

2018 ESNAPS NEW PROJECT APPLICATION

PART 1 – SF 424 INFORMATION

1A. – prepopulated from Applicant Profile, must check your grant PIN number. (first six digits of grant number)

1B. LEGAL APPLICANT/INFORMATION

PROJECT APPLICANT ORGANIZATION NAME:
ORGANIZATION TYPE:
DUNS NUMBER:
TAX ID OR EIN:
CCR/SAM NUMBER:
STREET ADDRESS:
CITY, STATE, ZIP:
CONTACT PERSON:
TITLE:
TELEPHONE (INCLUDING EXTENSION):
FAX:
EMAIL:
IS THE ORGANIZATION FAITH-BASED?

1C.APPLICATION DETAILS – all prepopulated, if not correct must go to Applicant Profile.

1D.CONGRESSIONAL DISTRICTS

STATE PROJECT IS LOCATED:
PROJECT CONGRESSIONAL DISTRICTS SERVED:
APPLICANT CONGRESSIONAL DISTRICTS SERVED:

1E.COMPLIANCE

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

1F. AUTHORIZED REPRESENTATIVE AND DECLARATION

Prefix	
First, Middle, Last Name	
Suffix	
Title	
Phone	
Fax	
Email	

1G. 2880

1H. HUD 50070

1I. Lobbying Cert.

1J. SF-LLL

PART 2 –

2A. SUBRECIPIENT INFO

ORGANIZATION	TYPE	SUBAWARD AMOUNT

2B. EXPERIENCE OF APPLICANT AND SPONSOR AND PARTNERS

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.

2. Describe the experience of the applicant in leveraging other federal, state, local and private sector funds.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.
4. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? If yes, describe the unresolved monitoring or audit findings.

Part 3A – PROJECT DETAIL

COC NUMBER AND NAME:
PROJECT NAME:
PROJECT TYPE: NEW
PROJECT STATUS : standard
PROGRAM TYPE: Permanent Supportive Housing <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Support Services - CE <input type="checkbox"/>
JOINT TH-RRH <input type="checkbox"/> Expansion <input type="checkbox"/>
Project Start and End Date:
Will this project be submitted for the DV bonus project? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Does this project use one or more properties that have been conveyed through the Title V process?
 Yes No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition?
 Yes No

6a. List all expiring project(s) involved in the transition: Required if “Yes” is selected above

Grant Number	Operating Start Date	Expiration Date	Component Type

6b. If yes, Provide a brief description that addresses the scope of the proposed transition from the expiring component to the new component during the first year of operation; including how no more than 50 percent of each transition grant will be used for costs of eligible activities of the program component originally funded.

Part 3B – 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, or HMIS system, 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 indicate the reason CoC Program support is needed. In addition, be sure to describe how both the TH and PH-RRH portions of the project will be utilized. For example, the project will house participant in leased units for the TH portion up to X months and then will move participants to RRH TRA units providing X services. The information provided in this narrative must not conflict with information provided in other parts of the project application.

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				
Closing on land	NA	NA	NA	NA
Rehab started	NA	NA	NA	NA
Rehab completed	NA	NA	NA	NA

3. Will your project participate in a CoC Coordinated Entry System? Yes No **If no, explain.**

4. Identify the specific population focus: Check all that apply

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

5. Housing First

a. Will the project quickly move participants into permanent housing? Yes No

b. Will the project remove the following barriers to accessing housing? 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	

c. Will the project remove the following as reasons for program termination? Check all that apply.

Failure to participate in supportive services	Being a victim of domestic violence	Any other activity not covered in a lease agreement typically found in your geographic area.
Failure to make progress on a service plan	Loss of income or failure to improve income	None of the above

d. Does your project follow a Housing First model? Yes No

6. 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.

7. Will participants be required to live in a particular structure, unit or locality at some point during period of participation? Yes No

7a. If yes, explain how and why the project will implement this requirement.

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

8a. Describe the local market conditions that necessitate a project of this size.

8b. Describe how the project will be integrated into the neighborhood.

9. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the

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 "DedicatedPLUS" 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 III.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.

