## 2021 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 1K. SF424b**

# Information About Submission without Changes

For Individual renewal projects, Parts 2-6, are available for review as “Read-Only”. Screens that remain open are Recipient Performance, Consolidation and Expansion, 3A, 6D, 7 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 "Individual Renewal Expansion or “Individual Renewal Consolidation”, 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 or Renewal Grant Expansion Screen

The FY2021 competition will continue offering opportunities to expand or consolidate CoC projects. The process is different than 2019. Expansions and Consolidations will submit individual applications.

* Expansions will only submit a Stand Alone Renewal project application and a Stand Alone NEW project application.
* Consolidations will ONLY submit a individual Renewal project applications, identifying the renewal project that will survive, and the renewal that will terminate.
* HUD HQ will combine the data (units, budgets) for Expansion or Consolidation requests from the individual applications selected for award and provide a data report with further instructions for the Field Office and the grantee.

**CONSOLIDATION**

**1. Is this renewal project application requesting to expand/consolidate? [ ]  Yes, individual application for Consolidation [ ]  Yes, individual application for Expansion [ ]  No If no, move to the next screen.**

**IF consolidation**

 **2. Is this renewal project application the surviving or terminating grant?**

**[ ]  Surviving [ ]  Terminating**

|  |  |  |  |
| --- | --- | --- | --- |
| **Consolidation Table** |  | **Annual Renewal Amount** | **Start/End Date** |
| **SURVIVING GRANT NAME & PIN NUMBER** |  |  |  |
| **Terminating RENEWALS NAME & PIN NUMBER (UP TO 10)** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL CONSOLIDATION AMOUNT** |  |  |

**EXPANSION**

**1. Is this renewal project application requesting to expand/consolidate? [ ]  Yes, individual application for Consolidation** **[ ]  Yes, individual application for Expansion [ ]  No If no, move to the next screen.**

**COMBINED RENEWAL EXPANSION TABLE ( up to 2 new project are allowed)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Project Name** | **Amount** | **PIN Number** | **Start/End Date** |
| **STAND ALONE RENEWAL** |  |  |  |  |
| **STAND ALONE NEW PROJECT EXPANSION** |  |  |  |  |
| **STAND ALONE NEW PROJECT EXPANSION** |  |  |  |  |
|  | **TOTAL COMBINED RENEWAL EXPANSION 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. Is this applicant a victim service provider using a comparable database ?**

**[ ]  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. 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 |  | 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.

**c.      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? **[ ]  N/A if using 10% de minimus**

 **[ ]  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 |  | 1012 |  | 12 |  |
| 1 Bedroom |  | 1122 |  | 12 |  |
| 2 Bedrooms |  | 1299 |  | 12 |  |
| 3 Bedrooms |  | 1649 |  | 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?

[ ]  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):