

2012 ESNAPS EXHIBIT 2 – TH,PH, SSO NEW AND RENEWAL PROJECT INFORMATION

PROJECT DETAIL

COC NUMBER AND NAME:	
PROJECT NAME:	EXPIRING HUD GRANT NUMBER:
PROJECT TYPE: new or renewal	
PROGRAM TYPE:	
COMPONENT TYPE:	
Project Start and End Date:	
Does the project use Energy Star?	
Is the project providing services to Participants in another PH or TH project?	
Is the project being submitted under Innovative Supportive Housing Component?	
APPLICANT :	
PROJECT SPONSOR:	
STATE PROJECT IS LOCATED:	
PROJECT CONGRESSIONAL DISTRICTS SERVED:	
APPLICANT CONGRESSIONAL DISTRICTS SERVED:	

AUTHORIZED REPRESENTATIVE

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

APPLICANT/PROJECT SPONSOR INFORMATION

Is the project applicant the same as the project sponsor? Yes No
 Complete these fields below.

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

PROJECT SPONSOR ORGANIZATION NAME: (IF DIFFERENT THAN THE APPLICANT):
ORGANIZATION TYPE:
DUNS NUMBER:
TAX ID OR EIN:
STREET ADDRESS:

CITY, STATE, ZIP
CONTACT PERSON
TITLE
TELEPHONE:
FAX:
EMAIL:
IS THE ORGANIZATION FAITH BASED?
PROJECT SPONSOR MAILING ADDRESS:

1. Provide a general description 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.

2. For Renewals - Was the original project awarded funding for acquisition, new construction, or rehabilitation?

3. For Renewals - Are there any unresolved monitoring or audit findings on HUD McKinney –Vento Act grants, excluding ESG? If yes, please describe. NO

4. For Renewals - Were there any amendments other than consolidations executed since the last funding approval? If yes, please explain in detail. NO

5. DISCHARGE PLANNING POLICY – for state or local government agencies only.

Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions into homelessness or HUD McKinney –Vento programs? Yes No **Not applicable**

4A. SUPPORTIVE SERVICES

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

For projects serving families, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness? YES
 NO NOT APPLICABLE

For projects serving families, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney Vento education services? YES NO NOT APPLICABLE

Explanation – if No.

Can you provide a copy of the policy as an attachment if necessary?

4B. HOUSING TYPE & SCALE (Not applicable for SSO programs)

Select all that apply to the program.

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.

a. Indicate 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.

Bedrooms: Enter the total number of bedrooms available in the selected housing type and used for housing project participants.

Geocodes for areas served by project:

4C. HMIS PARTICIPATION

a. Does your program provide client level data in HMIS? **Yes** **No** **Not applicable**

b. If no or not applicable, indicate the reason.

New project **Yes** **No**

Federal/state law prohibits **Yes** **No**

Other – explain **Yes** **No**

c. Number of clients served by the program from calendar year January 1, 2011 to December 31, 2011

d. Number of clients served by the program from calendar year January 1, 2011 to December 31, 2011 that were reported in HMIS

e. % of those entered in HMIS

Example: d. divided by c. = e. X 100 = %

f. Data Quality - Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values' from January 1, 2011 to December 31, 2011.

Category	Null or Missing Values (%)	Don't Know or Refused (%)
Name		
Social Security Number		

Date of Birth		
Ethnicity		
Race		
Gender		
Veteran Status		
Disabling Condition		
Residence Prior to Program Entry		
Zip Code of Last Permanent Address		

5.PARTICIPANT CHARTS

A snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. For a renewal project, the number is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity. These numbers do not change from the previous year without a grant amendment.

A. Participants with Dependent Children

Indicate the total number of households that include a homeless adult with dependent children at a point in time. Also identify the number of persons and subpopulations within each household in the project.

