☐ IH☐

   l. Priority Number on Exhibit 1: _____

2. **Number of Beds/Number of Participants**
   Chart 1: Beds

Beds	Current Level
Number of Bedrooms*	
Number of beds*	

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

   Chart 2: Participants

Participants	Current Level (if applicable)	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		
a.1. number of disabled individuals who are chronically homeless		
b. number of other individuals		

Form HUD 40076 CoC-2RA

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2R: SHP Project Information - Continued

Number of Participants/Number of Beds - Instructions

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) or dedicated HMIS projects.

Chart 2 is for recording the number of participants to be served. Information for each project should be entered in this section except for dedicated HMIS projects.

1. In the first column, please enter the requested information for all items at a point in time (a given night).
2. In second column, enter the number of persons to be served over the grant term.

Note: If your project is funded you will be responsible for achieving the numbers submitted.

3. **Performance**

   a. Are there any significant changes in the project since the last funding approval:
      ☐ Yes   ☐ No
      If "yes", briefly describe the changes. (Attach additional pages as needed)

   b. If one or more extensions have been provided for your current grant, please indicate:
      ☐ Yes   ☐ No
      If yes, please indicate the number of extensions approved: _____
      The extension period (e.g., two months, one year):   For each extension please indicate the extension period, providing dates and number of weeks or months.
      ▪ Extension 1:   _____ weeks, or _____months
      ▪ Extension 2:   _____ weeks, or _____ months
      List additional extensions as necessary.
      For each extension, identify the reason for the extension.

   If not operating at full capacity, please explain.

4. **Additional Key Information**
   a. Check the *Predominately Serve* box if your project primarily targets the given subpopulation, i.e., 70 or more of the persons you serve **or** the *Serve* box if less than 70%.

Subpopulation	Serve Less than 70%	Predominantly Serve (70% or more)
Chronically Homeless		
Severely Mentally Ill		
Chronic Substance Abuse		
Veterans		
Persons with HIV/AIDS		
Victims of Domestic Violence		
Women with Children		
Youth (Under 18 years of age)		

Form HUD 40076 CoC-2RA

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2R: SHP Project Information - Continued

b. Project is in a rural area:
☐ Yes
☐ No

c. Is the sponsor and/or applicant 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.)

Sponsor: ☐ Yes   Applicant: ☐ Yes
☐ No   ☐ No

d. Is the Logic Model attached? Please see the General Section for instructions.
☐ Yes
☐ No

Project Information Instructions

Items 1, 2 and 3 are self-explanatory. Renewal applicants for a dedicated HMIS project answer items 1, 2c, and 3.

Item 4. – Additional Key Information
a. Check the subpopulations your project will assist. (Check the *Predominantly Serve* box if your project primarily targets the given subpopulation, i.e., 70 percent or more of the persons you propose to serve, or the *Serve box* if less than 70 percent.) Please identify all that apply. Responses will also be used to measure compliance with the requirement that no less than 10% of the funds awarded are for projects predominantly serving individuals experiencing chronic homelessness. New this year, existing permanent housing projects may only replace those exiting the project with homeless persons who come from the street, emergency shelter or transitional housing, not "Other" populations.

Form HUD 40076 CoC-2RA

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2R: SHP Supportive Services Chart

Supportive Services Chart

Supportive Service Expense	Year 1	Year 2	Year 3	Total
1. Service Category and Quantity				
a. Service Category: Quantity:				
b. Service Category: Quantity:				
c. Service Category: Quantity				
d. Service Category: Quantity				
e. Service Category: Quantity				
f. Service Category: Quantity				
g. Service Category: Quantity				
2. Total Supportive Services Budget (add lines under item 1 to obtain the total Supportive Services Budget)				
3. SHP REQUEST				
4. Selectee's Match (Line 2 minus Line 3)				

Form HUD 40076 CoC-2RB

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Applicant Name_____ Project Name_____ DUNS #_____
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Exhibit 2R: Supportive Services Chart - Instructions

Please fill out the Supportive Services Renewal Chart.

