##

## 2023 Continuum of Care Grant

**Renewal Project Application**

**Applicant Information**

|  |
| --- |
| PROJECT APPLICANT ORGANIZATION NAME:  |
| PROJECT NAME: |
| street address: |
| CITY, STATE, ZIP: |
| CONTACT PERSON: |
| TITLE: |
| TELEPHONE (INCLUDING EXTENSION):  |
| FAX: |
| Email:  |

**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 |  |
| Suffix |  |
| Title |  |
| Phone |  |
| Fax |  |
| Email |  |

#  Section One: Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal request?

**[ ]  Yes [ ]  No**

If no, explain:

2. Does the recipient have any unresolved HUD monitoring and/or OIG audit findings concerning any previous grant term related to this renewal project request?

**[ ]  Yes [ ]  No**

If yes, enter the date HUD or OIG issued the old unresolved findings. Explain why the findings remain unresolved.

3. Has the recipient maintained consistent quarterly drawdowns for the most recent grant term related to this renewal request?

**[ ]  Yes [ ]  No**

If no, explain why.

4. Have any funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?

**[ ]  Yes [ ]  No**

If yes, explain what circumstances led to a recapture and how much it was. Explain if it will continue.

5. Describe your agency’s policy which addresses affirmatively furthering fair housing, anti-discrimination, and equal access in accordance with an individual’s gender identity. 2000 characters

#  Section Two: Renewal Grant Consolidation

Project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 3 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2023, as confirmed on the FY 2023 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

Consolidations will only submit a Stand Alone Renewal project application identifying the surviving renewal project and the project that will terminate.

**Note: There will only be Stand Alone renewal applications for each grant in the consolidation. There will not a combine d project application. HUD will combine the grants at the grant agreement stage.**

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2023 CoC Program Competition?

[ ]  Yes [ ]  No

2. Is this renewal project application the surviving or terminating grant?

Surviving renewal [ ]  Terminating renewal [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONSOLIDATION TABLE** |  | **PIN NUMBER****(first six of grant number)** | **Annual Renewal Amount** | **Start/End Date** |
| **SURVIVING GRANT NAME & PIN NUMBER** |  |  |  |  |
| **INDIVIDUAL RENEWALS NAME & PIN NUMBER (UP TO 3)** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **TOTAL CONSOLIDATION AMOUNT** |  |  |  |

#  Section Three: Project Details

|  |
| --- |
| **COC NUMBER AND NAME:**  |
| **Project Name: EXPIRING HUD Grant Number:**  **(from your HUD GIW)** |
| **PROJECT TYPE: RENEWAL** |
| **PROJECT STATUS : standard** |
| **PROGRAM TYPE:** **Permanent Supportive Housing** **[ ]  Rapid Rehousing [ ]  Transitional Housing [ ]  Support Services - CE [ ]**  **JOINT TH-RRH [ ]**  |
| **Project Start and End Date:** |

1. Does this project use one or more properties that have been conveyed through the Title V process?

[ ]  Yes [ ]  No

2. Will this renewal project be part of a new application for a Renewal Expansion Grant?

[ ]  Yes [ ]  No

#  Section Four: Project Description

**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). Additionally, if the project will implement any service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe what those requirements are and how they will be implemented. 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. 3000 characters

**Does your project have a specific population focus? Check all that apply**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Chronically homeless |  | Families |  | Mentally Ill |  |
| Veterans |  | Domestic violence |  | HIV/AIDS |  |
| Youth under 25 |  | Substance Abuse |  | Other |  |

**Does your project serve those with the highest needs? 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 |  |

**Please identify steps taken to identify and resolve racial barriers in the provision of services and outcomes? 2000 characters**

#  Section Five: Housing First

1. Describe how your program uses and maintains a Housing First model. 1500 characters

1a.Does the project quickly move participants into permanent housing? **[ ]  Yes [ ]  No**

2. 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 |  |

3. 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 |  |

4. Does your project follow a Housing First model?

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

5. Does the project provide PSH or Rapid Rehousing?

**[ ]  PSH [ ]  Rapid Rehousing [ ]  Joint TH-RRH**

6. Does the project request costs under the rent assistance budget line item?

**[ ]  Yes [ ]  No**

#  Section Six: 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 Dedicated PLUS 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 Seven: Supportive Services

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

Provider please indicate: 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

**Table 7A**

|  |  |  |
| --- | --- | --- |
| **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 |  |  |

