## 2018 ESNAPS PROJECT APPLICATION –

## NEW AND RENEWAL

**PART 1 – SF 424 INFORMATION**

**1A. – prepopulated from Applicant Profile, must check your grant PIN number. (**first six digits of grant number)

**1B.** **LEGAL APPLICANT/INFORMATION**

|  |
| --- |
| **PROJECT APPLICANT ORGANIZATION NAME:**  |
| **ORGANIZATION TYPE:** |
| **DUNS NUMBER:** |
| **TAX ID OR EIN:** |
| **CCR/SAM NUMBER:** |
| **street address:** |
| **CITY, STATE, ZIP:** |
| **CONTACT PERSON:** |
| **TITLE:** |
| **TELEPHONE ( INCLUDING EXTENSION):** |
| **FAX:** |
| **Email:** |
| **IS THE ORGANIZATION FAITH-BASED?** |
|  |

**1C.APPLICATION DETAILS – all prepopulated, if not correct must go to Applicant Profile.**

**1D.CONGRESSIONAL DISTRICTS**

|  |
| --- |
|  |
| **state project is located:** |
| **PROJECT CongRessional districts SERVED:**  |
| **APPLICANT CONGRESSIONAL DISTRICTS SERVED:** |
|  |

**1E.COMPLIANCE**

|  |
| --- |
| **Does the application subject to review by state executive order 12372 process?** |
| **Is the applicant delinquent on any federal debt?** |

**1F. AUTHORIZED REPRESENTATIVE AND DECLARATION**

|  |  |
| --- | --- |
| **Prefix** |  |
| **First, Middle, Last Name** |  |
| **Suffix** |  |
| **Title** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |

**1G. 2880 1H. HUD 50070 1I. Lobbying Cert. 1J. SF-LLL**

# Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

**PART 2 –**

**2A. SUBRECIPIENT INFO – DOES NOT APPLY TO ANY CURRENT COC PROJECTS**

**Part 2B – Recipient Performance**

Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal request? **[ ]  Yes [ ]  No**

If no, explain.

Does the recipient have any unresolved HUD monitoring and/or OIG audit findings concerning any previous grant term related to this renewal project request? **[ ]  Yes [ ]  No**

If yes, enter the date HUD or OIG issued the old unresolved findings. Explain why the findings remain unresolved.

Has the recipient maintained consistent quarterly drawdowns for the most recent grant term related to this renewal request? **[ ]  Yes [ ]  No**

If no, explain why.

Have any funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?

**[ ]  Yes [ ]  No**

If yes, explain what circumstances led to a recapture and how much it was. Explain if it will continue.

# Renewal Grant Consolidation Screen

Project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

In every Renewal Project Application, Project Applicants MUST complete the “Renewal Grant Consolidation Screen” and actively identify whether or not the applicant is requesting that the application is part of a renewal grant consolidation. For each of the project applications that is part of the grant consolidation, the answer will be “Yes.” The Renewal Project Applications for the individual projects are “Individual” project applications and the combined project application is a “Fully Consolidated” project application.  **Note: There will be 2 renewal applications for the surviving grant – one as an individual project renewal and one that combines all the other 3 grants with the surviving grant in terms of narrative, housing and budgets.**

\***1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? [ ]  Yes [ ]  No**

**2. Is this an individual project application or a fully consolidated project application?**

**Individual renewal** [ ]  **Fully consolidated renewal** [ ]

If it is a fully consolidated renewal, please list the individual renewals being combined and the name and number of the surviving grant. NOTE: No more than 3 individual renewals can be combined with the surviving grant.

|  |  |  |
| --- | --- | --- |
| **SURVIVING GRANT NAME & PIN NUMBER** |  |  |
| **INDIVIDUAL RENEWALS NAME & NUMBER (UP TO 3)** |  |  |
|  |  |  |
|  |  |  |