1. **Service Category and Quantity.** In the first column, fill in the supportive service expense(s) by service category and quantity. For each service provide the necessary number of staff positions, including the job title and number of persons to be filling the position. Please identify the staffing by FTE (FTE-full time equivalent), for supportive services, such as transportation, please include the type (e.g., bus tokens) and quantity. Use as many lines as needed to indicate the services to be provided. An example is provided below.

   In the year 1 column, enter the total amount needed to pay for the service in the first year. If the grant is multi-year, enter the amount of 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. You may use percentages in your application to project the estimated staff time associated with an SHP grant position(s). However, applicants are reminded that all staff salary payments must be based on actual, incurred costs that are supported by signed and dated timesheets.

Supportive Service Expense	Year 1	Year 2	Year 3	Total
Service Category: Transportation **Quantity:** 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	$52,000	$14,500	$14,500	$81,000

2. **Total Supportive Services Budget.** Add the supportive service line items to obtain the total supportive services request.

3. **SHP Request.** Enter the total SHP request for all years of the grant term.

4. **Selectee's Match.** Enter the selectee's match for all years of the grant term. The selectees match is line 2 minus line 3 of the total supportive services budget.

5. 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. Enter this SHP request amount on line 3. This means that the grantee must make a cash payment for 20% of the project's supportive services budget annually. On line 4, enter the amount of the grantee's match.

6. Please note that 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. **The match requirement for Year 2 and Year 3 must be met by the end of each of those years.**

Form HUD 40076 CoC-2RB

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2R: HMIS Budget Chart

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

Form HUD 40076 CoC-2RC

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2R: HMIS Budget – Dedicated Projects and Shared Costs - Instructions

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
Project Management / Coordination 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	$43,000	$43,000	$43,000	$129,000

1. 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.

2. In the last column, total the amount of funds needed to help pay for the identified HMIS expenses for the grant term.

3. Documentation of firm commitments of the cash resources for year 1 of your grant term 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.**

4. Homeless Management Information System Participation
   a. Date (mm/yyyy) this project began participating (entering data) into the HMIS
   _____/_____

   If not yet participating, please explain why and when you intend to begin participating: _____.

   b. Are all clients served by this project entered into the HMIS?
   ❑ Yes
   ❑ No
   If not all clients served are entered into the HMIS, please explain why:

   _____.

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2R: Operating Costs Chart

Operating Costs

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)				
Other*:				
Other*:				
9. Total Operating Budget				
10. SHP REQUEST				
11. Selectee's Match (Line 9 minus line 10)				

*Identify all operating expenses under this category. If the expense is not specified, the costs will be removed from the budget.

Form HUD 40076 CoC 2RD

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2R: Instructions for Completing Operating Costs Chart

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.

1. The major operating expenses for an SHP project are listed in the first column of the chart. You may add to the list as needed under "other" operating costs line 8.

2. 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. An example is provided below:

EXAMPLE:

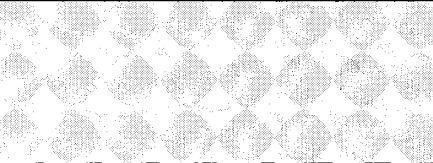| Operating Expense	Year 1	Year 2	Year 3	Total
Furnishings 10 – single beds @ $150 = $1,500 10 – 3-drawer dressers @$300 = $3,000 10 – bed linens/blanket/pillows @$150 = $1,500	$3,000	$3,000		$6,000

3. 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.**

4. 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.

Form HUD 40076 CoC 2RD

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 2R: SHP- Project Budget

Project Budget
Please fill out your proposed project budget and term of grant for the activities in which you are requesting funds, including the cash match resources and the total project budget.

Grant Term: (please check one)   1 ☐   2 ☐   3 ☐

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 in Exhibit 1 for the project.

