****

**2023 Continuum of Care Grant**

**New Project Application**

**LEGAL APPLICANT/INFORMATION**

|  |
| --- |
| PROJECT APPLICANT ORGANIZATION NAME: |
| PROJECT NAME: |
| DUNS NUMBER: |
| TAX ID OR EIN: |
| UEI: |
| CCR/SAM NUMBER: |
| street address: |
| CITY, STATE, ZIP: |
| CONTACT PERSON: |
| TITLE: |
| TELEPHONE ( INCLUDING EXTENSION): |
| Email: |
| IS THE ORGANIZATION FAITH-BASED? |

**CONGRESSIONAL DISTRICTS**

|  |
| --- |
| state project is located: |
| PROJECT CongRessional districts SERVED: |
| APPLICANT CONGRESSIONAL DISTRICTS SERVED: |

**COMPLIANCE**

|  |
| --- |
| Is the application subject to review by state executive order 12372 process? |
| Is the applicant delinquent on any federal debt? |

**AUTHORIZED REPRESENTATIVE AND DECLARATION**

|  |  |
| --- | --- |
| Prefix |  |
| First, Middle, Last Name |  |
| Title |  |
| Phone |  |
| Fax |  |
| Email |  |

**Project Information**

The Continuum of Care will give preference to high performing projects or projects that address specific needs in the CoC as determined by the CoC Board.  New projects will be rated based on projections and answers provided in this application. Please answer all questions in full detail and provide additional documentation to support your responses as you see fit, attach all documentation as an appendix to this application. Applicants submitting a **new project** for funding must answer the following questions:

1. **What type of project are you proposing:**

**Permanent Supportive Housing  Rapid Rehousing  Transitional Housing  Support Services - CE**

**Joint TH-RRH**

1. **Funding Request (total amount):**
2. **With the understanding that all agencies who receive CoC funding must utilize the Coordinated Entry System, please describe where your proposed project units will be located:**

\*Preference will be given to projects that identify units based on the client’s preference and current location; as opposed to projects that would require the client to relocate.

1. **How many clients do you expect to serve in your projects first year?**
2. **What is your estimated cost per household? Please provide a budget narrative detailing how you arrived at this number.**
3. **How many clients (heads of households and dependents) do you expect to place in permanent housing in the project’s first full year of operation?**
4. **How many clients (heads of households and dependents) do you expect will be retained in the project at the end of the project’s first full year of operation?**
5. **What do you estimate will be the new project’s HUD-defined Unit Utilization Rate during the project’s first full year of operation?**
6. **What percentage of the new project’s clients do you expect will achieve increases in income during the project’s first full year of operation? What percentage of the new project’s clients will obtain new benefits?**
7. **Describe your agency’s policy which addresses affirmatively furthering fair housing, anti-discrimination, and equal access in accordance with an individual’s gender identity.**
8. **Please identify steps taken to identify and resolve racial barriers in the provision of services and outcomes.**

**Section 1: Agency Experience and Capacity**

1. **Describe the experience of the project applicant in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. (3500 characters max)**
2. **Describe the experience of the applicant in managing similar sources of funding. (3000 characters max)**
3. **Describe your previous experience in delivering the types of services you are proposing:**
4. **Describe how this project compliments other programs currently operating in your agency:**
5. **Does the project applicant have any recent (last 5 years) history of recaptured state or federal awards?** 
   1. **If so, please provide the funding source and the amount recaptured:**

|  |  |
| --- | --- |
| **Funding Source:** |  |
| **Amount Recaptured:** |  |

1. **Describe the basic organization and management structure of the applicant and sub recipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system. (3000 characters max)**
2. **Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential sub recipients (if any)? If yes, describe the unresolved monitoring or audit findings.**
3. **Once your grant term begins, how quickly will your agency begin work? Will your program be operational within 90 days of your award notice?**
4. **Describe the staffing plan for this program; are key staff in place and ready to begin work?**
5. **Unit and landlord identification are critical components of any housing project. Has your agency begun contacting or identifying potential landlords? Please describe your landlord identification plan:**
6. **What pieces of the project are not currently in place?**
7. **CoC Participation: Successful applicants will be members in good standing of the Continuum of Care. Please describe your organization’s involvement in the Continuum of Care during the past year:**
8. **CoC Interim Rule Compliance: Successful applicants will be in full compliance with all applicable requirements of the CoC Interim Rule (24 CFR part 578), including participation in (or willingness to participate in) the Coordinated Entry System. Please describe your organization’s compliance with requirements of the CoC Interim Rule.**