**Part 3A – PROJECT DETAIL**

|  |
| --- |
| **COC NUMBER AND NAME:**  |
| **Project Name:**  **EXPIRING** **HUD Grant Number:**  (from your HUD GIW)       |
| **PROJECT TYPE: NEW or RENEWAL** |
| **PROJECT STATUS : standard** |
| **PROGRAM TYPE:** **Permanent Supportive Housing** [ ]  **Rapid Rehousing** [ ]  **Transitional Housing** [ ]  **Support Services - CE** [ ]  **JOINT TH-RRH** [ ]  |
| **Project Start and End Date:** |
|  |

**6. Does this project use one or more properties that have been conveyed through the Title V process?**

**[ ]  Yes [ ]  No**

 **7. Will this renewal project be part of a new application for a Renewal Expansion Grant?**

**[ ]  Yes [ ]  No**

 **8. Will this project be submitted for the DV bonus project? [ ]  Yes [ ]  No**

**Part 3B – PROJECT DESCRIPTION**

**1. Provide a description that addresses the entire scope of the project (Max 3000 characters).** The description must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). In cases where the proposed project is expanding an existing facility, service, or HMIS system, document, when applicable, how the requested funds will supplement existing services and resources, increase participants served, or increase the capacity of the CoC's HMIS (if applicable). The narrative is expected to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term requested in this application.

NOTE: For Joint TH-RRH indicate the reason CoC Program support is needed. In addition, be sure to describe how both the TH and PH-RRH portions of the project will be utilized. For example, the project will house participant in leased units for the TH portion up to X months and then will move participants to RRH TRA units providing X services. The information provided in this narrative must not conflict with information provided in other parts of the project application.

2. Does your project have a specific population focus? Check all that apply

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Chronically homeless | x | Families | x | Mentally Ill | x |
| Veterans | x | Domestic violence |  | HIV/AIDS |  |
| Youth under 25 |  | Substance Abuse | x | Other |  |

2a. Does your project serve those with the highest needs? Check all that apply

.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Chronically homeless |  | Coming from the streets |  | Criminal record |  |
| Substance Abuse, health or mental health impairments |  | Specialized populations such as domestic violence, veterans, youth under 25, LGBTQ |  |  |  |
|  |  |  |  |  |  |

**3.** **Housing First**

a. Does the project quickly move participants into permanent housing? **[ ]  Yes [ ]  No**

b. Has the project removed the following barriers to accessing housing and services? Check all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Having too little or no income |  | Having a criminal record with exceptions for state mandated restrictions |  | Any other activity not covered in a lease agreement typically found in your geographic area. |  |
| Active or history of substance abuse |  | History of domestic violence |  | None of the above |  |
|  |  |  |  |  |  |

c. Has the project removed the following as reasons for termination? Select all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Failure to participate in support services |  | Loss of income or failure to improve income |  | Any other activity not covered in a typical lease agreement in the area |  |
| Failure to make progress on a service plan |  | Being a victim of domestic violence |  | None of the above |  |
|  |  |  |  |  |  |

d. Does your project follow a Housing First model? **[ ]  Yes [ ]  No ( must select all above to be considered Housing First)**

4. . Does the project provide PSH or Rapid Rehousing? **[ ]  PSH [ ]  Rapid Rehousing**

4a. Does the project request costs under the rent assistance budget line item? **[ ]  Yes [ ]  No**

**Part 3C – DEDICATED PLUS FOR PSH PROJECTS**

**A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to** 24 CFR 578.3

**A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth that at a minimum, meet ONE of the following criteria at intake according to NOFA Section lll.C.3.f:**

1. experiencing chronic homelessness as defined in 24 CFR 578.3;
2. residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
3. residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
4. residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
5. residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household have a disability ; or
6. receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated.  If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93.  Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. **Indicate whether the project is 100% Dedicated, Dedicated PLUS, or Not Applicable according to the information above. [ ]  100% Dedicated Chronic [ ]  100% Dedicated PLUS [ ]  N/A**

**4A. SUPPORTIVE SERVICES**

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Provider – select applicant, subrecipient, partner, non-partner

Specify the frequency of supportive services provided:

OPTIONS: Daily, Weekly, biweekly, monthly, bi monthly, quarterly, semi-annually, annually, as needed

|  |  |  |
| --- | --- | --- |
| **SUPPORTIVE SERVICES** | **Provider** | **FREQUENCY** |
| Assessment of Service Needs |  |  |
| Assistance with Moving costs |  |  |
| Case Management |  |  |
| Child Care |  |  |
| Education and Instruction |  |  |
| Employment & Job Training |  |  |
| Food |  |  |
| Housing Search and Counseling |  |  |
| Legal Services |  |  |
| Life Skills Training |  |  |
| Mental Health & Counseling |  |  |
| Outpatient Health Services |  |  |
| Outreach Services |  |  |
| Substance Abuse Services |  |  |
| Transportation |  |  |
| Utility Deposits |  |  |

**2. Please identify whether the project includes the following activities:**

a. Provides transportation assistance to clients to enable them to attend mainstream benefit appointments, employment training or jobs. **[ ]  Yes [ ]  No**

b. Follow-ups at least annually with participants to ensure mainstream benefits are received and renewed.

**[ ]  Yes [ ]  No**

c.Provides access to program participants to SSI/SSDI technical assistance, either by the applicant, a subrecipient, or partner agency. **[ ]  Yes [ ]  No**

d. If yes, Indicate whether the staff person(s) providing technical assistance completed SOAR training in the past 24 months.

**[ ]  Yes [ ]  No**

**4B. HOUSING TYPE & LOCATION (*Not applicable for SSO programs*)**

Select all that apply to the program. Enter an address and geographic area for each housing type.

Use an office address for scattered site housing

1. **HOUSING TYPE**

**[ ]  Barracks**. Individual or family sleeps in a large room with multiple beds. Also includes mass shelters which are traditionally used in the Emergency Shelter Grants program.

**[ ]  Dormitory, shared or private rooms**.  Individuals or families share sleeping rooms or have private rooms; persons share a common kitchen, common bathrooms, or both.

**[ ]  Shared housing**. Up to 8 individuals or 4 families share a self-contained housing unit.

**[ ]  Single Room Occupancy (SRO) units**.  Each individual has private sleeping/living room with private kitchen and/or bath.

**[ ]  Clustered apartments**.  Each individual or family has a self-contained  housing unit located within a building or complex that houses both persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or  persons with AIDS/HIV—and persons without any special needs.

**[ ]  Scattered-site apartments (including efficiencies)**.  Each individual or family has a self-contained apartment that is dispersed throughout the community.

**[ ]  Single family homes/townhouses/duplexes**.  Each individual or family has a self-contained, single family home/townhouse/duplex that is dispersed throughout the community.

**2.** **Indicate maximum number of units, beds, and bedrooms each housing type in the project:**

Report the beds, bedrooms, and units available in the selected housing type and used for housing project participants. ***NOTE: For renewals, these numbers should match the program’s most recent renewal application or technical submission.***

**a.      Units:** Enter the total number of units available in the selected housing type and used for housing project participants.

**b.      Beds:** Enter the total number of beds available in the selected housing type and used for housing project participants.

**Veterans Beds:** Enter the total number of beds designated for only veterans.

**Family Beds:** Enter the total number of beds designated for only families with children.

**Youth Beds:** Enter the total number of beds designated .

**3. CHRONIC BEDS – none of these applicable to TH projects.**

**a.      Dedicated CH Beds:** Enter the number of beds both dedicated and prioritized for the chronically homeless from the total beds in 2b above.

4. Project Address –

5. Geocodes served by project.

**5. PROJECT PARTICIPANT CHARTS**

On **Table 5A** the numbers here are intended to reflect a single point in time when the project is at full operating occupancy and ***not*** the number served over the course of a year or grant term. The form must include at least one household and at least one person. Unless a project has done a grant amendment, the total numbers of households will be the same as your last year's project application. You just need to break this number out across ages and subpopulations now. **Table 5B** is meant to represent a detailed subpopulation breakdown of the persons reported in the three housing types on **Table 5A**. Just as with Table **5A**, the numbers here are intended to reflect a single point in time when the project is at full operating occupancy ***and not*** the number served over the course of a year or grant term.

