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| **FY 2022 SPECIAL UNSHELTERED NOFO**  **Continuum of Care Competition**  **NEW PROJECT APPLICATION** |
| **Organization Information** |
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| 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 |
| **Secondary Contact** |
|  |
| Name Title Phone Email |
| **Authorization** |
|  |
| Printed Name /Title Signature Date |
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| **Organization & Proposal Information** |
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| Project Name Site Address (if different than administrative address) |
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| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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:**  SSO - Street Outreach  Applicants should select this SSO subtype if the project will fund street outreach activities. Street outreach offers services necessary to reach unsheltered homeless individuals and families to connect them with emergency shelter, housing, or critical services and provide urgent non-facility-based care to those who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.  **Households Served:**   |  |  |  |  | | --- | --- | --- | --- | | 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:**  SSO- Other  Applicants select this SSO subtype if the project will fund stand-alone support services to individuals and families experiencing homelessness or who have been homeless in the prior 6-months but are now residing in permanent housing (that is not PSH or RRH). This means, the recipient is providing supportive services to individuals and families experiencing homelessness for whom the applicant is not also providing housing or housing assistance. Examples of stand-alone supportive services include (1) housing navigation activities for people experiencing homelessness when the applicant is not also providing any ongoing housing assistance (e.g., rental assistance), (2) childcare services to individuals and families experiencing homelessness, (3) drop-in centers that provide supportive services to people experiencing homelessness, and (4) family reunification services to reunite people experiencing homelessness with their families.  **Households Served:**   |  |  |  |  | | --- | --- | --- | --- | | 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 | # | # | # | |

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| **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)*** |
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| **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)*** |
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| **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 and in accordance with the requirements of 2 CFR part 200.  ***(Limit 2000 Characters)*** |
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| **Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) 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. |
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| **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, 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.  Note: HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in CY 2022 this project will serve 10 persons).  ***(Limit 2000 Characters)*** |
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| **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.  ***(Limit 500 Characters)*** |
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| **Describe how the project will use a Housing First Approach.**  Will the project quickly move participants into permanent housing? Will the project enroll program participants who have the following barriers? Will the project prevent program participant termination for the following reasons? Will the project follow a Housing First approach?  ***(Limit 500 Characters)*** |
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| **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, 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.  ***(Limit 500 Characters (if Yes))*** |
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| **Describe how program participants will be assisted to obtain and remain in permanent housing (PSH):**  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 • 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.  Finally, 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.  ***(Limit 2000 Characters)*** |
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| **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) |
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| **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) |
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| **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) |
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| **For all the supportive services available to program participants, indicate who will provide them and how often they will be provided?** | | |
| **Eligible Support Services** | **Provider (applicant, formal partner, informal partner)** | **Frequency**  **(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed)** |
| 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 |  |  |

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| **Identify whether your project will include the following activities:** |
| Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs  Annual follow-ups with program participants to ensure mainstream benefits are received and renewed  Access to SSI/SSDI technical assistance provided by this project or a partner agency  Staff person providing technical assistance completed SOAR training in the past 24 months  Yes  No  N/A |

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| **COMPLETE ONLY IF YOU ARE APPLYING FOR A**  **RAPID RE-HOUSING PROJECTS (PH-RRH)**  **Describe how program participants will be assisted to obtain and remain in permanent housing.**  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. 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. The description should include how you will:  • Determine the right type of housing that fits the needs of program participants.  • Work with landlords to address possible issues and challenges.  • Work with program participants to set goals towards successful retention of permanent housing. 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.  If this project will 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.  **(*2000 Character Limit)*** |
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| **COMPLETE ONLY IF YOU ARE APPLYING FOR A**  **PERMANENT SUPPORTIVE HOUSING (PH-PSH)**  **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 • 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.  If this project will 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.  ***(Limit 2000 Characters)*** |
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| **COMPLETE ONLY IF YOU ARE APPLYING FOR A**  **SSO- STREET OUTREACH PROJECT**  **Describe how the street outreach project will develop a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.**  ***(Limit 2000 Characters)*** |
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| **COMPLETE ONLY IF YOU ARE APPLYING FOR A**  **SSO- STREET OUTREACH PROJECT or SSO -OTHER**  **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 • 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.  If this project will 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.  ***(Limit 2000 Characters)*** |
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| **COMPLETE ONLY IF YOU ARE APPLYING FOR A**  **SSO -OTHER**  **Describe how project refers program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?**  ***(Limit 2000 Characters)*** |
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| **First Operating Year Project Work Plan** |

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| **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.

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| **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 rental assistance units, or supportive services begin. |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity |  |

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| **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) |  |

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| **Funding Request** |

Are you proposing to include indirect costs in your budget?  Yes  No

(NOTE: If you select yes please submit a copy of the approved indirect cost rate with this application as supporting documentation).

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| **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 |  |  |
| **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.**

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| **Rental Assistance Budget** | | | |
|  | **Monthly Fair Market Rent**  **(FY 22 FMR)** | **Number of Units Requested** | **Total Annual Cost**  **(Number Units x FMR x 12 months)** |
| Single Room Occupancy Units | $714.75 |  |  |
| Efficiencies | $953 |  |  |
| One Bedroom Units | $1,124 |  |  |
| Two Bedroom Units | $1,395 |  |  |
| Three Bedroom Units | $1,809 |  |  |
| Four Bedroom Units | $2,075 |  |  |
| Five Bedroom Units | $2,386.25 |  |  |
| Six Bedroom Units | $2,697.50 |  |  |
| **Total Rental Assistance Units & Cost** | |  |  |

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| **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 | $714.75 |  |  |
| Efficiencies | $953 |  |  |
| One Bedroom Units | $1,124 |  |  |
| Two Bedroom Units | $1,395 |  |  |
| Three Bedroom Units | $1,809 |  |  |
| Four Bedroom Units | $2,075 |  |  |
| Five Bedroom Units | $2,386.25 |  |  |
| Six Bedroom Units | $2,697.50 |  |  |
| **Total Leasing Costs** | |  |  |

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

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

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| **Summary Budget** | |
| **Budget Category** | **Total Annual Cost** |
| Leasing |  |
| Rental Assistance |  |
| Supportive Services |  |
| Operating Costs |  |
| HMIS |  |
| Administrative Costs | Will be added by MOHS |
| **Total Grant Request** |  |

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| **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. You may add more tables below if you have additional sources of match.**

**Note: Matching funds must equal a minimum of 25% of the total request for federal funds.**

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

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| **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** |  |

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| **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** |  |

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| **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** |  |

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| **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** |  |