Form HUD 40076 CoC-2RE

U.S. Department of Housing and Urban Development

Office of Community Planning and Development

OMB Approval No. PENDING

(exp. pending)

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 5 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)

Exhibit 3: Shelter Plus Care Program – New Project Instructions

(Exhibit 3 is the application for a new S+C project, consisting of forms HUD 40076-COC-3A through form HUD 40076-CoC-3H, plus narrative text as specified in the instructions for each form)

form **HUD-40076-CoC** (04/2004)

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3: S+C Component Comparisons

Element	TRA	SRA	PRA	SRO
Entity Administering Rental Assistance	Recipient or other entity under contract to recipient	Recipient, nonprofit sponsor 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 SRO Mod. Rehab. FMR

Form HUD 40076 CoC-3A

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3: 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
   f. If this is the Priority #1 permanent housing bonus project, indicate that 100 % of the persons to be served will be chronically homeless: ☐ Yes   ☐ No

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. New this year, permanent housing projects may only serve those who come from the street, emergency shelter or transitional housing.
   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 2001 through 2004 applications, please describe any policies and protocols subsequently implemented or developed 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 correction programs and institutions) in your jurisdiction. Indicate how these changes have or will prevent such discharges from immediately resulting in homelessness and requiring assistance from homeless programs for such persons. (You may provide a single response for all projects for which you are the applicant. Be sure a copy is included with each project.)

4. **Housing where participants will reside.** Demonstrate for each of the following:
   a. What the TYPE (e.g., apartments, group home) **and** SCALE (e.g., number of units, number of persons per unit) of the proposed housing will be to 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.

Form HUD 40076 CoC-3B

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3: Project Narrative - Continued

5. **Supportive services the participants will receive.** Demonstrate for each of the following:

    a. What the TYPE (e.g., case management, job training) **and** SCALE (the frequency and duration) of the supportive services proposed will be to 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.

7. **Homeless Management Information System**

    a. Date (mm/yyyy) this project will begin participating (entering data) in the HMIS
      _____/_____.

    b. Will all clients served by this project be entered in the HMIS?
      ☐ Yes
      ☐ No

8. **Program Goals.** In a separate narrative, which should be submitted as an attachment to this exhibit, please describe the performance measures that will be used for each of the homeless assistance goals, and how success in meeting each of the goals will be measured. Please include the three programmatic goals listed below, and address both housing and services in your discussion. You will be reporting on your success in meeting the performance measures in your Annual Progress Report.

The programmatic goals for HUD's homeless assistance programs address the success of homeless persons in achieving residential stability, increasing skills and income, and achieving greater self-determination. These program goals directly complement HUD's Government Performance and Results Act (GPRA) goals of ending chronic homelessness and moving homeless families and individuals to permanent housing. In order to meet these program goals, each project should develop specific performance measures. Performance measures have three major components. First, they must relate to the outcomes (e.g., the program participant will successfully complete substance abuse treatment), rather than inputs (e.g., the program participant will attend 25 substance abuse sessions). Second, they must have a time frame for achievement and, third, they must have a percentage/number indicating a level of achievement.

Form HUD 40076 CoC-3B

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3: Project Narrative – Continued

Goal: Obtain and Remain in Permanent Housing
> **Include the following:** Your goals should show how you are helping homeless persons who have moved to permanent housing remain housed for six months or longer.
> **Example:** 70% of those families entering the program will remain in permanent housing for more than six months.

Goal: Increase Skills and Income
> **Include the following:** At least one goal must address how homeless persons are accessing mainstream health and human service programs, and one goal should show how you are helping to increase the income of the homeless participants.
> **Example:** 30% of the participants who receive no employment benefits upon entry will receive employment benefits within 6 months.

Goal: Achieve Greater Self-Determination
> **Include the following:** As with the other two goals, please address how homeless persons are achieving greater self-determination.
> **Example:** 85% of clients will meet at least one goal on their Individual Service Plan.

9. 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

Form HUD 40076 CoC-3B

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3: Experience Narrative

Section B is a description of the experience of all organizations involved in carrying out the proposed project. (Refer to section III.A. 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 1999, 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.