The first three columns on **Table 5B** must not contain duplicated information, but you may still enter duplicated data for the remaining subpopulations under the final four columns. The “Total Persons” field on **TABLE 5A** will not necessarily be the sum of the seven column totals for the corresponding household type on **TABLE 5B.** However, the total number of persons in each subpopulation column (e.g., non-CH veterans, chronic substance abuse, etc.) on **TABLE 5B** cannot exceed the total number entered in the “Total Persons” column on **TABLE 5A.**

**5A. PERSONS AND HOUSEHOLDS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOUSEHOLDS**  | **HH with at least 1 adult and 1 child** | **Adult HH without children** | **HH with only children** | **Total** |
| Total number of households |  |  |  |  |
|  |  |  |  |  |
| **CHARACTERISTICS of PERSONS IN THESE HH** | **Persons in HH with at least 1 adult and 1 child** | **Adult Persons in HH without children** | **Persons in HH with only children** |  |
| Adults over age 24 |  |  |  |  |
|  Adults ages 18-24 |  |  |  |  |
| Accompanied Children under age 18 |  |  |  |  |
| Unaccompanied children under age 18 |  |  |  |  |
| Total Persons |  |  |  |  |

**5 B. SUBPOPULATIONS** – The first 3 columns are mutually exclusive – the total of these 3 columns cannot exceed the Total Persons field on TABLE 5A. above for the corresponding household type. Persons Not Represented in Table 5B are mutually exclusive to all other columns.

Is your project serving those with the highest needs? Check all that apply.

[ ]  Chronically homeless [ ]  Substance abuse, health or mental health impairments

[ ]  Coming from the streets [ ]  Criminal record

[ ]  Specialized population such as DV, LGBTQ, youth, veterans

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONS IN HOUSEHOLDS WITH AT LEAST ONE ADULT AND ONE CHILD** |  |  |  |
| **SUBPOPULATION** **Characteristics** | **Chronically Homeless – Non veterans** | **Chronically homeless - veterans** | **Non-chronically homeless veterans** | **Chronic Substance Abuse** | **HIV/AIDS** | **Severely Mentally** **Ill** | **Victims of Domestic Violence** | **Physical Disability** | **Developmental disability** | **Not represented** |
|  Adults over age 24 |  |  |  |  |  |  |  |  |  |  |
| Adults ages 18-24 |  |  |  |  |  |  |  |  |  |  |
| Children under age 18 |  |  |  |  |  |  |  |  |  |  |
| **TOTAL PERSONS** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONS IN HOUSEHOLDS WITHOUT CHILDREN** |  |  |  |
| **SUBPOPULATION** **Characteristics** | **Chronically Homeless – Non veterans** | **Chronically homeless - veterans** | **Non-chronically homeless veterans** | **Chronic Substance Abuse** | **HIV/AIDS** | **Severely Mentally** **Ill** | **Victims of Domestic Violence** | **Physical Disability** | **Developmental disability** | **Not represented** |
| Adults over age 24 |  |  |  |  |  |  |  |  |  |  |
| Adults ages 18-24 |  |  |  |  |  |  |  |  |  |  |
| **TOTAL PERSONS** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONS IN HOUSEHOLDS WITH ONLY CHILDREN** |  |  |  |
| **SUBPOPULATION** **Characteristics** | **Chronically Homeless – Non veterans** | **Chronically homeless - veterans** | **Non-chronically homeless veterans** | **Chronic Substance Abuse** | **HIV/AIDS** | **Severely Mentally** **Ill** | **Victims of Domestic Violence** | **Physical Disability** | **Developmental disability** | **Not represented** |
| Accompanied Children under age 18 |  |  |  |  |  |  |  |  |  |  |
| Unaccompanied children under age 18 |  |  |  |  |  |  |  |  |  |  |
| **TOTAL PERSONS** |  |  |  |  |  |  |  |  |  |  |

5C. PARTICIPANT OUTREACH

Enter the percentage of homeless person(s) who will be served by the project from each of the following locations.

