

**FY2019 Continuum of Care Competition  
EXPANSION PROJECT APPLICATION**

**Organization Information**

Agency/Organization Name	Employer Identification Number (EIN)	DUNS Number
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Administrative Address	City, State, Zip
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Phone	Fax	Website
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Executive Director Name	Phone	Email
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**Contact Information**

Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director.

**Primary Contact**

Name	Title	Phone	Email
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**Secondary Contact**

Name	Title	Phone	Email
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**Proposal Information**

Renewal Project Name (as listed on GIW)	Renewal Grant Number (as listed on GIW)
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Expansion Proposal Request (\$)

Reason for Requested Increase:

- ☐ Increase the number of homeless persons served
- ☐ Provide additional supportive services to existing clients
- ☐ Replace the loss of nonrenewable funding
- ☐ Coordinated entry/ access

**Project Description (150 word max)** - Provide a brief description of the number and type of proposed new services and/or units.

**Authorization**

Printed Name	Signature	Date
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## EXPANSION REQUEST

(no more than 3 pages)

**Indicate how the project is proposing to "increase the number of homeless persons served."**

**Current level of effort**

# of persons served at a point-in-time

# of units

# 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 beds this project will provide

☐ N/A – I am not requesting to serve an increased number of homeless persons.

**Please describe in detail why you are requesting an increase in funding and how you intend to utilize the funds if awarded.**

## Project Staffing Plan

If you are requesting an increase in funding for staff positions, please list the anticipated positions below.

Position Title	
Hours (FT/PT)	
% of Time on Project	
Position Responsibilities	
Required Education/Experience	
Name of Employee (note vacant if new position)	

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## Funding Request

Supportive Services Budget		
Eligible Costs	Quantity AND Itemized Description (max 400 characters)	Annual Assistance Requested
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Use Treatment Services		
Transportation		
Utility Deposits		
Operating Costs		
<b>Total Supportive Services Requested</b>		

Complete one of the two tables below according to your intended housing type to request funding towards housing costs. If you are unsure of whether to pick leasing or rental assistance, please refer to the project application guide, which provides more information.

Rental Assistance Budget			
	Monthly Fair Market Rent (FMR)	Number of Units Requested	Total Annual Cost (Number Units x FMR x months)
Single Room Occupancy Units	\$689		
Efficiencies	\$918		
One Bedroom Units	\$1,125		
Two Bedroom Units	\$1,411		
Three Bedroom Units	\$1,815		
Four Bedroom Units	\$2,108		
Five Bedroom Units	\$2,424		
Six Bedroom Units	\$2,740		
<b>Total Rental Assistance Units &amp; Cost</b>			

Leasing Budget			
	Monthly Rent	Number of Units Requested	Total Annual Cost (Number Units x Monthly Rent x months)
Leased Structure (whole building)		1	
OR			
Single Room Occupancy Units			
Efficiencies			
One Bedroom Units			
Two Bedroom Units			
Three Bedroom Units			
Four Bedroom Units			
Five Bedroom Units			
Six Bedroom Units			
<b>Total Leasing Costs</b>			

Operations Costs (cannot include if requesting rental assistance for same structure)		
Eligible Costs	Quantity AND Description (max 400 characters)	Total
Maintenance/ Repair		
Property Tax and Insurance		
Replacement Reserve		
Building Security		
Electricity, Gas, Water		
Furniture		
Equipment (lease, buy)		
<b>Total Operations Costs</b>		

HMIS Budget		
Eligible Costs	Quantity AND Description (max 400 characters)	Total Annual Cost
Staffing for HMIS		
Equipment (lease, buy)		
<b>Total HMIS Costs</b>		

Summary Budget	
Budget Category	Total Annual Cost
Leasing	
Rental Assistance	
Supportive Services	
Operating Costs	
HMIS	
Administrative Costs (no more than 3.5% of total request)	
<b>Total Grant Request</b>	

## Match Funds

You must be able to match at least 25% of your requested increase in funding in addition to meeting the match obligations for your renewal project. Please list all sources of match below and make sure to include appropriate documentation for all match with your application submission according to the specifications in the project application guide. You may add more tables below if you have additional sources of match.

<b>Type of Commitment (Cash or In-Kind)</b>	
<b>Type of Source (Private, Government)</b>	
<b>Name the Source of the Commitment (Be as specific as possible and include the office or grant program as applicable)</b>	
<b>Date of Written Commitment</b>	
<b>Value of Written Commitment</b>	

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