Form HUD 40076 CoC-3B

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3: Project Component/Information/Participant Count

Component Selection

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

☐ TRA   ☐ SRA   ☐ PRA without Rehab   ☐ PRA with Rehab   ☐ SRO

Check here if the rent for this project exceeds the published Fair Market Rent:
☐ 100-110%, PHA Letter attached; ☐ Greater than 110%, HUD Approval Letter attached.

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):	

Participant Count

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. The actual subpopulations to be served must be noted below on Form HUD 40076 CoC-3H, Targeted Subpopulations. *Do not double count*

Number of Participants

Part 1: Individual Participants not in Families	
Part 2: Participants in Families	
(a) **Total Targeted Participants:** (in families)	
(b) **Number of other Family Members Living with Participants**	
Total Participants in Families	
Total Persons Served from Parts 1 and 2	

Form HUD 40076 CoC-3C

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3: Tenant-based Rental Assistance (TRA) Project Budget

Budget Forms

Fill out the information requested for the S+C component for which you are requesting funding. 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. Requests for rents above 100% but not more than 110% must be accompanied by a statement from the PHA that they have exercised their authority to set rents above the published amount. The PHA statement must cite at what level the rents are set, up to 110% of the FMR.

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 **revised** and published in the Federal Register (FR) on February 28, 2005, 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 or lower than those found in the revised February 28, 2005, 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 non-metropolitan area for the FMR used:

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

Form HUD 40076 CoC-3D

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3: 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 in Section I.A.6 of the program section of the NOFA.

- 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.

Form HUD 40076 CoC-3E

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3: SRA Project Budget (continued)

C. Applicants requesting SRA 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 **revised** and published in the Federal Register (FR) on February 28, 2005, 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 or lower than those found in the revised February 28, 2005 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 non-metropolitan area for the FMR used:

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

Form HUD 40076 CoC-3E

```
Applicant Name_____ Project Name_____ DUNS #_____
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Exhibit 3: Project-based Rental Assistance (PRA) Project Budget

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

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3: PRA Project Budget (continued)

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 **revised and published** in the Federal Register (FR) on February 28, 2005, 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 or lower than those found in the revised February 28, 2005 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 non-metropolitan area for the FMR used:

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

Chart 2. PRA Units with Rehabilitation
Name of metropolitan or non-metropolitan area for the FMR used:

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

Form HUD 40076 CoC-3F

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3: Single Room Occupancy (SRO) Project Budget

A. **Project Site.** Complete a separate form 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 SRO = Existing FMR for 0-bedroom units x 0.75 x 1.20. The 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 project. Use the existing FMRs **revised** and published in the Federal Register (FR) on February 28, 2005. [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 or lower than those found in the revised February 28, 2005, FR Notice.]

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		$

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)

Form HUD 40076 CoC-3G

```
Applicant Name_____ Project Name_____ DUNS #_____
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Exhibit 3: Single Room Occupancy (SRO) Project Budget - Continued

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

Total Rehabilitation Costs (Eligible and Ineligible) $

Acquisition $

Other Costs (Eligible & Ineligible, e.g., furniture) $

Total $

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

Form HUD 40076 CoC-3G

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3: Additional Key Information

HUD needs the following information to respond to public and Congressional inquiries about program benefit. Responses from this section will also be used to measure compliance with the requirement that no less than 10 percent of the funds awarded are for projects predominantly serving individuals experiencing chronic homelessness, where at least 70 percent of the persons served meet HUD's definition of chronic homelessness.

1. Which of the following subpopulations will your project assist? (Check the Predominantly Serve box if your project primarily targets the given subpopulation, i.e., 70 percent or more of the persons you propose to serve, or the Serve box if less than 70 percent.)

Subpopulation	Serve (Less than 70%)	Predominantly Serve (70% or more)
Chronically Homeless		
Severely Mentally Ill		
Chronic Substance Abuse		
Veterans		
Persons with HIV/AIDS		
Victims of Domestic Violence		
Women with Children		

2. If you propose to serve persons experiencing chronic homelessness in your project, provide the number of chronically homeless persons to be served (at a point in time): _____.