      Directly from the street or other locations not meant for human habitation.

      Directly from Emergency Shelters.

      Directly from Safe Havens.

      Persons fleeing domestic violence.

      Directly from transitional housing eliminated in a previous CoC Program Competition.

      Directly from the TH portion of a Joint TH and RRH component project

      Persons at imminent risk of losing their night time residence within 14 days, have no housing identified, and lack resources to obtain other housing ( TH, Joint TH-RRH, RRH and SSO projects only).

      Persons receiving services through a VA funded homeless assistance program.

      Total of above percentage - MUST EQUAL 100%

PART 6 - BUDGETS

**6A. FUNDING REQUEST - renewals**

1. Do any of the properties have an active restrictive covenant? **[ ]  Yes [ ]  No**

2. Was the original project awarded as a Samaritan Bonus or Permanent Housing bonus project? **[ ]  Yes [ ]  No**

3.. Has this project been reduced through the HHN reallocation process?

**[ ]  Yes [ ]  No**

4.. Does this project propose to allocate funds according to an indirect cost rate?

**[ ]  Yes [ ]  No**

4a. If yes, complete the indirect cost rate schedule.

4b. Has the rate been approved by the cognizant agency? **[ ]  Yes [ ]  No If yes, you must submit a copy of the approval with this application.**

4c. Do you plan to use the 10% de minimus rate as described in 2CFR200.203c(2)

**[ ]  Yes [ ]  No**

5. Select a grant term.       Year(s) (1,2,3)

6. Select the costs for which funding is being requested: **BOTH NEW AND RENEWAL PROJECTS**

|  |  |
| --- | --- |
| Leased Units  |  |
| Leased Structures |  |
| Rent Assistance |  |
| Support Services |  |
| Operating  |  |
| HMIS |  |

**PROJECT BUDGETS – Renewals only complete Leasing, Rent Assistance and Budget Summary.**

**New projects will complete detailed line item budgets.**

**6B. LEASING COSTS**

**LEASING BUDGET**

**Must only enter even numbers, no cents.**

**RENEWAL PROJECTS FOR Leasing or Rent Assistance**

**Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:**

Chicago-Naperville-Joliet, IL

|  |  |  |
| --- | --- | --- |
| **c. Size of Units** | **d. Number****of Units** | **Annual Leasing fund requested** |
| 0 Bedroom |  |  |
| 1 Bedroom |  |  |
| 2 Bedrooms |  |  |
| 3 Bedrooms |  |  |
| 4 Bedrooms |  |  |
| 5 Bedrooms |  |  |
| 6 Bedrooms |  |  |
| Other: ­­­­­\_\_\_\_\_ |  |  |
| **h. Totals:** |  |  |
|  |  |  |

**6D. Sources of Match - leveraging is no longer required.**

The following list summarizes the funds that will be used as match for the project, both cash and in-kind. On the chart below please list all available cash and in-kind match resources for your program. A 25% match is required for all funds except leasing.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| iDENTIFY AS MATCH  | TYPE - Cash  | GOVT. OR PRIVATE | NAME OF SOURCE  | DATE OF WRITTEN COMMITMENT | Value ($) |
|  |       |       |       |       |       |
|  |       |       |       |       |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| iDENTIFY AS MATCH  | TYPE In-Kind | GOVT. OR PRIVATE | NAME OF SOURCE  | DATE OF WRITTEN COMMITMENT | Value ($) |
|  |       |       |       |       |       |
|  |       |       |       |       |       |

*Note – To add more lines in chart, click onto the row just above.*

SUMMARY FOR MATCH

|  |  |
| --- | --- |
| **TOTAL VALUE OF CASH COMMITMENTS** |  |
| **TOTAL VALUE OF IN-KIND COMMITMENTS** |  |
| **TOTAL VALUE OF ALL COMMITMENTS** |  |

