

# Section I: Project Summary Information

## Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): _____	2. <input type="checkbox"/> New Project	3. If renewal, list previous grant number & project identifier number (PIN):	Previous Grant Number:
<input type="checkbox"/> Check box if project is a #1 Priority Samaritan Bonus Project	<input type="checkbox"/> Renewal Project		PIN Number:
4. HUD-Defined CoC Name:		5. CoC Number:	
6. Applicant's Organization Name (Legal Name from SF-424)		8. Applicant's DUNS Number (From SF-424):	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: City: State: Zip:		10. Applicant's Employer Identification Number (EIN) (From SF-424):	
11. Contact person of Project Applicant: (From SF-424) Name: Phone number: Title: Fax number: Email Address:		12. <input type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Name:		14. Project's location 6-digit Geographic Code:	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: City: State: Zip:		18. <input type="checkbox"/> Check box if Energy Star is used in this project	
16. <input type="checkbox"/> Check box if project is located in a Rural Area		19. Project Congressional District(s):	
17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input type="checkbox"/> Owned?			
20. Project Sponsor's Organization Name (If different from Applicant)		22. Sponsor's DUNS Number:	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: City: State: Zip:		24. Sponsor's Employer Identification Number (EIN):	
25. Contact person of Project Sponsor (if different from Applicant) Name: Phone number: Title: Fax number: Email Address:			

## Part B: Project Summary Budget

### B1. Supportive Housing Program (SHP) (All SHP Projects)

<b>a.</b> <input type="checkbox"/> SHP Program		<b>c. Grant Term*</b> (Check only one box)		
<b>b. Component Types</b> (Check only one box) <input type="checkbox"/> TH <input type="checkbox"/> PH <input type="checkbox"/> SSO <input type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH		<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years
<b>d. Proposed SHP Activities</b>	<b>e. SHP Dollars Request</b>	<b>f. Cash Match</b>	<b>g. Totals</b> (Col. e + Col. f)	
1. Acquisition				
2. Rehabilitation				
3. New Construction				
4. Subtotal (Lines 1 through 3)				
5. Real Property Leasing From Leasing Budget Chart				
6. Supportive Services From Supportive Services Budget Chart				
7. Operations From Operating Budget Chart				
8. HMIS From HMIS Budget Chart				
9. SHP Request (Subtotal lines 4 through 8)		<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>	
10. Administrative Costs (Up to 5% of line 9)				
11. Total SHP Request (Total lines 9 and 10)				

\*New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.

## Part C: Point in Time Housing and Participants Chart

(All Projects Except Dedicated HMIS Projects)

<b>1. Housing Type*</b> (Check all that apply)	1a. <input type="checkbox"/> Multi-family <input type="checkbox"/> Single-family <input type="checkbox"/> Congregate Facility	1b. <input type="checkbox"/> Scattered Site <input type="checkbox"/> Project Based	
<b>2. Units, Bedrooms, Beds</b>	<b>a. Current Level</b> (Point-in-Time)	<b>b. New Effort or Change in Effort</b> (If Applicable)	<b>c. Projected Level</b> (column a + col. b)
Number of Units			
Number of Bedrooms			
Number of Beds			
<b>3. Participants</b>			
a. Number of Households with Dependent Children			
i. Number of adults			
ii. Number of children			
iii. Number of disabled persons			
b. Number of Households without Dependent Children			
i. Number of disabled persons			
ii. Of all disabled persons, number of chronically homeless			
*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).			