3. 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

4. Is the sponsor or applicant 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.)

   Sponsor: ☐ Yes   Applicant: ☐ Yes
            ☐ No   ☐ No

5. Is the Logic Model attached? Please see the General Section for instructions.
   ☐ Yes   ☐ No

6. Have you ever received a Federal grant, either directly from a Federal Agency or through a state/local agency? ☐ Yes   ☐ No

7. Have you ever received SHP or S+C or SRO funds? ☐ Yes ☐ No

Form HUD 40076 CoC –3H

<div align="center">

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

</div>

OMB Approval No. 2506-0112
(exp. 08/31/2006)

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 3 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)

Exhibit 3R: Shelter Plus Care Program – Renewal Project Instructions

(Exhibit 3R is the application for a renewal S+C project, consisting of forms HUD 40076-COC-3RA through form HUD 40076-CoC-3RE, plus narrative text as specified in the instructions for each form)

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3R: Project Narrative/Performance/Component/Information

Project Narrative

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. New this year, permanent housing projects may <u>only</u> serve those who come from the street, emergency shelter or transitional housing.

f. Project number of grant being renewed:_____ PIN:_____ .

Performance

Are there any significant changes in the project since the last funding approval: Yes☐ No☐
If "yes" briefly describe the changes.

Are all units funded with S+C funds occupied? Yes☐ No☐
If not, please explain the reasons.

Component

Select the S+C component which describes your existing project (check only one box)
☐ TRA ☐ SRA ☐ PRA without Rehab ☐ PRA with Rehab ☐ SRO

Project Information

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

Form HUD 40076 CoC-3RA

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3R: Participant Count

In each category shown in the chart below, estimate, 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. The actual subpopulations to be served must be noted below in Targeted Subpopulations. *Do not double count.*

Number of Participants

Part 1: Individual Participants not in Families	
Part 2: Participants in Families	
(a) **Total Targeted Participants**: (in families)	
(b) **Number of other Family Members Living with Participants**	
Total Participants in Families	
Total Persons Served from Parts 1 and 2	

Form HUD 40076 CoC-3RB

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3R: S+C Renewal 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 (including the S+C SRO component), please complete the following chart **(skip to Question 2 if awarded a one-year renewal in 2004):**

A.	S+C Funds Originally Awarded	$_____
B.	Expenditure projected through 2006	$_____
C.	Difference (A minus B)	$_____

If balance remains after the funds projected to be spent by the end of calendar year 2006 ("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. Grant extensions for S+C SRO components will be processed in the same manner as the other S+C components.

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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 2004, the number of units requested for renewal this year may not exceed the number of units funded in 2004. If you received a one-year S+C renewal grant in 2004, please provide the number of units approved for funding that year: _____.

In the following chart for TRA, SRA or PRA renewals only, show the number of units, by size, to be owned or leased during the one-year renewal period. Multiply the applicable existing FMRs as **revised** and published in the Federal Register on February 28, 2005, by the number of units of a given size by 12 months. The FMR for SRO sized units under TRA, SRA or PRA 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 or lower than those found in the revised February 28, 2005, FR Notice.] *Complete a separate chart for each jurisdiction that has a different FMR. Do not complete this section for S+C SRO components; use Form HUD 40076 CoC-3RD.*

Form HUD 40076 CoC-3RC

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3R: S+C Renewal Budget - Continued

Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached. Requests for rents above 100% but not more than 110% must be accompanied by a statement from the PHA that they have exercised their authority to set rents above the published amount. The PHA statement must cite at what level the rents are set, up to 110% of the FMR.

Name of metropolitan or non-metropolitan 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	
Total Assistance						$

Form HUD 40076 CoC-3RC

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Applicant Name_____  Project Name_____  DUNS #_____
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Exhibit 3R: S+C Renewal Budget/SRO Only

SRO Renewals Only

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

Dwelling Units	Number of Units	Contract X Rent	Number of X Months	Total Amount Requested = $
			12	$
Total Assistance				$

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

Form HUD 40076 CoC-3RD

Applicant Name_____ Project Name_____ DUNS #_____

Exhibit 3R: Additional Key Information

HUD needs the following information to respond to public and Congressional inquiries about program benefit. Responses from this section will also be used to measure compliance with the requirement that no less than 10 percent of the funds awarded are for projects predominantly serving individuals experiencing chronic homelessness, where at least 70 percent of the persons served meet HUD's definition of chronic homelessness.