**Section 2: Project Details**

|  |
| --- |
| **COC NUMBER AND NAME:** |
| **Project Name:** |
| **PROJECT TYPE: NEW** |
| **PROJECT STATUS : standard** |
| **PROGRAM TYPE:**  **Permanent Supportive Housing**  **Rapid Rehousing  Transitional Housing  Support Services - CE**  **JOINT TH-RRH** |
| **Project Start and End Date:** |

1. Is this new project application an Expansion of an existing renewal project ?

Yes  No

2. Is this project being submitted for the DV bonus project?

Yes  No

3. Is this applicant a victim service provider using a comparable database?

Yes  No

**Section 3: Project Description**

**1. Provide a description that addresses the entire scope of the project (Max 3000 characters).** The description must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s).

In cases where the proposed project is expanding an existing facility, service, document, when applicable, how the requested funds will supplement existing services and resources, increase participants served, or increase the capacity of the CoC's HMIS (if applicable). The narrative is expected to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term requested in this application.

NOTE: For Joint TH-RRH projects, be sure to describe how both the TH and PH-RRH portions of the project will be utilized. Grantees must be able to make available both components–TH and PH-RRH–to all program participants entering the project. This does not mean that all program participants will receive assistance through both portions of the project.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work for each project location or structure. If only one structure just use Column A. Use NA if not applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Milestones | Days from Execution of Grant Agreement  A | B | C | D |
| New project staff hired or other project expenses begin |  |  |  |  |
| Participant enrollment in project begins |  |  |  |  |
| Participants begin to occupy leased units and services begin |  |  |  |  |
| Leased units near 100%capacity |  |  |  |  |

2a. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating and maintaining the property.

3. High Need populations served: Check all that apply

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Chronically homeless |  | Coming from the streets |  | Criminal record |  |
| Substance Abuse, health or mental health impairments |  | Specialized populations such as veterans, youth under 25, LGBTQ |  | Low or no income persons |  |
| Abuse/victimization or a history of victimization/abuse, Domestic Violence, sexual assault, childhood abuse, sex trafficking |  | High utilization of crisis or emergency services to meet basic needs |  | Length of time homeless |  |
| Risk of illness or death |  | Only project of its kind in the CoC geography |  | Risk of continued homelessness |  |

**Section 4: Housing First**

Per HUD’s requirement, any CoC funded projects must incorporate Housing First Principles.

Describe how your program will use and maintains a Housing First model. 1500 characters

1. Has the project removed the following barriers to accessing housing and services? Check all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Having too little or no income |  | Having a criminal record with exceptions for state mandated restrictions |  | Any other activity not covered in a lease agreement typically found in your geographic area. |  |
| Active or history of substance abuse |  | History of domestic violence |  | None of the above |  |

2. Has the project removed the following as reasons for termination? Select all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Failure to participate in support services |  | Loss of income or failure to improve income |  | Any other activity not covered in a typical lease agreement in the area |  |
| Failure to make progress on a service plan |  | Being a victim of domestic violence |  | None of the above |  |

3. Does your project follow a Housing First model?

Yes  No (must select all above to be considered Housing First)

4.Does the project provide PSH or Rapid Rehousing?

PSH  Rapid Rehousing  Joint TH-RRH

5. Will participants be required to live in a particular structure, unit or locality at some point during period of participation?

**Yes  No**

5a.If yes, explain how and why the project will implement this requirement.

6. Will more than 16 persons reside in a structure?  **Yes  No**

IF YES,

6a. Describe the local market conditions that necessitate a project of this size.

6b. Describe how the project will be integrated into the neighborhood.

**Section 5: Dedicated Plus for PSH Projects**

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to 24 CFR 578.3

A “Dedicated PLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth that at a minimum, meet ONE of the following criteria at intake according to NOFA Section lll.C.3.f:

1. experiencing chronic homelessness as defined in 24 CFR 578.3;
2. residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
3. residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
4. residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
5. residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household have a disability ; or
6. Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. Must either become DedicatedPLUS or remain 100% Dedicated.  If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93.  Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

Indicate whether the project is 100% Dedicated, Dedicated PLUS, or Not Applicable according to the information above.