**Does this project generate program income as described in 24 CFR 578.97 that will be used as**

**Match for this grant?** Answer “**Yes**” or “**No**.” If “**Yes**,” the following questions and text box will

appear. If “**No**,” no further response is required **[ ]  Yes [ ]  No**

**Briefly describe the source of the program income:** Enter a description of the source of program

income. **Note:** CoC-generated program income includes occupancy charges paid to the recipient or

subrecipient. These amounts are considered program income and **may** be used as match funds

**Estimate the amount of program income that will be used as Match for this project:** Enter

estimated amount in the field provided

**6E. RENEWAL SUMMARY BUDGET – must match GIW or reallocation amounts.**

**GRANT TERM - [ ]  1 YEAR [ ]  2 YEARS [ ]  3 YEARS**

|  |  |  |  |
| --- | --- | --- | --- |
| Eligible Costs | **Annual Assistance HUD Dollars****Request** | **X Grant Term – only for new projects** |  **= Total Assistance for Grant Term** |
| **1a. Leased Units**  |  |  |  |
| **1b. Leased Structures** |  |  |  |
| **2. Rent Assistance** |  |  |  |
| **3. Supportive Services**  |  |  |  |
| **4. Operating**   |  |  |  |
| **5. HMIS**  |  |  |  |
| **Subtotal Costs Requested**  |  |  |  |
| **Administrative Costs** **(Up to 10% )** |  |  |  |
| **Total Assistance plus Admin Requested** |  |  |  |
| **Cash Match Amount\*** |  |  |  |
| **In-Kind Match\***  |  |  |  |
| **Total Match** |  |  |  |
| **Total Budget** |  |  |  |

**\* The sum of cash and in-kind match must equal 25% of all assistance requested except Leased Units and Leased Structures.**

# Submission Without Changes

 1. Are the requested renewal funds reduced from the previous award as a result of reallocation?

[ ]  Yes [ ]  No

 2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.

[ ]  Make Changes [ ]  Submit without changes

Once the Make Changes screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

If the applicant has selected "Make Changes" provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

**PART 2 – NEW PROJECTS ONLY**

**2B. EXPERIENCE OF APPLICANT AND SPONSOR AND PARTNERS**

1. Describe the experience of the project applicant in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

2. Describe the experience of the applicant in leveraging other federal, state, local and private sector funds.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

4. Aare there any unresolved monitoring or audit findings for any HUD grants (including ESG)operated by the applicant or potential subrecipients ( if any)? If yes, describe the unresolved monitoring or audit findings.

**3B. PROJECT DESCRIPTION**

1. Provide a description that addresses the entire scope of the project. –

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work for each project location or structure. If only one structure just use Column A. Use NA if not applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Milestones | Days from Execution of Grant AgreementA | B | C | D |
| New project staff hired or other project expenses begin |  |  |  |  |
| Participant enrollment in project begins |  |  |  |  |
| Participants begin to occupy leased units and services begin |  |  |  |  |
| Leased units near 100%capacity |  |  |  |  |
| Closing on land | NA | NA | NA | NA |
| Rehab started | NA | NA | NA | NA |
| Rehab completed | NA | NA | NA | NA |

3. Will your project participate in a CoC Coordinated Entry System? **[ ]  Yes [ ]  No If no, explain.**

4. Identify the specific population focus:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Chronically homeless |  | Families |  | Mentally Ill | x |
| Veterans |  | Domestic violence |  | HIV/AIDS |  |
| Youth under 25 |  | Substance Abuse |  | Other |  |

**5. Housing First**

a. Will the project quickly move participants into permanent housing? **[ ]  Yes [ ]  No**

b. Will the project remove the following barriers to accessing housing? Check all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Having too little or no income |  | Having a criminal record with exceptions for state mandated restrictions |  | Any other activity not covered in a lease agreement typically found in your geographic area. |  |
| Active or history of substance abuse |  | History of domestic violence |  |  |  |
|  |  |  |  |  |  |

c.Will the project remove the following as reasons for program termination? Check all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Failure to participate in supportive services |  | Being a victim of domestic violence |  | Any other activity not covered in a lease agreement typically found in your geographic area. |  |
| Failure to make progress on a service plan |  | Loss of income or failure to improve income |  | None of the above |  |
|  |  |  |  |  |  |

d.Does your project follow a Housing First model? **[ ]  Yes [ ]  No**

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating and maintaining the property.

