## 2020 ESNAPS NEW PROJECT TEMPLATE

**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:** |
| **START DATE eND DATE** |

**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**

**PART 2 –**

**2A. SUBRECIPIENT INFO**

|  |  |  |
| --- | --- | --- |
| **ORGANIZATION** | **TYPE** | **SUBAWARD AMOUNT** |
|  |  |  |

**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. 3500**

**2. Describe the experience of the applicant in leveraging other federal, state, local and private sector funds. 3000**

**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. 3000**

**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.**

**Part 3A – PROJECT DETAIL**

|  |
| --- |
| **COC NUMBER AND NAME:** |
| **Project Name:** |
| **PROJECT TYPE: NEW** |
| **PROJECT STATUS : standard** |
| **COMPONENT TYPE:**  **Permanent Supportive Housing**  **Rapid Rehousing**  **Transitional Housing**  **Support Services - CE**  **JOINT TH-RRH**  **Expansion** |
| **Project Start and End Date:** |
| **Will this project be submitted for the DV bonus project?  Yes  No** |

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

**Yes  No**

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2020 CoC Program Competition?**

**Yes  No**

**6a. List all expiring project(s) involved in the transition:** Required if “**Yes**” is selected above

|  |  |  |  |
| --- | --- | --- | --- |
| Grant Number | Operating Start Date | Expiration Date | Component Type |
|  |  |  |  |

**6b. If yes, Provide a brief description that addresses the scope of the proposed transition from the expiring component to the new component during the first year of operation; including how no more than 50 percent of each transition grant will be used for costs of eligible activities of the program component originally funded.**

a. A detailed description of how the project applicant will reduce activities in the project(s) that is/are transitioning, including the plan for ensuring existing program participants do not become homeless, while increasing activities in the new component;

b. The amount of funds that will be used to wind down the project that is transitioning if the project is selected for conditional award as a transition grant (note: recipients may not use more than 50 percent of grant funds to pay for the costs in the project that is transitioning);

c. The estimated timeline, within the 1-year grant period, that the project will be fully operating as the newly awarded component i.e. .

For example, if the project applicant has eliminated a TH project to create a new RRH project, the project applicant must describe, at a minimum, how the project will strategically wind down the transitional housing project, including identifying how current program participants will be assisted in obtaining permanent housing, and build up the RRH project over the course of the grant term so that the project will be fully operating as a RRH project at the end of the grant term. Further, the project applicant must describe how much of the grant they will expend on TH activities to wind down the TH project and by what point during the grant term the project will be operating fully as an RRH project.

Note: Other than the questions above, the new project application must be filled out only as related to the new project being requested. For example; questions and charts such as DedicatedPLUS, Housing First, Unit/Household counts, and budget charts, etc., should only be related to how the new project will be operating when it is operating fully as its new component. Only the new portion of the project will be reviewed according to the new project threshold questions. If the new project application is selected for conditional award, the recipient will have the opportunity in the Post Award process to adjust up to 50 percent of the new project’s budgets for the eligible costs of the eliminated project(s).

**7. Can you confirm that this New Project application will not replace state or local funds?  Yes  No**

**Note: Under the CoC Interim rule, a new project cannot replace state or local funds.**

**Part 3B – PROJECT DESCRIPTION**

**1. Provide a description that addresses the entire scope of the project (Max 3000 characters). Provide a detailed description of the scope of the project including 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 the reason CoC Program funding is required. Additionally, if the project will implement any service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe what those requirements are and how they will be implemented. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.**

**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 Agreement  A | 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: Check all that apply

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Chronically homeless |  | Families |  | Mentally Ill |  |
| 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 |  |
|  |  |  |  |  |  |

dodoes 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**

7a.If yes, explain how and why the project will implement this requirement.

8. Will more than 16 persons reside in a structure?  **Yes  No**

8a. Describe the local market conditions that necessitate a project of this size.

8b. Describe how the project will be integrated into the neighborhood.

9. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the

**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.

**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**

**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.

**4A. SUPPORTIVE SERVICES**

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

1.Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition. Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.  YES

2. Describe how project participants will be assisted to obtain and remain in permanent housing. 1000

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible? Describe: (1) how the project will help program participants obtain income (e.g., access to employment programs and educational opportunities); (2) how the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams; and (3) how the requested CoC Program funds will contribute to program participants becoming more independent (e.g. accessing Medicare, Medicaid, early childhood education). 3000

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.

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 |  |  |

**5. 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**

**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.

**3. CHRONIC BEDS –**

**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** |  |  |  |  |  |  |  |  |  |  |

PART 6 - BUDGETS

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

1a. Is it feasible for the project to begin operating/under grant agreement by September 30, 2022?

**Yes  No**

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

2. What type(s) of CoC funding is this project applying for in the 2020 CoC Competition?

**Reallocation  Bonus  Reallocation + Bonus  DV Bonus**

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

**Yes  No**

3a. If yes, complete the indirect cost rate schedule.

3b. 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. **GRANT TERM -  1 YEAR  2 YEARS  3 YEARS**

Select the costs for which funding is being requested:

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

6. If awarded, will this project require an initial grant term greater than 12 months? **Yes  No**

Select “Yes” or “No” to indicate whether this new project application will be requesting more than a 12-month grant term/performance period (up to 18-months) to expend 1-year of CoC Program funds because of the time it takes to get the grant fully operational. Applicants should only answer “Yes” if they are requesting additional time to expend their first year of funds. This will not increase the amount of funds conditionally awarded, and it will impact the expiration date of the grant, which can affect what year the project is eligible for renewal. If “No,” proceed to the next question.

6a. If Yes above, indicate the number of months required for the initial grant term ( 13-18 months).

**6B. LEASING COSTS**

**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** |  |  |  |

**Leasing Units - HUD paid amount cannot exceed FY 19 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:** |  |  |  | 99,960 |
|  |  |  |  |  |

**6C. RENT ASSISTANCE**

Select the "Type of Rental Assistance:" N/A, PRA, TRA, or SRA. (not applicable, project rental assistance, tenant rental assistance, or sponsor rental assistance).

**Rent Assistance Units – rent must equal HUD FY19 FMR amount**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **c. Size of Units** | **d. Number**  **of Units** | **e. HUD FMR amount** | **f. 12 months** | **g. Total Request** |
| 0 Bedroom |  | 915 | 12 |  |
| 1 Bedroom |  | 1044 | 12 |  |
| 2 Bedrooms |  | 1212 | 12 |  |
| 3 Bedrooms |  | 1542 | 12 |  |
| 4 Bedrooms |  | 1844 | 12 |  |
| 5 Bedrooms |  |  | 12 |  |
| 6 Bedrooms |  |  | 12 |  |
| Other: ­­­­­\_\_\_\_\_ |  |  | 12 |  |
| **h. Totals:** |  |  |  |  |
|  |  |  |  |  |

**6D. 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 |  |

**6E. 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 \*** |  |  |  |  |
| **Total Annual Assistance Request** |  |  |  |  |

**\*\*Project applicants may only include “17. Operating Costs” (maintenance, repair, building security, furniture, utilities, and equipment) in the Supportive Services budget, if the costs are for a facility that is used to provide supportive services for program participants.**

**6F. 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** |  |  |  |  |

**6G. 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. Note: use of any In-Kind Match requires an attachment of an executed Memorandum of Understanding verifying the amount listed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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.      

**6H. 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.**