**Please identify whether the project includes the following activities:**

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

**[ ]  Yes [ ]  No**

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

**[ ]  Yes [ ]  No**

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

**[ ]  Yes [ ]  No**

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

**[ ]  Yes [ ]  No**

#  Section Eight: 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 or Joint TH-RRH or Rapid Rehousing 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 Nine: 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 |  |  |  |  |

#  Renewal Grant Consolidation

**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

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 Nine: PARTICIPANT 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%

#  Section Ten: Project Budgets

**FUNDING REQUEST - renewals**

1. Do any of the properties have an active restrictive covenant?

**[ ]  Yes [ ]  No**

2. Was the original project awarded as a Samaritan Bonus or Permanent Housing bonus project?

**[ ]  Yes [ ]  No**

3. Has this project been reduced through the HHN reallocation process?

**[ ]  Yes [ ]  No**

4. Does this project propose to allocate funds according to an indirect cost rate?

**[ ]  Yes [ ]  No**

If yes, complete the indirect cost rate schedule.

Do you plan to use the 10% de minimus rate as described in 2CFR200.203c(2)

**[ ]  Yes [ ]  No**

Select a grant term(1,2, 0r 3)      Year(s)

Select the costs for which funding is being requested:

**Table 10A**

|  |  |
| --- | --- |
| Leased Units  |  |
| Leased Structures |  |
| Rent Assistance |  |
| Support Services |  |
| Operating  |  |
| HMIS |  |
| Administration |  |

#  Section Ten: Budgets

**PROJECT BUDGETS – Renewals only complete Leasing, Rent Assistance and Budget Summary.**

**New projects will complete detailed line item budgets.**

**RENEWAL PROJECTS FOR Leasing or Rent Assistance**

**Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:** Chicago-Naperville-Joliet, IL

**Table 10B LEASING COSTS for Renewals**

**Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:**

Chicago-Naperville-Joliet, IL

|  |  |  |
| --- | --- | --- |
| **Size of Units** | **Number****of Units** | **Annual Leasing fund requested** |
| 0 Bedroom |  |  |
| 1 Bedroom |  |  |
| 2 Bedrooms |  |  |
| 3 Bedrooms |  |  |
| 4 Bedrooms |  |  |
| 5 Bedrooms |  |  |
| Other: ­­­­­\_\_\_\_\_ |  |  |
| **h. Totals:** |  |  |
|  |  |  |

**RENEWAL PROJECTS FOR LEASED STRUCTURES**

|  |  |
| --- | --- |
| STRUCTURE NAME |  |
| STREET ADDRESS 1 |  |
| STREET ADDRESS 2 |  |
| CITY |  |
| STATE |  |
| ZIP |  |
| TOTAL REQUEST FOR GRANT TERM |  |

**RENEWAL PROJECTS FOR RENT ASSISTANCE**

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

Does the applicant request rent assistance for less than the HUD FMR amount per unit size? **[ ]  Yes [ ]  No**

**Rent Assistance Units – rent request must not exceed FY23 HUD FMR amount, It can be less.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Size of Units** |  **Number****of Units** | **HUD FMR amount** | **HUD Paid Rent Request** | **12 months** | **g. Total Request** |
| 0 Bedroom |  | 1158 |  |  |  |
| 1 Bedroom |  | 1255 |  |  |  |
| 2 Bedrooms |  | 1440 |  |  |  |
| 3 Bedrooms |  | 1827 |  |  |  |
| 4 Bedrooms |  | 2172 |  |  |  |
| **h. Totals:** |  |  |  |  |  |
|  |  |  |  |  |  |

#  Section Ten: Project Budgets

**Sources of Match - leveraging is no longer required.**

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.

Table 10C

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

**Table 10D**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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

Table 10E

|  |  |
| --- | --- |
| **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?**

**[ ]  Yes [ ]  No**

If “**Yes**,” please explain describe the source of the 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:**

#  Section Ten: Project Budgets

**RENEWAL SUMMARY BUDGET – must match GIW or reallocation amounts.**

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

**Table 10F**

|  |  |  |  |
| --- | --- | --- | --- |
| Eligible Costs | **Annual Assistance HUD Dollars****Request** | **X Grant Term**  |  **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** |  |  |  |

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

Are the requested renewal funds reduced from the previous award as a result of reallocation?

[ ]  Yes [ ]  No