1. Which of the following subpopulations will your project assist? (Check the *Predominantly Serve* box if your project primarily targets the given subpopulation, i.e., 70 percent or more of the persons you propose to serve, **or** the *Serve box* if less than 70 percent.)

Subpopulation	Serve (Less than 70%)	Predominantly Serve (70% or more)
Chronically Homeless		
Severely Mentally Ill		
Chronic Substance Abuse		
Veterans		
Persons with HIV/AIDS		
Victims of Domestic Violence		
Women with Children		

2. If you propose to serve persons experiencing chronic homelessness in your project, provide the number of chronically homeless persons to be served (at a point in time) _____.

3. The project is in a rural area:

☐ Yes   ☐ No

4. Is the sponsor and/or applicant 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.)

Sponsor: ☐ Yes   Applicant: ☐ Yes
          ☐ No   ☐ No

Form HUD 40076 CoC-3RE

Applicant Name_____   Project Name_____   DUNS #_____

Exhibit 3R: Additional Key Information

5. Homeless Management Information System Participation

    a. Date (mm/yyyy) this project began participating (entering data) in the HMIS
    _____/_____.

    b. If not yet participating, please explain why and when you intend to begin participating:
    _____.

    c. Are all clients served by this project entered in the HMIS?
    ☐ Yes
    ☐ No

    d. If not all clients served are entered in the HMIS, please explain why: _____
    _____.

6. Is the Logic Model attached? Please see the General Section for instructions.
    ☐   Yes
    ☐   No

Form HUD 40076 CoC-3RE

U.S. Department of Housing and Urban Development

Office of Community Planning and Development

OMB Approval No. PENDING

(exp. pending)

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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.

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Exhibit 3R: Shelter Plus Care Program – Renewal Project Instructions

(Exhibit 3R is the application for a renewal S+C project, consisting of forms HUD 40076-COC-3RA through form HUD 40076-CoC-3RE, plus narrative text as specified in the instructions for each form)

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form **HUD-40076-CoC** (04/2004)

U.S. Department of Housing and Urban Development

Office of Community Planning and Development

OMB Approval No. PENDING

(exp. pending)

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 5 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)

Exhibit 4: Section 8 Moderate Rehabilitation SRO - New Project Instructions

(Exhibit 4 is the application for a new Section 8 Moderate Rehabilitation SRO project, consisting of forms HUD 40076-COC-4A through form HUD 40076-CoC-4E, plus narrative text as specified in the instructions for each form)

Applicant Name_____ Project Name_____ DUNS#_____

Exhibit 4: Section 8 Moderate Rehabilitation SRO - Project Narrative

Eligible applicants for this program are non profit organizations and Public Housing Authorities. Nonprofits must contract with a PHA to administer the program. 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) revised and published in the Federal Register on February 28, 2005. 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 that do not require participation in specific services as part of their tenancy requirements.

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 will not receive rental assistance if they 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.

Project Narrative

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)
   g. If this is the Priority #1 permanent housing bonus project, indicate that 100 % of the persons to be served will be chronically homeless: ☐ Yes   ☐ No

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. New this year, permanent housing projects may only serve those who come from the street, emergency shelter or transitional housing.
   c. The outreach proposed to bring them into the project.

3. **Housing where participants will reside.** Demonstrate for each of the following:
   a. What the TYPE (e.g., SRO or efficiency) **and** SCALE (e.g., number of units) of the proposed housing will be to 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.

Form HUD 40076 CoC-4A

Applicant Name_____ Project Name_____ DUNS#_____

Exhibit 4: Section 8 Moderate Rehabilitation SRO – Project Narrative Continued

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. What the TYPE (e.g., case management, job training) **and** SCALE (the frequency and duration) of the supportive services will be to 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.