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**

3C. PROJECT EXPANSION INFORMATION

- 1. Is this New project application requesting a Project Expansion of the eligible renewal with the same component type?
If yes, enter
PIN of eligible renewal
Name of eligible renewal

- 2. Select the activities that describe the expansion.

4A. SUPPORTIVE SERVICES

ALL PROJECTS - COORDINATION WITH THE LOCAL EDUCATION AGENCY FOR THE EDUCATION OF HOMELESS STUDENTS

1a. For projects serving children, does the applicant have policies and practices that are consistent with the laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

YES NO NOT APPLICABLE

1b. For projects serving children, does the applicant have a designated staff person responsible for ensuring that children are enrolled in school and receive educational services as appropriate? YES NO NOT APPLICABLE

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 maximize their ability to live independently.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided
See chart on p.5, also answer mainstream benefits questions.

Provider – select applicant, subrecipient, partner, 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

4B. 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

1. HOUSING TYPE

- 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.

2. 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.

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

b. 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 .

3. CHRONIC BEDS – none of these applicable to TH projects.

a. Dedicated CH Beds: Enter the number of beds both dedicated and prioritized for the chronically homeless from the total beds in 2b above.

4. Project Address –

5. Geocodes served by project.

5. PROJECT PARTICIPANT CHARTS

On **Table 5A** 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 5B** is meant to represent a detailed subpopulation breakdown of the persons reported in the three housing types on **Table 5A**. Just as with **Table 5A**, 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 5B** 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 5A** will not necessarily be the sum of the seven column totals for the corresponding household type on **TABLE 5B**. However, the total number of persons in each subpopulation column (e.g., non-CH veterans, chronic substance abuse, etc.) on **TABLE 5B** cannot exceed the total number entered in the “Total Persons” column on **TABLE 5A**.

5A. 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				

5 B. SUBPOPULATIONS – The first 3 columns are mutually exclusive – the total of these 3 columns cannot exceed the Total Persons field on **TABLE 5A**. above for the corresponding household type. Persons Not Represented in **Table 5B** 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

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										

5C. PARTICIPANT OUTREACH

1. 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%

2. If a NEW project, describe the outreach plan to bring these homeless participants into the project.

(For projects participating in a CoC’s coordinated entry process, simply explain that coordinated entry will provide outreach and access and describe the specific coordination and referral process between coordinated entry and this project.)

PART 6 - BUDGETS

6A. FUNDING REQUEST – NEW PROJECTS ONLY

1a. Is it feasible for the project to begin operating/under grant agreement by September 30, 2020?

Yes No

1b. Geographic area associated with new project – county or city

2. What type of CoC funding is this project applying for in the 2018 CoC Competition?

Reallocation Bonus Reallocation + Bonus DV Bonus

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

Yes No

3a. If yes, complete the indirect cost rate schedule.

3b. Has the rate been approved by the cognizant agency? Yes No **If yes, you must submit a copy of the approval with this application.**

4c. Do you plan to use the 10% de minimus rate as described in 2CFR200.203c(2)

Yes No

5. Select a grant term. Year(s) (1,2,3)

6. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rent Assistance	
Support Services	
Operating	
HMIS	

6B. LEASING COSTS

GRANT TERM - 1 YEAR 2 YEARS 3 YEARS

FOR A JOINT TH-RRH, INDICATE THE FOLLOWING:

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

NEW PROJECTS ONLY HUD paid amount cannot exceed FMR.

LEASING Unit(s)				
8. 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:				

Rent Assistance Units

c. Size of Units	d. Number of Units	e. HUD Paid Amount	f. Number of Months	g. Totals
0 Bedroom				
1 Bedroom				
2 Bedrooms				
3 Bedrooms				
4 Bedrooms				
5 Bedrooms				
6 Bedrooms				
Other: _____				
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	

6C. 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				

6D. 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)				
Total Assistance Requested				

6E. 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.

IDENTIFY AS MATCH	TYPE - CASH	GOVT. OR PRIVATE	NAME OF SOURCE	DATE OF WRITTEN COMMITMENT	VALUE (\$)

IDENTIFY AS					
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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.” If “Yes,” the following questions and text box will appear. If “No,” no further response is required Yes 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

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.**