## 2020 ESNAPS RENEWAL 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:** |
|  |

**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

For Individual renewal projects, Parts 2-6, are available for review as “Read-Only;” except for 3A, 6d,7A and 8 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" or “Combined Renewal Expansion”, 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**

If any of the 4 following performance deficits have extenuating circumstances related to COVID-19, please explain that specifically in the explanation section.

1. 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.

2. 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.

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

If no, explain why.

4. 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.

5. If there are any other circumstances related to COVID-19 that affected exits to permanent housing, unit utilization, income growth, and returns to homelessness from your project, please explain here. EX. Did residents have to leave the housing unit, lose staff, redeploy staff elsewhere, residents lose employment, be unable to do permanent housing exits, unable to fill vacancies, or have residents return to homelessness? 1500 limit

# Renewal Grant Expansion Screen

In FY 2020, the process to apply for a new project that will expand an existing eligible CoC Program renewal project/grant, requires three project applications: 1. Renewal project application that mirrors the current project eligible for FY 2020 renewal; 2. Up to 2 New project application(s) with the expanded activities (these should have the renewal project name Expansion); and 3. Renewal project application that combines both the renewal and the new expansion application (s). This project should be named Renewal project name Combined. Note: The Expansion stand alone fills out a new project application, not a renewal application.)

\***1. Is this project application requesting to be part of a combined renewal expansion in the FY 2020 CoC Program Competition?  Yes  No If no, just continue to the next section and leave this table blank.**

**IF YES,**

**2. Is this the stand alone renewal Expansion project or the the Combined Renewal Expansion project?**

**Individual stand alone renewal expansion**  **Combined renewal expansion**

**STAND ALONE RENEWAL EXPANSION TABLE**

|  |  |
| --- | --- |
| **COMBINED RENEWAL EXPANSION PROJECT NAME** |  |
| **COMBINED RENEWAL EXPANSION PIN NUMBER**  **(same PIN as stand alone renewal)** |  |

This helps HUD connect the combined renewal expansion with the stand alone renewal.

**COMBINED RENEWAL EXPANSION TABLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Project Name** | **Amount** | **PIN Number** | **Start/End Date** |
| **STAND ALONE RENEWAL** |  |  |  |  |
| **STAND ALONE NEW EXPANSION** |  |  |  |  |
| **STAND ALONE NEW EXPANSION** |  |  |  |  |
|  | **TOTAL COMBINED RENEWAL EXPANSION AMOUNT** |  |  |  |

# 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) 2020, as confirmed on the FY 2020 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 2020 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.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Amount** | **Start/End Date** |
| **SURVIVING GRANT NAME & PIN NUMBER** |  |  |  |
| **INDIVIDUAL RENEWALS NAME & NUMBER (UP TO 3)** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL CONSOLIDATION AMOUNT** |  |  |

**Part 3A – PROJECT DETAIL**

|  |
| --- |
| **COC NUMBER AND NAME:** |
| **Project Name:**  **EXPIRING** **HUD Grant Number:**  (from your HUD GIW) |
| **PROJECT TYPE: 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). Provide a description that addresses the entire scope of the proposed project. Required. 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 and should not include significant changes unless the project was amended.** NOTE: For Joint TH-RRH projects, be sure to describe how both the TH and PH-RRH portions of the project will be utilized. Grantees must be able to make available both components (TH and PH-RRH) to all program participants entering the project. This does not mean that all program participants will receive assistance through both portions of the project. 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 |  | Families |  | Mentally Ill |  |
| Veterans |  | Domestic violence |  | HIV/AIDS |  |
| Youth under 25 |  | Substance Abuse |  | 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** |  |  |  |  |  |  |  |  |  |  |

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.. 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.**

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

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

**6B. LEASING COSTS**

**LEASING BUDGET**

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

**RENEWAL PROJECTS FOR Leasing**

**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:** |  |  |
|  |  |  |

**RENEWAL PROJECTS FOR LEASED STRUCTURES**

|  |  |
| --- | --- |
| STRUCTURE NAME |  |
| STREET ADDRESS 1 |  |
| STREET ADDRESS 2 |  |
| CITY |  |
| STATE |  |
| ZIP |  |
| TOTAL REQUEST FOR GRANT TERM |  |

**RENEWAL PROJECTS FOR 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 request must not exceed HUD FMR amount, It can be less.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **c. Size of Units** | **d. Number**  **of Units** | **e. HUD FMR amount** | **HUD Paid Rent Request** | **f. 12 months** | **g. Total Request** |
| 0 Bedroom |  |  |  | 12 |  |
| 1 Bedroom |  |  |  | 12 |  |
| 2 Bedrooms |  |  |  | 12 |  |
| 3 Bedrooms |  |  |  | 12 |  |
| 4 Bedrooms |  |  |  | 12 |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **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. 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

**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. 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):