## Part D: Targeted Subpopulations

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Severely Mentally Ill Persons with Chronic Substance Abuse), you may place overlapping approximate percentages on the appropriate lines. *If this is a #1 priority project, it must serve 100% chronically homeless persons to receive the Samaritan bonus.*

1. Homeless Subpopulations	2. Approximate Percentages (%)
<b>Chronically Homeless (as defined by HUD)</b>	
<b>Severely Mentally Ill</b>	
<b>Chronic Substance Abusers</b>	
<b>Veterans</b>	
<b>Persons with HIV/AIDS</b>	
<b>Victims of Domestic Violence</b>	
<b>Unaccompanied Youth (Under 18 years of age)</b>	

**Part E: Discharge Policy (Only State & Local Government Applicants)**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring HUD McKinney-Vento homeless assistance for such persons in your jurisdiction?
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**Part F: Project Leveraging Chart (All Projects)**

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including state and local appropriated funds, to address homeless needs. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).** For further instructions for filling out this section, see the Instructions section.

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Child Care</i>	CDBG	G	2/15/06	\$10,000
*Government sources are appropriated dollars.			<b>TOTAL:</b>	\$

**Part G: Project Participation and Data Coverage in Homeless Management Information System (HMIS)**

(All Projects Except Dedicated HMIS Projects)

<p><b>1.</b> Is this project providing client level data to the HMIS either through direct data entry or data upload/integration at least annually?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p><b>a.</b> If no, when does the project anticipate providing client level data to the HMIS? If not applicable, briefly explain. _____ (mm/yyyy)</p>	<p><b>b.</b> If yes, is the client level data collected on all persons served by the project provided to the HMIS? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

## Part H: Renewal Performance (All Renewal Projects)

<p>1. <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If “Yes,” briefly describe.</p> <hr/> <hr/> <hr/>
<p>2. <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Are there any significant changes in the project since the last funding approval? Check all that apply:</p> <p><input type="checkbox"/> Number of persons served: from _____ to _____.</p> <p><input type="checkbox"/> Number of units: from _____ to _____.</p> <p><input type="checkbox"/> Location of project sites.</p> <p><input type="checkbox"/> Line item or cost category budget changes more than 10%.</p> <p><input type="checkbox"/> Change in target population.</p> <p><input type="checkbox"/> Change in project sponsor.</p> <p><input type="checkbox"/> Change in component type.</p> <p><input type="checkbox"/> Other: _____</p> <p>Please explain changes: _____</p> <hr/> <hr/>

### H: Renewal Performance (Continued)

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions.     N/A

#### 3. Permanent Housing (PH) Performance (To be filled out by all SHP and S+C renewal permanent housing projects, including both SHP-PH and SHP-Safe Haven permanent housing).

Complete the following chart using data based on the most recently submitted APR Questions 12(a) and 12(b):

a. Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)	
b. Number of participants who <b>did not leave</b> the project(s)—APR Question 12 (b)	
c. Of those who <b>exited</b> , how many stayed 7 months or longer in PH—APR Question 12(a)	
d. Of those who <b>did not leave</b> , how many stayed 7 months or longer in PH—APR question 12(b)	
e. Percentage of <b>all</b> participants in PH projects staying 7 months or longer [(c + d) divided by (a + b)] x 100 = e. Example: [(16 + 15) divided by (20 + 20)] x 100 = 77.5%	%

#### 4. Transitional Housing (TH) Performance (To be filled out by all SHP renewal transitional housing projects, including both SHP-TH and SHP-Safe Haven transitional housing).

Complete the following chart using data based on the most recently submitted APR Question 14:

a. Number of participants who <b>exited</b> TH project(s)—including unknown destination	
b. Number of participants who <b>moved to PH</b> —from any destination identified as permanent housing	
c. Of the number of participants who left TH, what <b>percentage</b> moved to PH? (b divided by a) x 100 = c Example: (14 / 18) x 100 = 77.7%.	%

H: Renewal Performance (Continued)

**5. Supportive Services - Mainstream Programs and Employment Chart**  
**(To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)**

HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
Example: 105	a. Social Security Insurance (SSI)	40	38.1%
105	b. Social Security Disability Insurance (SSDI)	35	33.3%
105	c. Social Security	25	23.8%
	a. SSI		
	b. SSDI		
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
	<b>h. Employment Income</b>		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
	n. No Financial Resources		

