|  |
| --- |
| **FY 2023 Continuum of Care Competition**  **NEW PROJECT APPLICATION** |
| **Organization Information** |
|  |
| Agency/Organization Name Employer Identification Number (EIN) Unique Entity ID (UEI) |
|  |
| Administrative Address City, State, Zip |
|  |
| Phone Fax Website |
|  |
| Executive Director Name Phone Email |
|  |
| **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 |
| **Secondary Contact** |
|  |
| Name Title Phone Email |
| **Authorization** |
|  |
| Printed Name /Title Signature Date |
|  |

|  |
| --- |
| **Organization & Proposal Information** |
|  |
| Project Name Site Address (if different than administrative address) |
|  |
| Proposal Request Total Project Budget Total Agency Budget |
| **Is your organization a victim service provider defined in 24 CFR 578.3?**  *Organization is a victim service provider defined in 24 CFR 578.3. 24 CFR 578.3: Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs. No, if your organization, or subrecipient, is not a victim service provider.*  Yes  No  **Is your organization a faith-based organization?**  Yes  No  **Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?**  Yes  No  **Target Populations (select all that apply)**  People experiencing chronic homelessness  Seniors  Veterans  Families with children  Youth (18-24)  Persons living with disabilities  Persons living with mental illness  Persons living with substance use disorder  Fleeing domestic violence  Persons living with HIV/AIDS  N/A – Project serves all subpopulations  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Type:**  Permanent Supportive Housing   |  |  | | --- | --- | | **Total Number of Units** |  | | **Total Number of Beds** |  |   **Housing Type:**  Clustered apartments  Scattered-site apartments (including efficiencies)  Single family homes/townhouses   |  |  |  |  | | --- | --- | --- | --- | | Household Characteristics | Households with at Least 1 Adults & 1 Child | Adult Households without Children | Total | | Persons Over 24 | # | # | # | | Persons ages 18-24 | # | # | # | | Accompanied Children under age of 18 | # | # | # | | Total | # | # | # |   **Project Type:**  Rapid Re-housing   |  |  | | --- | --- | | **Total Number of Units** |  | | **Total Number of Beds** |  |   **Housing Type:**  Clustered apartments  Scattered-site apartments (including efficiencies)  Single family homes/townhouses   |  |  |  |  | | --- | --- | --- | --- | | Household Characteristics | Households with at Least 1 Adults & 1 Child | Adult Households without Children | Total | | Persons Over 24 | # | # | # | | Persons ages 18-24 | # | # | # | | Accompanied Children under age of 18 | # | # | # | | Total | # | # | # |   **Project Type:**  Joint Component (Transitional Housing and Rapid Re-housing)   |  |  |  |  | | --- | --- | --- | --- | |  | Transitional Housing | Rapid Re-housing | Total | | **Total Number of Units** |  |  |  | | **Total Number of Beds** |  |  |  |   *The CoC Program required rule is RRH units must be twice the amount of those provided through the TH. The total numbers reported must reflect the total units and total beds at full capacity on a single night for both the TH and RRH portions of the project. This includes units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. Generally, the reported number of beds should match the number of persons served and households, as listed below.*  **Housing Type:**  Dormitory (only for TH)  Single Room Occupancy  Clustered apartments  Scattered-site apartments (including efficiencies)  Single family homes/townhouses   |  |  |  |  | | --- | --- | --- | --- | | Household Characteristics | Households with at Least 1 Adults & 1 Child | Adult Households without Children | Total | | Persons Over 24 | # | # | # | | Persons ages 18-24 | # | # | # | | Accompanied Children under age of 18 | # | # | # | | Total | # | # | # |   **What is the funding source for these units and beds?**  CoC  ESG  Section 8  HUD VASH  Mixed Funding  Other  **If Mixed Funding or Other provide details:** |