NEW THIS YEAR – ENTER CHRONICALLY HOMELESS NUMBER FOR FAMILIES - ADULTS IF THEY MEET ALL REQUIREMENTS OF THE DEFINITION. APPLICANTS SHOULD IDENTIFY MEMBERS OF CHRONICALLY HOMELESS FAMILIES UNDER THEIR APPROPRIATE CLASSIFICATION OF DISABLED OR NON-DISABLED (I.E. TWO NON-DISABLED CHILDREN LIVING WITH A DISABLED ADULT WOULD IDENTIFY ONE DISABLED ADULT IN THE TOTAL COLUMN AND 2 NON-DISABLED CHILDREN IN THE TOTAL COLUMN. HOWEVER ALL 3 SHOULD BE ENTERED IN THE CHRONICALLY HOMELESS COLUMN. NO ONE IN TRANSITIONAL HOUSING MAY BE CHRONICALLY HOMELESS.

NO NON-DISABLED ADULTS OR CHILDREN SHOULD BE LISTED AS CHRONIC.

ANYONE LISTED AS CHRONIC MUST HAVE AT LEAST ONE DISABILITY SHOWN ACROSS, IE. MENTALLY ILL, SUBSTANCE ABUSE OR HIV.

DEFINITION - A Chronically Homeless Person or Family is an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has 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.

TOTAL NUMBER OF HOUSEHOLDS: PUT A NUMBER HERE							
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults							
Non-Disabled Adults							
Disabled Children							
Non-Disabled Children							
Total Persons							
Total Number of Adults							
Total Number of Children							
NOTE – The Total Persons column is the CAPACITY number to be served by the program in		Note- Subpopulation – based on the one night count if you were at capacity or your estimate of who is served when you are at capacity: Chronically Homeless - must be disabled adults in households with or without children and					

any grant year. This number does not change from year to year without a grant amendment.	children in households with a chronic adult (so no entry allowed in non-disabled adult) Severely Mentally III - are all considered disabled (so no entry allowed in non-disabled) Chronic Substance Abuse – may not constitute a disability on its own Veterans - must be adults (so no entry allowed in children/youth) Persons living with HIV/AIDS - are all considered disabled (so no entry allowed in non-disabled) The subpopulation categories in the participant charts DO NOT need to add up to the total number of persons served as a program may have a client that fits in multiple subpopulation categories.
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B. Participants without Dependent Children

Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.

Total Number of Households WITHOUT Dependent Children: put a number here							
	Total Persons	Chronically Homeless	Severely Mentally III	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults							
Non-Disabled Adults							
Total Persons							
NOTE – The Total Persons column is the <u>PROPOSED</u> number to be served by the program in any grant year. This number does not change from year to year without a grant amendment.		Note- Subpopulations: based on the one night count if you were at capacity or your estimate of who is served when you are at capacity: Chronically Homeless - must be disabled adults in households with or without children and children in households with a chronic adult (so no entry allowed in non-disabled adult) Severely Mentally III - are all considered disabled (so no entry allowed in non-disabled) Chronic Substance Abuse - may not constitute a disability on its own Veterans - must be adults (so no entry allowed in children/youth) Persons living with HIV/AIDS - are all considered disabled (so no entry allowed in non-disabled) The subpopulation categories in the participant charts DO NOT need to add up to the total number of persons served as a program may have a client that fits in multiple subpopulation categories.					

C. Participants with ONLY Children

Indicate the total number of households that include Unaccompanied homeless children under 18, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

Total Number of Households WITH ONLY Dependent Children: put a number here							
	Total Persons	Chronically Homeless	Severely Mentally III	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Unaccompanied Children under 18							
Non-Disabled Unaccompanied Children under 18							
Total Persons							
NOTE – The Total Persons column is the <u>PROPOSED</u> number to be served by the program in any grant year. This number does not change from year to year without a grant amendment.		Note- Subpopulations: based on the one night count if you were at capacity or your estimate of who is served when you are at capacity: Chronically Homeless - must be disabled adults in households with or without children and children in households with a chronic adult (so no entry allowed in non-disabled adult) Severely Mentally III - are all considered disabled (so no entry allowed in non-disabled) Chronic Substance Abuse - may not constitute a disability on its own Veterans - must be adults (so no entry allowed in children/youth) Persons living with HIV/AIDS - are all considered disabled (so no entry allowed in non-disabled)					