100% Dedicated Chronic  100% Dedicated PLUS  N/A

**Section 6: Project Expansion Information**

1. Is this New Project application requesting a Project Expansion of an eligible renewal with the same component type? If yes, enter:

Name of eligible renewal:

Grant number:

Component Type:

Renewal amount:

1. Describe the activities included in the expansion:
2. NOTE: In FY 2023, the HUD process to apply for a new project that will expand an existing eligible CoC Program renewal project/grant, requires only two project applications: 1. Renewal project application for the FY 2023 renewal; 2. A New project application(s) with the only the expanded activities (name it renewal project name Expansion);

**Section 7: Supportive Services**

**ALL PROJECTS ARE REQUIRED TO COORDINATE WITH THE LOCAL AGENCY FOR THE EDUCATION OF HOMELESS STUDENTS**

1.Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition. Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.  YES

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

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to coordinate and integrate with mainstream health, social services and employment programs to maximize their ability to live independently. (Max 3000 characters)

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.

Provider – enter: applicant, subrecipient, partner or non-partner.

Specify the frequency of supportive services provided:

OPTIONS: Daily, Weekly, biweekly, monthly, bi monthly, quarterly, semi-annually, annually, as needed

|  |  |  |
| --- | --- | --- |
| **SUPPORTIVE SERVICES** | **Provider** | **FREQUENCY** |
| Assessment of Service Needs |  |  |
| Assistance with Moving costs |  |  |
| Case Management |  |  |
| Child Care |  |  |
| Education and Instruction |  |  |
| Employment & Job Training |  |  |
| Food |  |  |
| Housing Search and Counseling |  |  |
| Legal Services |  |  |
| Life Skills Training |  |  |
| Mental Health & Counseling |  |  |
| Outpatient Health Services |  |  |
| Outreach Services |  |  |
| Substance Abuse Services |  |  |
| Transportation |  |  |
| Utility Deposits |  |  |

5. Please identify whether the project includes the following activities:

a. Provides transportation assistance to clients to enable them to attend mainstream benefit appointments, employment training or jobs.

Yes  No

b. Follow-ups at least annually with participants to ensure mainstream benefits are received and renewed.

Yes  No

c. Provides access to program participants to SSI/SSDI technical assistance, either by the applicant, a subrecipient, or partner agency.

Yes  No

d. If yes, indicate whether the staff person(s) providing technical assistance completed SOAR training in the past 24 months.

Yes  No

**Section 8: Housing Type and Location**

**HOUSING TYPE & LOCATION (*Not applicable for SSO programs*)**

Select all that apply to the program. Enter an address and geographic area for each housing type.

Use an office address for scattered site housing

**Barracks**. Individual or family sleeps in a large room with multiple beds. Also includes mass shelters which are traditionally used in the Emergency Shelter Grants program.

**Dormitory, shared or private rooms**.  Individuals or families share sleeping rooms or have private rooms; persons share a common kitchen, common bathrooms, or both.

**Shared housing**. Up to 8 individuals or 4 families share a self-contained housing unit.

**Single Room Occupancy (SRO) units**.  Each individual has private sleeping/living room with private kitchen and/or bath.

**Clustered apartments**.  Each individual or family has a self-contained  housing unit located within a building or complex that houses both persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or  persons with AIDS/HIV—and persons without any special needs.

**Scattered-site apartments (including efficiencies)**.  Each individual or family has a self-contained apartment that is dispersed throughout the community.

**Single family homes/townhouses/duplexes**.  Each individual or family has a self-contained, single family home/townhouse/duplex that is dispersed throughout the community.

**Indicate maximum number of units, beds, and bedrooms each housing type in the project:**

Report the beds, bedrooms, and units available in the selected housing type and used for housing project participants. ***NOTE: For renewals, these numbers should match the program’s most recent renewal application or technical submission.***

**Units:** Enter the total number of units available in the selected housing type and used for housing project participants.

**Beds:** Enter the total number of beds available in the selected housing type and used for housing project participants.

**Veterans Beds:** Enter the total number of beds designated for only veterans.

**Family Beds:** Enter the total number of beds designated for only families with children.

**Youth Beds:** Enter the total number of beds designated.

**CHRONIC BEDS – none of these applicable to TH, RRH or Joint TH-RRH projects.**

**Dedicated CH Beds**

Enter the number of beds both dedicated and prioritized for the chronically homeless from the total beds above:

**Project Address:**

**Geocodes served by project:**

**Section 9A: Project Participation Charts**

**PROJECT PARTICIPANT CHARTS**

On **Table 9 A** the numbers here are intended to reflect a single point in time when the project is at full operating occupancy and ***not*** the number served over the course of a year or grant term. The form must include at least one household and at least one person. Unless a project has done a grant amendment, the total numbers of households will be the same as your last year's project application. You just need to break this number out across ages and subpopulations now. **Table 9B** is meant to represent a detailed subpopulation breakdown of the persons reported in the three housing types on **Table 9A**. Just as with Table **9A**, the numbers here are intended to reflect a single point in time when the project is at full operating occupancy ***and not*** the number served over the course of a year or grant term.