|  |
| --- |
| **Experience of Applicant** |
| **Describe your organization’s experience in effectively utilizing federal funds and performing the activities proposed in the application.**  Provide examples that illustrate experience such as: (a) working with and addressing the target population(s) identified housing and supportive service needs; (b) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; (c) identifying and securing matching funds from a variety of sources; and (d) managing basic organization operations including financial accounting systems.  ***(Limit 2000 Characters)*** |
|  |
| **Describe your organization’s experience in leveraging Federal, State, local and private sector funds.**  Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase “No experience leveraging other federal, state, local, or private sector funds.”  ***(Limit 2000 Characters)*** |
|  |
| **Describe your organization’s financial management structure.**  Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles (GAAP) and in accordance with the requirements of 2 CFR part 200.  ***(Limit 2000 Characters)*** |
|  |
| **Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG and HOPWA) under your organization?**  If Yes, provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g. responded to the HUD letter, but no final determination received) |
|  |

|  |
| --- |
| **Project Description** |
| **Provide a detailed description that addresses the entire scope of the proposed project.**  Include information about the target population(s) to be served (this must match the target populations selected earlier), project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.  The information in this description must align with the information entered in other screens of the application. Additionally, if your project will implement service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.  Note: HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant. Please do not use specific dates.  **Joint Component (Transitional Housing and Rapid Re-housing)**  If you are applying for the Joint Component Project, but not requesting CoC Program funds for both TH and PH-RRH units in this application, you must include the number of TH and PH-RRH units that will be utilized by your project from other funding source(s) and provide details of how TH and PH-RRH assistance will be provided for all program participants under this joint component. For example, if TH units are requested in this application and PH-RRH units will be funded from other sources, the description must include information as to where the funds for the PH-RRH units will come from, and if provided by a separate organization, provide organizational information and source funding for these units, including the number of units supported.  ***(Limit 2000 Characters)*** |
|  |

|  |
| --- |
| **Will your project participate in the CoC’s Access System or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate Coordinated Access process that meets HUD's minimum requirements?**  Coordinated Access is a process designed to coordinate program participant intake, assessment, and provision of referrals. The Coordinated Access process must cover the entire CoC’s geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool and process. Participation in a Coordinated Access process is a requirement for all applicants of CoC Program funds. Provide a description of how your organization plans to participate. If the applicant is a victim service provider please describe the alternate Coordinated Access process that meets HUD's minimum requirements.  ***(Limit 500 Characters)*** |
|  |
| **The project is committed to using a Housing First Approach. Please check the following boxes to certify that the project will quickly connect individuals and families experiencing homelessness to permanent housing:** |
| No barriers to entry (e.g. sobriety, treatment, or service participation requirements)  No preconditions (e.g. sobriety, income), and  Does not terminate program participants from the project for lack of participation (e.g. supportive service participation requirements or rules beyond normal tenancy rules). |
| **The project will rapidly move program participants into permanent housing and will not require additional steps (e.g., a required stay in transitional housing or a certain number of days of sobriety). If this is a Domestic Violence (DV) project application including survivors of human trafficking, sexual assault, stalking, and dating violence, select “Yes” if the project will rapidly move program participants into permanent housing after the participant determines their immediate safety needs have been addressed (e.g., survivor(s) believes they are not in danger and want to move into their own permanent housing).**  Indicate Yes or No in your response. |
|  |
| Will the project enroll program participants who have the following barriers? Select all that apply. Checking the box next to each item listed confirms your project will enroll a household if they present with the perceived barrier (e.g., if they will enroll a household that has no income at time of enrollment). Committing to not screening out participants for the first four boxes supports a housing first approach. If “none of the above” is selected or one of the first four boxes is not selected, we will determine that the project does not meet the housing first requirements. If your project will not enroll a household that presents with any of the barriers listed below at the time of application (e.g., if you require a minimum income, require sobriety, and will not house people with a criminal record or a history of victimization), select “None of the above.” |
| Having too little or little income  Active or history of substance use  Having a criminal record with exceptions for state-mandated restrictions  History of victimization (e.g., domestic violence, sexual assault, childhood abuse)  None of the above |
| **Describe how the project will use a Housing First Approach.**  Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as, sobriety or a minimum income threshold). How will the project quickly move participants into permanent housing?  ***(Limit 500 Characters)*** |
|  |

