
**Technical
Submission**

Project Number: _____
Project Identifier: _____
(RENEWALS ONLY)

Recipient's Name:

HUD Project Number:

Check the program component/type that classifies your project:

- Transitional Housing (TH)
 - Permanent Housing for Homeless Persons with Disabilities (PH)
 - Supportive Services Only (SSO)
 - Safe Haven/Transitional Housing (SH/TH) – Characteristics of TH/participant **not required** to execute a lease
 - Safe Haven/Permanent Housing (SH/PH) – Characteristics of PH/participant **required** to execute a lease
 - Homeless Management Information System (HMIS)
 - Innovative Supportive Housing (ISH)
-

Table Of Contents

(Enter the page number for each Exhibit in the space provided below.)

_____ Exhibit 1 Project Summary

_____ Exhibit 2 Real Property Leasing, Supportive Services, HMIS and Operating Budget

Certification:

Name & Title of the Person who can answer questions about this document:

Phone (include area code):

Address:

I hereby certify that all the information stated herein is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name & Title of Authorized Official:

Signature & Date:

**Technical
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(cont.)

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Exhibit 1: Project Summary
(RENEWALS ONLY)

A. Selectee, and Sponsor Information - Fill in the information requested below. For HMIS projects fill in the HMIS Lead. When the selectee is the same organization as the project sponsor, complete only the selectee information.

Selectee Name		Sponsor Name	
Contact Person		Contact Person	
Phone		Phone	
FAX Number		FAX Number	
E-Mail Address		E-Mail Address	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
HMIS Lead		Contact Person	
Street Address		Phone	
City, State, Zip		E-Mail Address	

B. Project Budget - This section must be completed by all renewal selectees.

1. Chart 1 - Summary Project Budget

To complete Chart 1, Summary Project Budget, enter the amount of SHP funds requested by line-item in the first column. For leasing, supportive services, operations, and HMIS, the amount entered should be for the SHP grant term selected. In the second column, enter the amount of other cash that will be contributed to the project. This amount plus the SHP request must equal the total budget amount for the project. Note that match requirements for supportive services, operating costs and HMIS apply to renewal projects. The amounts you enter are for all structures in your project. Each line item amount in this chart should match the amounts shown in your original application as approved or Exhibits 3, 4, 5 and 6.

Requested grant term (1, 2, or 3 years): _____

Chart 1 - Summary Project Budget

	SHP Request	Applicant Cash	Total Project Budget
1. Real Property Leasing			
2. Supportive Services*			
3. Operations**			
4. HMIS*			
5. SHP Request (subtotal lines 1 thru 4)			
6. Administration*** (up to 5% of line 5)			
7. Total SHP Request (total lines 5 and 6)			

*By law, SHP can pay no more than 80% of the total supportive services or total HMIS budget.

**By law, SHP can pay no more than 75% of the total operating budget.

***By law, SHP can pay no more than 5% of the total SHP request.

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**Exhibit 1: Project Summary
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- C. Program Goals** - The goals for SHP are to help program participants (a) obtain and remain in permanent housing, (b) increase their skills and/or income, and (c) achieve greater self-determination. In order to meet these program goals, each project should develop specific performance measures. Performance measures have three major components. First, they must relate to the outcomes (e.g., the program participant will successfully complete substance abuse treatment), rather than inputs (e.g., the program participant will attend 25 substance abuse sessions). Second, they must have a time frame for achievement and, third, they must have a percentage/number indicating a level of achievement.

In a separate narrative, which should be submitted as an attachment to this exhibit, please describe the performance measures that will be used for each of the SHP goals and how success in meeting each of the goals will be measured. Please include both housing and services in your discussion. At least one performance measure for the skills/income goal must address accessing mainstream health and human service programs. You will be reporting on your success in meeting the performance measures in your Annual Progress Report.

Examples of performance measures for each of the SHP goals are:

Goal: Obtain and remain in permanent housing

- 70% of those families entering the program will receive Section 8 certificates **when exiting the program.**

Goal: Increase skills and income

- 80% of the participants who receive no benefits upon entry will receive entitlement benefits within 6 months.

Goal: Achieve greater self-determination

- 85% of clients will meet at least one goal on their Individual Service Plan.

B. Number of Units, Beds, Participants and Supportive Services

These charts need to be included only if they were incomplete, inaccurate or blank at the time of the original application submission. Please complete these charts if your local HUD Field Office has notified you that they are required. Submit only those that apply. The charts can be found in the New Projects Section of the Technical Submission.

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**Exhibit 2. Real Property Leasing, Supportive
Services, Operations and HMIS (RENEWALS ONLY)**

This exhibit covers Real Property Leasing, Supportive Services, Operations, HMIS as it pertains to Site Control, Match Documentation and other applicable Certifications. Please refer to the narrative under the New Projects Section of the Technical Submission for a more detailed explanation of each of the exhibits. Other sections in this exhibit may need to be completed if required by your local HUD Field Office.