The first three columns on **Table 9B** must not contain duplicated information, but you may still enter duplicated data for the remaining subpopulations under the final four columns. The “Total Persons” field on **TABLE 9A** will not necessarily be the sum of the seven column totals for the corresponding household type on **TABLE 9B.** However, the total number of persons in each subpopulation column (e.g., non-CH veterans, chronic substance abuse, etc.) on **TABLE 9B** cannot exceed the total number entered in the “Total Persons” column on **TABLE 9A.**

**9A. PERSONS AND HOUSEHOLDS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOUSEHOLDS** | **HH with at least 1 adult and 1 child** | **Adult HH without children** | **HH with only children** | **Total** |
| Total number of households |  |  |  |  |
|  |  |  |  |  |
| **CHARACTERISTICS of PERSONS IN THESE HH** | **Persons in HH with at least 1 adult and 1 child** | **Adult Persons in HH without children** | **Persons in HH with only children** |  |
| Adults over age 24 |  |  |  |  |
| Adults ages 18-24 |  |  |  |  |
| Accompanied Children under age 18 |  |  |  |  |
| Unaccompanied children under age 18 |  |  |  |  |
| Total Persons |  |  |  |  |

**SUBPOPULATIONS** – The first 3 columns are mutually exclusive – the total of these 3 columns cannot exceed the Total Persons field on TABLE 9A. Above for the corresponding household type. Persons Not Represented in Table 9B are mutually exclusive to all other columns.

Is your project serving those with the highest needs? Check all that apply.

Chronically homeless  Substance abuse, health or mental health impairments

Coming from the streets  Criminal record

Specialized population such as DV, LGBTQ, youth, veterans

**Section 9B: Project Participation Charts**

Table 9B

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONS IN HOUSEHOLDS WITH AT LEAST ONE ADULT AND ONE CHILD** | | | | | | | | | | |
| **SUBPOPULATION**  **Characteristics** | **Chronically Homeless – Non veterans** | **Chronically homeless - veterans** | **Non-chronically homeless veterans** | **Chronic Substance Abuse** | **HIV/AIDS** | **Severely Mentally**  **Ill** | **Victims of Domestic Violence** | **Physical**  **Disability** | **Developmental disability** | **Not represented** |
| Adults over age 24 |  |  |  |  |  |  |  |  |  |  |
| Adults ages 18-24 |  |  |  |  |  |  |  |  |  |  |
| Children under age 18 |  |  |  |  |  |  |  |  |  |  |
| **TOTAL PERSONS** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONS IN HOUSEHOLDS WITHOUT CHILDREN** | | | | | | | | | | |
| **SUBPOPULATION**  **Characteristics** | **Chronically Homeless – Non veterans** | **Chronically homeless - veterans** | **Non-chronically homeless veterans** | **Chronic Substance Abuse** | **HIV/AIDS** | **Severely Mentally**  **Ill** | **Victims of Domestic Violence** | **Physical Disability** | **Developmental disability** | **Not represented** |
| Adults over age 24 |  |  |  |  |  |  |  |  |  |  |
| Adults ages 18-24 |  |  |  |  |  |  |  |  |  |  |
| **TOTAL PERSONS** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONS IN HOUSEHOLDS WITH ONLY CHILDREN** | | | | | | | | | | |
| **SUBPOPULATION**  **Characteristics** | **Chronically Homeless – Non veterans** | **Chronically homeless - veterans** | **Non-chronically homeless veterans** | **Chronic Substance Abuse** | **HIV/AIDS** | **Severely Mentally**  **Ill** | **Victims of Domestic Violence** | **Physical Disability** | **Developmental disability** | **Not represented** |
| Accompanied Children under age 18 |  |  |  |  |  |  |  |  |  |  |
| Unaccompanied children under age 18 |  |  |  |  |  |  |  |  |  |  |
| **TOTAL PERSONS** |  |  |  |  |  |  |  |  |  |  |