# Section II: Project Budgets

## Part I: SHP Project Budgets (All SHP Projects as Applicable)

### II. SHP Leasing Budget (All SHP Projects with Leasing)

Leased Unit(s) for Housing and/or Services				
<b>a. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:</b>				
<b>b. New Projects Only, check the appropriate box that relates your rent to the published FMR. For Renewal Projects, skip to items c-g.</b>				
<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).				
<b>c. Size of Units</b>	<b>d. Number of Units</b>	<b>e. HUD Paid Amount</b>	<b>f. Number of Months</b>	<b>g. Totals</b>
SRO	x	x	=	\$
0 Bedroom	x	x	=	\$
1 Bedroom	x	x	=	\$
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other: _____	x	x	=	\$
<b>h. Totals:</b>	x	x	=	\$
Leased Structure(s) for Housing and/or Services - No Applicable FMR				
<b>Structure 1</b>		x	=	\$
Address:	Street: _____			
	City: _____		State: _____ Zip: _____	
<b>Structure 2</b>		x	=	\$
Address:	Street: _____			
	City: _____		State: _____ Zip: _____	

**12. SHP Supportive Services Budget (All SHP Projects as Applicable)**

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Outreach</b> Quantity:				
<b>2. Case Management</b> Quantity:				
<b>3. Life Skills (outside of case management)</b> Quantity:				
<b>4. Alcohol and Drug Abuse Services</b> Quantity:				
<b>5. Mental Health and Counseling Services</b> Quantity:				
<b>6. HIV/AIDS Services</b> Quantity:				
<b>7. Health Related &amp; Home Health Services</b> Quantity:				
<b>8. Education and Instruction</b> Quantity:				
<b>9. Employment Services</b> Quantity:				
<b>10. Child Care</b> Quantity:				
<b>11. Transportation</b> Quantity:				
<b>12. Transitional Living Services</b> Quantity:				
<b>13. Other (must specify *)</b> Quantity:				
<b>14. Total SHP dollars requested:** (lines 1 to 13)</b>				
<p><i>*If not specified, the costs will be removed from the budget.</i>  <i>**Total of Line 14 must match line 6, column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 80 percent of the Total Supportive Services Costs entered on Line 16.</i></p>				
<b>15. Total cash match to be spent on SHP eligible supportive service activities:</b>				
<b>16. Total supportive services costs: ***</b>				
<p><i>*** The Total Supportive Services Costs includes the cash match entered on line 15, and the SHP dollars requested on line 14. The total of Line 16 must match line 6, column g., on the Project Summary Budget.</i></p>				

**I3. SHP Operating Budget (All SHP Projects with Operating Costs)**

Operating Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Maintenance/Repair</b> Quantity:				
<b>2. Staff</b> (position, salary, % time, fringe benefits)				
<b>3. Utilities</b> Quantity:				
<b>4. Equipment (lease/buy)</b> Quantity:				
<b>5. Supplies</b> Quantity:				
<b>6. Insurance</b> Quantity:				
<b>7. Furnishings</b> Quantity:				
<b>8. Relocation</b> Quantity: (number of persons)				
<b>9. Food</b> Quantity:				
<b>10. Other Operating Activity: *</b> Quantity:				
<b>11. Total SHP Operating Dollars Requested (lines 1 to 10): **</b>				
<p><i>*If not specified, the costs will be removed from the budget.</i></p> <p><i>**Total of Line 11 must match line 7 column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 75 percent of the Total Operating Costs entered on Line 12.</i></p>				
<b>12. Total cash match to be spent on SHP eligible operations activities:</b>				
<b>13. Total Operating Costs: ***</b>				
<p><b>*** The Total Operating Costs includes the cash match entered on line 12 and the SHP dollars requested on line 11. The total of Line 13 must match line 7, column g., on the Project Summary Budget.</b></p>				