ALL RENEWAL GRANTEES/PROJECT SPONSORS MUST COMPLETE SITE CONTROL, MATCH DOCUMENTATION AND JOB AND ADMINISTRATION CERTIFICATIONS.

If you are required to resubmit or complete the real property leasing, supportive services, operations or HMIS exhibits, pull the charts from the pages of the New Projects Section of this technical submission that apply. For leasing use Exhibit 3 charts, supportive services use Exhibit 4 charts, operations use Exhibit 5 charts and HMIS use Exhibit 6 charts. You do not have to complete the leveraging and administration exhibits for renewals.

A. Site Control

Check the appropriate box(es):

Leasing

Supportive Services

Operations

A project sponsor requesting renewal funding for an existing SHP project must complete the information below. No other site documentation is required for renewal projects.

As a recipient of SHP funds, the _____
_____(sponsor organization) currently has an executed lease agreement, or a deed or other proof of ownership for the property(ies) in use to house and/or provide services to homeless persons under HUD's existing grant number. In addition, sponsor organizations using SHP funds for leasing activities (project sponsor, the conditional grantee, or their parent organizations -fill in the appropriate one-) do not own these leased site(s). This includes organizations that are members of a general partnership where the general partnership owns the structure(s), both parties are parts of the same governmental unit or the governmental unit creates an authority or similar entity to acquire and lease the facilities to the governmental unit and other parties, and no operating grant funds will be used for the payment of utilities, maintenance and repairs, or management fees associated with the leased site(s), under HUD's existing grant number _____.

Signature of authorized representative _____

Name _____

Title _____ Date _____

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Project Identifier: _____

**Exhibit 2. Real Property Leasing,
Supportive Services, Operations and HMIS
(RENEWALS ONLY)**

B. Documentation of Match for Year 1

Supportive Services

Operations

HMIS

A selectee must currently have firm commitments for its cash resources for Year 1 for supportive services, operating costs and HMIS and must submit documentation of those resources as an attachment to this Exhibit. These firm commitments must be documented on letterhead stationery, signed and dated by an authorized representative, and attached to this Exhibit. Each letter must, at a minimum, contain the following elements:

1. The name of the organization providing the cash resource;
2. The amount;
3. The type of activity for which the funds will be used (e.g., case management, child care, education);
4. The name of the project sponsor organization to which the cash will be contributed and/or the name of the project; and
5. The date the funds will be available.

C. Certification of Match for Year 2 and Year 3, if applicable (Mark all that apply)

Supportive Services

Operations

HMIS

The following certification must be completed for Year 2, and Year 3 if applicable, of your grant term to certify that non-SHP cash resources will be used to meet your supportive services, operations and HMIS match requirement in each of these years.

The amount specified in this certification for **supportive services** must match the amount shown in the Supportive Services Chart submitted with your original application **OR** Line 10 of the Supportive Services Budget from Exhibit 4 of the New Projects Section. No other documentation regarding the supportive services match requirement for Year 2 and Year 3 of your grant term is required at this time. However, match commitment for Years 2 and 3 will be identified at time of submission of Annual Progress Reports for those years.

The amount specified in this certification for **operations costs** must match the amount shown in the Operations Cost Chart submitted with your original application **OR** Line 12 of the Operations Budget from Exhibit 5 of the New Projects Section. No other documentation regarding the operations match requirement for Year 2 and Year 3 of your grant term is required at this time. However, match commitment for Years 2 and 3 will be identified at time of submission of Annual Progress Reports for those years.

The amount specified in this certification for HMIS must match the amount shown on the “Total Cash Match” on the last line of the HMIS Chart submitted with your original application **Or** at the bottom of the HMIS Budget from Exhibit 6 of the New Projects Section. No other documentation regarding the HMIS match requirement for Year 2 and Year 3 of your grant term is required at this time. However, match commitment for Years 2 and 3 will be identified at time of submission of Annual Progress Reports for those years.

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**Exhibit 2. Real Property Leasing,
Supportive Services, Operations and HMIS
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C. Match Certification (continued)

The _____ (selectee organization) certifies that it will provide cash resources in the amount of \$_____ from non-SHP funding sources for Year(s)_____ of this grant term to be used to provide HMIS, services and/or for operating costs of housing for homeless persons under HUD's grant number _____.

Signature of authorized representative: _____

Name (Print): _____

Title: _____

Date: _____

D. Job Description Certification

The _____ (selectee organization) certifies that the job responsibilities of each position as it relates to the project are the same as those indicated on the 2006 application budget chart(s). If the position or responsibilities have changed, submit a new position description for the new or added position.

Signature of authorized representative: _____

Name (Print): _____

Title: _____

Date: _____

E. Administration Certification

The _____ (selectee organization) certifies that funds are being used for eligible administrative costs. If the Distribution of Funds is not the same, a new/revised plan is submitted.

Signature of authorized representative: _____

Name (Print): _____

Title: _____

Date: _____