|  |
| --- |
| **Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?**  Yes, if any portion of the project will be site-based or require program participants to live in a specific locality, city, or specific area. No, program participants will not be required to live in a specific locality, city, or area. Note: If you are requesting tenant-based rental assistance (TRA), you may require program participants to live in a specific area or structure only for the first year of participation when it is necessary for coordination of supportive services.  If yes to the above question, explain how and why the project will implement this requirement. Describe the reason for this program design. For example, if your organization owns a building where program participants will reside, or you will require program participants meet with a case manager at least monthly in their first year of assistance and the case managers offices are located in the specific area. If you are requesting TRA, explain why implementing this requirement is necessary for providing supportive services.  If yes to the above question and if more than 16 people live in a single structure, describe the local market conditions that necessitate a project of this size and explain how your organization will successfully integrate program participants into the neighborhood.  ***(Yes or No Response, if Yes, Limit 500 Characters)*** |
|  |
| **Describe how program participants will be assisted to obtain and remain in permanent housing:**  An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:  • How you will determine the right type of housing that fit the needs of program participants (this should match the housing type selected when selecting the project type).  • If you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges;  • The type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management; housing counseling, employment resources); and  • How you will work with program participants to set goals towards successful retention of permanent housing.  Rapid Re-housing/ Joint Component Specific:  As Rapid Re-Housing funds are short-term (up to 3 months) or medium-term (up to 24 months) tenant-based rental assistance, describe how the project applicant will help program participants obtain permanent housing, and provide the necessary services and support to help program participants successfully remain in permanent housing once assistance ends.  DV Project Specific:  If this project will exclusively assist victims of domestic violence, the description must include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing. The response must also include in the description how eligible program participants (paragraph 4 of the homeless definition (24 CFR 578.3)) will be assisted to obtain and remain in permanent housing that addresses their particular needs and includes trauma-informed, victim-centered approaches.   * Trauma-informed: Approaches delivered with an understanding of the vulnerabilities and experiences in trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on reassuring the survivor's feelings of safety, choice, and control. * Victim-centered: Placing priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims' feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; ensuring that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.   ***(Limit 2000 Characters)*** |
|  |
| **Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**  Describe how this project will help program participants obtain the benefits for which they are eligible. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:  • Assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities);  • The type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI; SSDI; Food Stamps, Veterans benefits);  • The type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education); and  • Access to healthcare benefits and resources (e.g., Medicaid, Medicare, healthcare for the homeless, FQHCs).  (Limit 2000 Characters) |
|  |
| **How is your project addressing the needs of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) individuals? Have you implemented and or participated in any anti-discrimination policies that ensure LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?**  (Limit 2000 Characters) |
|  |

|  |  |  |
| --- | --- | --- |
| **For all the supportive services available to program participants, indicate who will provide them and how often they will be provided?**  **Eligible Support Services**   * Additional information can be found about eligible support services per 24 CFR 578.53(a)(1) or on the HUD Exchange: https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/supportive-services/   **Provider**   * Subrecipient indicates the project applicant providing the service; * Partner indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or * Non-Partner indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.   If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Subrecipient, (2) Partner, and (3) Non-Partner.  **Frequency**   * For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common–select weekly). | | |
| **Eligible Support Services** | **Provider (Subrecipient, partner, non-partner)** | **Frequency**  **(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed)** |
| Assessment of Service Needs |  | Select Frequency |
| Assistance with Moving Costs |  | Select Frequency |
| Case Management |  | Select Frequency |
| Child Care |  | Select Frequency |
| Education Services |  | Select Frequency |
| Employment Assistance |  | Select Frequency |
| Food |  | Select Frequency |
| Housing/Counseling Services |  | Select Frequency |
| Legal Services |  | Select Frequency |
| Life Skills |  | Select Frequency |
| Mental Health Services |  | Select Frequency |
| Outpatient Health Services |  | Select Frequency |
| Outreach Services |  | Select Frequency |
| Substance Use Treatment Services |  | Select Frequency |
| Transportation |  | Select Frequency |
| Utility Deposits |  | Select Frequency |