1. Will participants be required to live in a particular structure, unit or locality at some point during period of participation?

**[ ]  Yes [ ]  No**

9a.If yes, explain how and why the project will implement this requirement.

10. Will more than 16 persons reside in a structure? **[ ]  Yes [ ]  No**

10a. Describe the local market conditions that necessitate a project of this size.

10b. Describe how the project will be integrated into the neighborhood.

**3C. PROJECT EXPANSION INFORMATION**

1. Is this New project application requesting a Project Expansion of the eligible renewal with the same component type? If yes, enter

PIN of eligible renewal

Name of eligible renewal

1. Select the activities that describe the expansion.

**ALL PROJECTS - COORDINATION WITH THE LOCAL EDUCATION AGENCY FOR THE EDUCATION OF HOMELESS STUDENTS**

1a. For projects serving children, does the applicant have policies and practices that are consistent with the laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

[ ]  YES [ ]  NO [ ]  NOT APPLICABLE

1b. For projects serving children, does the applicant have a designated staff person responsible for ensuring that children are enrolled in school and receive educational services as appropriate? [ ]  YES [ ]  NO [ ]  NOT APPLICABLE

2. Describe how project participants will be assisted to obtain and remain in permanent housing.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided

See chart on p.5, also answer mainstream benefits questions.

OUTREACH PLAN

a. If a NEW project, describe the outreach plan to bring these homeless participants into the project.

For projects participating in a CoC’s coordinated entry process, simply explain that coordinated entry will provide outreach and access and describe the specific coordination and referral process between coordinated entry and this project.

BUDGETS – NEW PROJECTS ONLY

**6A. FUNDING REQUEST – NEW PROJECTS ONLY**

1a. Is it feasible for the project to begin operating/under grant agreement by September 30, 2020?

**[ ]  Yes [ ]  No**

1b. Geographic area associated with new project – county or city

**GRANT TERM - [ ]  1 YEAR [ ]  2 YEARS [ ]  3 YEARS**

**FOR A JOINT TH-RRH, INDICATE THE FOLLOWING:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of TH units** |  | **Housing Type** | **Funding Source** |
| **Number of TH beds** |  |  |  |
| **Number of RRH units** |  |  |  |
| **Number of RRH beds** |  |  |  |
| **Associated address** |  |  |  |

**NEW PROJECTS ONLY HUD paid amount cannot exceed FMR.**

|  |
| --- |
| **LEASING Unit(s)**  |
| 1. **Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:**

Chicago-Naperville-Joliet, IL |
| **c. Size of Units** | **d. Number****of Units** | **e. HUD Paid****Amount** | **f. Number of Months** | **g. Totals** |
| 0 Bedroom |  |  | 12 |  |
| 1 Bedroom |  |  | 12 |  |
| 2 Bedrooms |  |  | 12 |  |
| 3 Bedrooms |  |  | 12 |  |
| 4 Bedrooms |  |  | 12 |  |
| 5 Bedrooms |  |  | 12 |  |
| 6 Bedrooms |  |  | 12 |  |
| Other: ­­­­­\_\_\_\_\_ |  |  | 12 |  |
| **h. Totals:** |  |  |  |  |
|  |  |  |  |  |