	The subpopulation categories in the participant charts DO NOT need to add up to the total number of persons served as a program may have a client that fits in multiple subpopulation categories.
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5C. PARTICIPANT OUTREACH

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

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

Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (90 consecutive days or less) in a jail, hospital, or other institution.

Persons who came from the street or other locations not meant for human habitation.

Person who came from Emergency Shelters.

Persons who came from Safe Havens.

Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.

Total of above percentage

If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.

6A. STANDARD PERFORMANCE MEASURES

Instructions:

Enter your projections for the next grant year. The Universe column specifies the total number of persons about whom the measure is expected to be reported. In the Target Number column, applicants specified the number of applicable clients (e.g., the number of persons for whom the goal is relevant) who are expected to achieve the measure within the operating year. For example, 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing. The percentage is calculated as target # divided by Universe #.

1. Specify the universe and target numbers for the following required performance measure(s). Choose one.

HOUSING MEASURE	UNIVERSE #	TARGET #	TARGET %
a. Persons remaining in permanent housing as of the end of the operating year. - PH			
Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year. - TH			

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.

INCOME MEASURE	UNIVERSE NUMBER	TARGET NUMBER	TARGET percentage
Persons age 18 and older who maintained or increased their total income (from all sources including benefits) as of the end of the operating year or program exit.			
OR			

Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			
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6B. ADDITIONAL PERFORMANCE MEASURES – OPTIONAL

FUNDING REQUEST

1a. Is it feasible for the project to begin operating/under grant agreement by September 30, 2014?

Yes No

1b. Is this project a HUD approved consolidation? If yes, list the HUD grant numbers.

Yes No

1c. Was the original project awarded funding (in part or whole) under a special housing initiative?

Yes No

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

Yes No

3. Grant Term: Year(s) (1,2,3)

4. Select the activities for which funding is being requested:

Leasing	
Operating	
Supportive Services	
HMIS	

5. Are there any unresolved monitoring or audit findings on HUD McKinney –Vento Act grants, excluding ESG?

If yes, please describe. Yes No

PROJECT BUDGETS

A. SHP OPERATING BUDGET

Eligible Costs	Quantity (limit 200 characters)	SHP Request Year 1	SHP Request Year 2	SHP Request Year 3	Total
1.Maintenance/Repair					
2.Staff					
3.Utilities					
4.Equipment (lease/buy)					
5.Supplies					
6.Insurance					
7.Furnishings					
8.Relocation					
9.Other (must specify *)					

10.Total SHP Request					
11.Cash Match					
12.Total SHP Operating Budget					

B. SHP LEASING BUDGET

Leased Unit(s) for Housing and/or Services				
a. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area: Chicago-Naperville-Joliet, IL				
b. New Projects Only, check the appropriate box that relates your rent to the published FMR. <input type="checkbox"/> 1% to 99% of FMR <input type="checkbox"/> 100% of FMR <input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached). <input type="checkbox"/> Greater than 110% (HUD approval letter must be attached).				
c. Size of Units	d. Number of Units	e. HUD Paid Amount	f. Number of Months	g. Totals
SRO				
0 Bedroom				
1 Bedroom				
2 Bedrooms				
3 Bedrooms				
4 Bedrooms				
5 Bedrooms				
6 Bedrooms				
Other: _____				
h. Totals:				