|  |
| --- |
| **Identify whether your project will include the following activities:** |
| Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs (select if the project provides regular, or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, and jobs. Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, etc.)  Annual follow-ups with program participants to ensure mainstream benefits are received and renewed (Select if the project follows-up with program participants annually to ensure they applied for mainstream benefits (e.g., TANF, food stamps, SSI) for which they are eligible, receiving the benefits, and renew benefits as required)  Access to SSI/SSDI technical assistance provided by this project or a partner agency (Select if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by the project applicant, a subrecipient, or a partner agency–through a formal or informal relationship)  Staff person providing technical assistance completed SOAR training in the past 24 months  Yes  No  N/A |

|  |
| --- |
| **Local Competition Review**  **How is your project placing a greater emphasis on racial equity and what steps have you taken to eliminate barriers to improve racial equity, and have implemented measures to evaluate the efficacy of the steps taken.**  (Limit 2000 Characters) |
|  |
| **How is your project addressing the needs of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) individuals? Have you implemented and or participated in any anti-discrimination policies that ensure LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?**  (Limit 2000 Characters) |
|  |

|  |
| --- |
| **EXPANSION PROJECTS ONLY** |

This section should only be completed if your organization is submitting a new project application to expand an existing CoC renewal project that is also being submitted for renewal funding. Please note you will need to complete this application in full and also submit a renewal application.

|  |
| --- |
|  |
| Renewal Project Name (as listed on GIW) Renewal Grant Number (as listed on GIW) |
| **Reason for Requested Increase (check all that apply):**  Increase the number of homeless persons served  Increase the number of units?  Increase the number of beds?  Increase the number of or expand supportive services provided  Increase the frequency or intensity of supportive services Coordinated entry/ access  Expansion Project will bring the existing facility up to state or local government health or safety standards |

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

|  |  |
| --- | --- |
| **Current level of effort:** | |
| Number of persons served at a point-in-time |  |
| Number of Units |  |
| Number of Bed |  |
| **New Effort**  *If you are not requesting to serve an increased number of homeless persons please indicate N/A* | |
| Number of additional persons served at a point in time that this project will provide |  |
| Number of additional units this project will provide |  |
| Number of additional beds this project will provide |  |

|  |
| --- |
| **Will this expansion project bring existing facilities up to government health or safety standards?**  **(Yes/No, if Yes, describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards.** |
|  |

|  |
| --- |
| **Is this project proposing to assist victims of domestic violence specifically as defined in paragraph 4 of the homeless definition in 24 CFR 578.3?** |
|  |

|  |
| --- |
| **Please describe in detail why you are requesting an increase in funding and how you intend to utilize the funds if awarded. If the project aims to improve health or safety standards describe how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated).** |
|  |

|  |
| --- |
| **First Operating Year Project Work Plan** |

|  |
| --- |
| **Describe the activities that the organization will undertake prior to the grant start date to ensure the project is ready to house and/or serve the first participant at the start of the grant award. Provide a detailed description of the project’s work plan and goals at 60 days, 120 days, and 180 days after the grant start date.** |
|  |

**Enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank.**

Note: Project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

|  |  |
| --- | --- |
| **Project Milestones** | **Days from Execution of Grant Agreement** |
| New project staff hired, or other expenses begin? |  |
| Participant enrollment in project begins |  |
| Participants begin to occupy leased units or structures? |  |
| Supportive Services **near** 100% of capacity? |  |
| Supportive Services **at** 100% of capacity? |  |

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

|  |
| --- |
| **Project Staffing Plan** |

Provide an overview of the staffing plan for the project using the tables below (you may add additional rows as necessary.)

For each of the staff positions involved in the project: state the name of the staff person or indicate a vacancy, the position title, a brief description of their tasks and responsibilities, indicate the percentage of their time dedicated to this project, and indicate any education, training, and/or credentials and experience required of this position (social work, mental health, medical, etc.).