**Rent Assistance Units**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **c. Size of Units** | **d. Number****of Units** | **e. HUD Paid****Amount** | **f. Number of Months** | **g. Totals** |
| 0 Bedroom |  |  |  |  |
| 1 Bedroom |  |  |  |  |
| 2 Bedrooms |  |  |  |  |
| 3 Bedrooms |  |  |  |  |
| 4 Bedrooms |  |  |  |  |
| 5 Bedrooms |  |  |  |  |
| 6 Bedrooms |  |  |  |  |
| Other: ­­­­­\_\_\_\_\_ |  |  |  |  |
| **h. Totals:** |  |  |  |  |
|  |  |  |  |  |

**NEW PROJECTS - LEASED STRUCTURES BUDGET**

|  |  |
| --- | --- |
| STRUCTURE NAME |  |
| STREET ADDRESS 1 |  |
| STREET ADDRESS 2 |  |
| CITY |  |
| STATE |  |
| ZIP |  |
| HUD PAID RENT PER MONTH |  |
| X 12 months for a year |  |
| X Grant term |  |
| TOTAL REQUEST FOR GRANT TERM |  |

**SUPPORTIVE SERVICES BUDGET – HUD funds only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Eligible Costs**  | **Quantity (limit 400 characters)**  | **Annual Request**  | **Grant Term** | **Total for grant term**  |
| **1. Assessment of Service Needs** |  |  |  |  |
| **2. Assistance with Moving Costs** |  |  |  |  |
| **3. Case Management** |  |  |  |  |
| **4. Child Care** |  |  |  |  |
| **5. Education Services**  |  |  |  |  |
| **6. Employment Assistance**  |  |  |  |  |
| **7. Food**  |  |  |  |  |
| **8. Housing/Counseling Services**  |  |  |  |  |
| **9. Legal Services** |  |  |  |  |
| **10. Life Skills**  |  |  |  |  |
| **11. Mental Health Services**  |  |  |  |  |
| **12. Outpatient Health Services**  |  |  |  |  |
| **13. Outreach Services**  |  |  |  |  |
| **14. Substance Abuse Treatment services** |  |  |  |  |
| **15. Transportation** |  |  |  |  |
| **16. Utility Deposits**  |  |  |  |  |
| **17. Operating Costs ( for rent assistance only)** |  |  |  |  |
| **Total Annual Assistance Request** |  |  |  |  |

 **OPERATING BUDGET – HUD funds only.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Eligible Costs**  | **Quantity (limit 400 characters)**  | **Annual Request**  | **Grant Term** | **Total for grant term**  |
| **1.Maintenance/Repair**  |  |  |  |  |
| **2.Property Taxes and Insurance**  |  |  |  |  |
| **3. Replacement Reserve**  |  |  |  |  |
| **4. Building Security**  |  |  |  |  |
| **5.Electricity, Gas and Water**  |  |  |  |  |
| **6. Furniture**  |  |  |  |  |
| **7. Equipment (lease, buy)**  |  |  |  |  |
|  |  |  |  |  |
| **Total Assistance Requested**  |  |  |  |  |

**6E. NEW PROJECT SUMMARY BUDGET .**

**GRANT TERM - [ ]  1 YEAR [ ]  2 YEARS [ ]  3 YEARS**

|  |  |  |  |
| --- | --- | --- | --- |
| Eligible Costs | **Annual Assistance HUD Dollars****Request** | **X Grant Term – only for new projects** |  **= Total Assistance for Grant Term** |
| **1a. Leased Units**  |  |  |  |
| **1b. Leased Structures** |  |  |  |
| **2. Rent Assistance** |  |  |  |
| **3. Supportive Services**  |  |  |  |
| **4. Operating**   |  |  |  |
| **5. HMIS**  |  |  |  |
| **Subtotal Costs Requested**  |  |  |  |
| **Administrative Costs** **(Up to 10% )** |  |  |  |
| **Total Assistance plus Admin Requested** |  |  |  |
| **Cash Match Amount\*** |  |  |  |
| **In-Kind Match\***  |  |  |  |
| **Total Match** |  |  |  |
| **Total Budget** |  |  |  |

**\* The sum of cash and in-kind match must equal 25% of all assistance requested except Leased Units and Leased Structures.**