C. SHP SUPPORTIVE SERVICES BUDGET

Eligible Costs	Quantity (limit 200 characters)	SHP Request Year 1	SHP Request Year 2	SHP Request Year 3	Total
1. Outreach					
2. Case Management					
3. Life Skills (outside of case management)					
4. Alcohol and Drug Abuse Services					
5. Mental Health and Counseling Services					
6. HIV/AIDS Services					
7. Health Related and Home Health Services					
8. Education and Instruction					
9. Employment Services					
10. Child Care					
11. Transportation					

13. Other (must specify)					
10.Total SHP Request					
11.Cash Match					
12.Total Support Services Budget					

D. SHP SUMMARY BUDGET

GRANT TERM - 1 YEAR 2 YEARS 3 YEARS

SHP Activity	SHP Dollars Request	Cash Match	Totals
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)		Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
10. Administrative Costs (Up to 5% of line 9)			
11. Total SHP Request (Total lines 9 and 10)			

PART 2 – NEW PROJECTS ONLY

3A. EXPERIENCE OF APPLICANT AND SPONSOR AND PARTNERS

- a. Describe the experience of the project applicant, sponsor, and partners, as it relates to working with homeless persons and the project's target population.
- b. Describe the experience of the applicant, sponsor, and partners, as it relates to timely construction or rehabilitation (if applicable).
- c. Describe the experience of the project applicant, sponsor and partners, as it relates to leasing units, administering rental assistance (if applicable) and providing supportive services and housing for homeless persons, and implementing a HMIS as applicable to the proposed project.

d. Are there any unresolved monitoring or audit findings on McKinney Vento funds? If yes, explain the findings.

3B. PROJECT DESCRIPTION

Describe the rehabilitation proposed for the property and the responsibilities that the applicant and other project partners will have in operating and maintaining the property.

Will more than 16 persons reside in a structure? Yes No If yes, enter additional information.

3C. PROJECT EXPANSION INFORMATION

a. Will the project use an existing homeless facility or incorporate activities provided by an existing project?

b. If yes, identify the expansion activities.

c. Indicate how the project is proposing to “ increase the number of homeless persons served”.

CURRENT LEVEL OF EFFORT	NUMBERS
# of persons served	
# of units	
# of bedrooms	
# of beds	
NEW EFFORT	
# of additional persons served at a point in time that this project will provide	
# of additional units this project will provide	
# of additional bedrooms this project will provide	
# of additional beds this project will provide	

4A. SUPPORTIVE SERVICES FOR PARTICIPANTS

a. Describe the supportive services that will be provided to help project participants obtain and remain in permanent housing.

b. Describe specifically the supportive services that will be provided to participants to increase their employment and/or income and to maximize their ability to live independently.

c. Specify the frequency of supportive services provided:
 OPTIONS: Daily, Weekly, monthly, biweekly, bimonthly

SUPPORTIVE SERVICES	FREQUENCY
Outreach	
Case Management	
Life Skills	
Job Training	
Alcohol & Drug Abuse Services	
Mental Health & Counseling	
HIV/AIDS Services	
Health/Home Health Services	
Education and Instruction	
Employment Services	
Child Care	
Transportation	
Other (specify)	
Other (specify)	

d. How accessible are basic community amenities (e.g. medical care, grocery store, recreation, schools, etc.) to this project?

- Yes, very accessible
- Somewhat accessible
- Not very accessible

OUTREACH PLAN

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

LEVERAGING

On the chart below please list all available match and leveraging resources for your renewal program. NOTE: HUD and the CoC are looking for \$2 in leverage for every \$1 requested in HUD funding. Note: *This year the commitment letters must be uploaded into e-snaps on the Attachments screen.*

Leveraged resources can include: cash funding or in-kind contributions, such as services or equipment. Partners providing the leverage may be governmental entities, public or private nonprofit organizations, for-profit private organizations, individuals or other entities willing to partner with you.

TYPE - CASH OR IN-KIND	CONTRIBUTOR	PRIVATE OR GOVERNMENT SOURCE	DATE OF COMMITMENT	VALUE (\$)

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