**Section 9C: Participation Outreach**

**PARTICIPANT OUTREACH**

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

**Directly from the street or other locations not meant for human habitation.**

**Directly from Emergency Shelters.**

**Directly from Safe Havens.**

**Persons fleeing domestic violence.**

**Directly from transitional housing eliminated in a previous CoC Program Competition.**

**Directly from the TH portion of a Joint TH and RRH component project**

**Persons at imminent risk of losing their night time residence within 14 days, have no housing identified, and lack resources to obtain other housing (TH, Joint TH-RRH, RRH and SSO projects only).**

**Persons receiving services through a VA funded homeless assistance program.**

**Total of above percentage - MUST EQUAL 100%**

**Describe the Outreach Plan to bring these homeless participants into the project using Coordinated Entry.**

**Section 10 A: Project Budgets – Leasing Costs**

**LEASING COSTS**

**GRANT TERM -  1 YEAR  2 YEARS  3 YEARS**

**FOR A JOINT TH-RRH, INDICATE THE FOLLOWING:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Housing Type** | **Funding Source** |
| **Number of TH units** |  |  |  |
| **Number of TH beds** |  |  |  |
| **Number of RRH units** |  |  |  |
| **Number of RRH beds** |  |  |  |
| **Associated address** |  |  |  |

**NEW PROJECTS ONLY HUD paid amount cannot exceed FY23 FMR.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEASING Unit(s)** | | | | |
| 1. **Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:**   Chicago-Naperville-Joliet, IL | | | | |
| **c. Size of Units** | **d. Number**  **of Units** | **e. HUD Paid**  **Amount** | **f. Number of Months** | **g. Totals** |
| 0 Bedroom |  |  | 12 |  |
| 1 Bedroom |  |  | 12 |  |
| 2 Bedrooms |  |  | 12 |  |
| 3 Bedrooms |  |  | 12 |  |
| 4 Bedrooms |  |  | 12 |  |
| 5 Bedrooms |  |  | 12 |  |
| 6 Bedrooms |  |  | 12 |  |
| Other: ­­­­­\_\_\_\_\_ |  |  | 12 |  |
| **h. Totals:** |  |  |  |  |
|  |  |  |  |  |

**NEW PROJECTS - LEASED STRUCTURES BUDGET**

|  |  |
| --- | --- |
| STRUCTURE NAME |  |
| STREET ADDRESS 1 |  |
| STREET ADDRESS 2 |  |
| CITY |  |
| STATE |  |
| ZIP |  |
| HUD PAID RENT PER MONTH |  |
| X 12 months for a year |  |
| X Grant term |  |
| TOTAL REQUEST FOR GRANT TERM |  |

**Rent Assistance Units -**

Select the "Type of Rental Assistance:" N/A, PRA, TRA, or SRA. (not applicable, project rental assistance, tenant rental assistance, or sponsor rental assistance).

**Rent Assistance Units – rent must equal HUD FY23 FMR amount for new projects and be for a period of 12 months.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **c. Size of Units** | **d. Number**  **of Units** | **e. HUD Paid**  **Amount** | **f. Number of Months** | **g. Totals** |
| 0 Bedroom |  | 1158 | 12 |  |
| 1 Bedroom |  | 1255 | 12 |  |
| 2 Bedrooms |  | 1440 | 12 |  |
| 3 Bedrooms |  | 1827 | 12 |  |
| 4 Bedrooms |  | 2172 | 12 |  |
| 5 Bedrooms |  |  | 12 |  |
| 6 Bedrooms |  |  | 12 |  |
| Other: ­­­­­\_\_\_\_\_ |  |  | 12 |  |
| **h. Totals:** |  |  |  |  |
|  |  |  |  |  |

**Section 10 B: Project Budgets – Supportive Services Budget**

**SUPPORTIVE SERVICES BUDGET – HUD funds only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Eligible Costs** | **Quantity (limit 400 characters)** | **Annual Request** | **Grant Term** | **Total for grant term** |
| **1. Assessment of Service Needs** |  |  |  |  |
| **2. Assistance with Moving Costs** |  |  |  |  |
| **3. Case Management** |  |  |  |  |
| **4. Child Care** |  |  |  |  |
| **5. Education Services** |  |  |  |  |
| **6. Employment Assistance** |  |  |  |  |
| **7. Food** |  |  |  |  |
| **8. Housing/Counseling Services** |  |  |  |  |
| **9. Legal Services** |  |  |  |  |
| **10. Life Skills** |  |  |  |  |
| **11. Mental Health Services** |  |  |  |  |
| **12. Outpatient Health Services** |  |  |  |  |
| **13. Outreach Services** |  |  |  |  |
| **14. Substance Abuse Treatment services** |  |  |  |  |
| **15. Transportation** |  |  |  |  |
| **16. Utility Deposits** |  |  |  |  |
| **17. Operating Costs ( for rent assistance only)** |  |  |  |  |
| **Total Annual Assistance Request** |  |  |  |  |