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

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

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

|  |
| --- |
| **Funding Request** |

Are you proposing an expansion to a current CoC Renewal Project?  Yes  No

If Yes, please indicate the grant renewal number (as listed on the GIW):

Are you proposing to allocate funds according to an indirect cost rate?  Yes  No

If you are allocating funds according to an indirect cost please complete the indirect cost table:

|  |  |  |  |
| --- | --- | --- | --- |
| Cognizant Agency | Indirect Cost Rate (%) | Direct Cost Base | Date approved or enter NA if using 10% de minimis rate |
|  |  | $ |  |

(NOTE: If you select yes please submit a copy of the approved indirect cost rate with this application as supporting documentation or if you are choosing the 10% de minimis rate please submit a cost allocation plan).

|  |  |  |
| --- | --- | --- |
| **Supportive Services Budget**  **Must match the support services table referenced in project details.** | | |
| **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 |  |  |
| VAWA Services \*this is a new budget line item: please review HUD NOFO section page 42 for specifics. III.B.4.a(3) |  |  |
| **Total Supportive Services Requested** | |  |

**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**  **(FY 21 FMR)** | **Number of Units Requested** | **Total Annual Cost**  **(Number Units x FMR x 12 months)** |
| Single Room Occupancy Units | $811.50 |  |  |
| Efficiencies | $1,082.00 |  |  |
| One Bedroom Units | $1,254.00 |  |  |
| Two Bedroom Units | $1,548.00 |  |  |
| Three Bedroom Units | $2,009.00 |  |  |
| Four Bedroom Units | $2,298.00 |  |  |
| Five Bedroom Units | $2,642.70 |  |  |
| Six Bedroom Units | $2.987.40 |  |  |
| **Total Rental Assistance Units & Cost** | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Leasing Budget** | | | |
|  | **Monthly Rent** | **Number of Units Requested** | **Total Annual Cost**  **(Number Units x Monthly Rent x 12 months)** |
| Leased Structure (whole building) |  | 1 |  |
| **OR** | | | |
| Single Room Occupancy Units | $811.50 |  |  |
| Efficiencies | $1,082.00 |  |  |
| One Bedroom Units | $1,254.00 |  |  |
| Two Bedroom Units | $1,548.00 |  |  |
| Three Bedroom Units | $2,009.00 |  |  |
| Four Bedroom Units | $2,298.00 |  |  |
| Five Bedroom Units | $2,642.70 |  |  |
| Six Bedroom Units | $2.987.40 |  |  |
| **Total Leasing Costs** | |  |  |

|  |  |  |
| --- | --- | --- |
| **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) |  |  |
| **Total Operations Costs** | |  |

|  |  |  |
| --- | --- | --- |
| **HMIS Budget** | | |
| **Eligible Costs** | **Quantity AND Description**  **(max 400 characters)** | **Total Annual Cost** |
| Staffing for HMIS |  |  |
| Equipment (lease, buy) |  |  |
| **Total HMIS Costs** |  |  |

|  |  |
| --- | --- |
| **Summary Budget** | |
| **Budget Category** | **Total Annual Cost** |
| Leasing |  |
| Rental Assistance |  |
| Supportive Services |  |
| Operating Costs |  |
| HMIS |  |
| Administrative Costs  (Calculate by adding all budget line items and multiplying by 10%) |  |
| **Total Grant Request**  **(Calculate by adding all budget line items plus Administrative costs)** |  |

|  |
| --- |
| **Match Funds** |

**List all sources of matching funds for this project below and make sure to include appropriate documentation for all match with your application submission according to the specifications in the project application guide.**

Note: The CoC Program requires a 25 percent match of the awarded grant amount minus funds for leasing. Cash or in-kind resources will satisfy the match requirement. In-kind match for support services requires a formal memorandum of understanding (MOU) with the agency providing the in-kind service(s) and must establish a system to document the actual value of services provided during the term of the grant. A

Complete the following tables below, however you are also required to submit a match commitment letter to this application. In the case where there are in-kind services, the subrecipient may use a letter from the partner agency to document the commitment to provide the in-kind service in advance of executing a formal MOU, for instance, if the subrecipient opts to wait to execute an MOU upon receipt of notification of award from HUD. The MOU may be between a subrecipient and another agency, but the terms must be described in the MOU.

I.e. A $100,000 project requires a minimum of $25,000 in matching funds.

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

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

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

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