6. **Homeless Management Information System**
   a. Date (mm/yyyy) this project will begin participating (entering data) in the HMIS
      _____/_____.

   b. Will all clients served by this project be entered in the HMIS?
      ☐ Yes
      ☐ No

7. Check here if your project requests a rent exceeding the published FMR:
   ☐ 100-110%, PHA Letter attached; ☐ 110% or higher, HUD Approval Letter attached.

Form HUD 40076 CoC-4A

Applicant Name_____ Project Name_____ DUNS#_____

Exhibit 4: Experience Narrative/Project Information

This is a description of the experience of all the organizations involved in carrying out the proposed project. (Refer to section III.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 1999, 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.

Project Information (please type)

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

Form HUD 40076 CoC-4B

Applicant Name_____ Project Name_____ DUNS#_____

Exhibit 4: 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 revised and published in the Federal Register (FR) on February 28, 2005, 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 or lower than those found in the revised February 28, 2005 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 SRO FMR entered below should be a whole number – round before multiplying. (If 0.5 or above, round to the next higher whole number.) Please remember that you cannot request assistance for more than 100 units per project. **Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached.** Requests for rents above 100% but not more than 110% must be accompanied by a statement from the PHA that they have exercised their authority to set rents above the published amount. The PHA statement must site what level the rents are set at, up to 110% of the FMR

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

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

2. Project Costs.

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

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

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

Source	Amount
Total Funds	

Form HUD 40076 CoC-4C

Applicant Name_____ Project Name_____ DUNS#_____

Exhibit 4: PHA Certification

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 5.100, 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) _____.

Form HUD 40076 CoC-4D

Applicant Name_____ Project Name_____ DUNS#_____

Exhibit 4: Additional Key Information

HUD needs the following information to respond to public and Congressional inquiries about program benefit. Responses from this section will also be used to measure compliance with the requirement that no less than 10 percent of the funds awarded are for projects predominantly serving individuals experiencing chronic homelessness, where at least 70 percent of the persons served meet HUD's definition of chronic homelessness.

1. Which of the following subpopulations will your project assist? (Check the *Predominantly Serve* box if your project primarily targets the given subpopulation, i.e., 70 percent or more of the persons you propose to serve, **or** the *Serve box* if less than 70 percent.)

Subpopulation	Serve (less than 70%)	Predominantly Serve (70% or more)
Chronically Homeless		
Severely Mentally Ill		
Chronic Substance Abuse		
Veterans		
Persons with HIV/AIDS		
Victims of Domestic Violence		

2. If you propose to serve persons experiencing chronic homelessness in your project, provide the number of chronically homeless persons to be served (at a point in time)_.

3. 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

4. Have you ever received a Federal grant, either directly from a Federal Agency or through a state/local agency? ☐ Yes ☐ No

5. Have you ever received SHP or S+C or SRO funds? ☐ Yes ☐ No

Form HUD 40076 CoC-4E

Applicant Name_____ Project Name_____ DUNS#_____

Exhibit 4: Additional Key Information (continued)

4. Is the sponsor and/or applicant 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.)

Sponsor: ☐ Yes   Applicant: ☐ Yes
         ☐ No   ☐ No

5. Is the Logic Model attached? Please see the General Section for instructions.
   ☐ Yes
   ☐ No

6. Have you ever received a Federal grant, either directly from a Federal Agency or through a state/local agency?
   ☐ Yes
   ☐ No

7. Have you ever received a SHP or S+C or SRO funds?
   ☐ Yes
   ☐ No

Form HUD 40076 CoC-4E

Attachment 7:
Applicant Certifications

(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.

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

OMB Approval No. Pending
Exp. pending

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.

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.

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 met the per unit rehabilitation minimum of $3,000.

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.

Signature of Authorized Certifying Official:	Date:
Title:	

Applicant:	For PHA Applicants Only: (PHA Number)

OMB Approval No. Pending
Exp. pending