**Section 10 C: Project Budgets – Operating Budget**

OPERATING BUDGET – HUD funds only.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Eligible Costs | Quantity (limit 400 characters) | Annual Request | Grant Term | Total for grant term |
| 1.Maintenance/Repair |  |  |  |  |
| 2.Property Taxes and Insurance |  |  |  |  |
| 3. Replacement Reserve |  |  |  |  |
| 4. Building Security |  |  |  |  |
| 5.Electricity, Gas and Water |  |  |  |  |
| 6. Furniture |  |  |  |  |
| 7. Equipment (lease, buy) |  |  |  |  |
| 8. Operating costs for agency leased units |  |  |  |  |
| Total Assistance Requested |  |  |  |  |

**Section 10 D: Project Budgets – Sources of Match**

**Sources of Match**

The following list summarizes the funds that will be used as match for the project, both cash and in-kind. On the chart below please list all available cash and in-kind match resources for your program. A 25% match is required for all funds except leasing.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| iDENTIFY AS MATCH | TYPE - Cash | GOVT. OR PRIVATE | NAME OF SOURCE | DATE OF WRITTEN COMMITMENT | Value ($) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| iDENTIFY AS MATCH | TYPE  In-Kind | GOVT. OR PRIVATE | NAME OF SOURCE | DATE OF WRITTEN COMMITMENT | Value ($) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Note – To add more lines in chart, click onto the row just above.*

SUMMARY FOR MATCH

|  |  |
| --- | --- |
| **TOTAL VALUE OF CASH COMMITMENTS** |  |
| **TOTAL VALUE OF IN-KIND COMMITMENTS** |  |
| **TOTAL VALUE OF ALL COMMITMENTS** |  |

**Does this project generate program income as described in 24 CFR 578.97 that will be used as**

**Match for this grant?** Answer “**Yes**” or “**No**.”

**Briefly describe the source of the program income:** Enter a description of the source of program

income.

**Note:** CoC-generated program income includes occupancy charges paid to the recipient or

subrecipient. These amounts are considered program income and **may** be used as match funds.

**Estimate the amount of program income that will be used as Match for this project:** Enter

estimated amount in the field provided

**Section 10 D: Project Budgets – New Project Leveraging**

Describe how this new project will implement coordination with Housing and Healthcare resources.

1. Indicate housing leveraging resources (25% of units for PSH or participants for RRH that are not funded with CoC or ESG funds (this may be privately funded units, Housing Authority units, units funded by other grants.
2. Indicate how 25% of the funding requested will be leveraged in the form of healthcare related services (mental health, physical health, substance abuse treatment) that will be provided to program participants in the housing portion of the project. It can include services provided by FQHC, VNA, private doctors, dentists, Medicaid, etc.

If you will be using substance use disorder treatment or recovery providers, you will only need a written commitment that demonstrates providers will provide access to treatment or recovery services **for all program participants** who qualify and choose those services. No dollar value is needed.

**Section 10 F: Project Budgets –Budget Summary**

**6F. NEW PROJECT SUMMARY BUDGET .**

**GRANT TERM -  1 YEAR  2 YEARS  3 YEARS**

|  |  |  |  |
| --- | --- | --- | --- |
| Eligible Costs | **Annual Assistance HUD Dollars**  **Request** | **X Grant Term – only for new projects** | **= Total Assistance for Grant Term** |
| **1a. Leased Units** |  |  |  |
| **1b. Leased Structures** |  |  |  |
| **2. Rent Assistance** |  |  |  |
| **3. Supportive Services** |  |  |  |
| **4. Operating** |  |  |  |
| **5. HMIS** |  |  |  |
| **Subtotal Costs Requested** |  |  |  |
| **Administrative Costs**  **(Up to 10% )** |  |  |  |
| **Total Assistance plus Admin Requested** |  |  |  |
| **Cash Match Amount\*** |  |  |  |
| **In-Kind Match\*** |  |  |  |
| **Total Match** |  |  |  |
| **Total Budget** |  |  |  |

**\* The sum of cash and in-kind match must equal 25% of all assistance requested except Leased Units and Leased Structures.**