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Applicants

Funding Opportunity Registrations

Projects

Submissions

Applicant: Salem County Inter Agency Council of Human Services (NJ-512)

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Submissions Filters

Applicant Project Name: Salem County Leased Apartments/HOME Program
Date Submitted: On
Project Status: All Projects
Submission Version: All Versions
Associate Type: All

Filter

Submissions

Project Name / Project Number	Funding Opportunity Name / Step Name	Start Date	End Date	Associate Type	Version	Date Submitted
Salem County Leased Apartments/HOME Program 076560	**Renewal Project Application FY2012** Renewal Project Application	Nov 9, 2012	Jan 18, 2013	Primary Applicant	1	

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Applicant Name:
Salem County Inter Agency Council of Human Services

Applicant Number:
NJ-512

Project Name:
Salem County Leased Apartments/HOME Program

Project Number:
076560

Renewal Project Application FY2012

HEARTH Renewal Project Application

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- 1B. Legal Applicant
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☑ 9B. Summary

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Before Starting the Project Application

HUD strongly encourages ALL project applicants to review the following information BEFORE beginning the application.

Things to Remember
- Download and review the detailed instructions along with other resources available online at www.hudhre.info/esnaps to help successfully complete the application.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD through the HUD HRE Virtual Help Desk, which is accessible online at www.hudhre.info/helpdesk.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number, and an active registration in the Central Contractor Registration (CCR), in order to apply for funding under the Continuum of Care (CoC) competition. For more information see the FY2012 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY2012 CoC NOFA and the FY2012 General Section NOFA should be read carefully, and all requirements and criteria met.
- Before completing the project application, all project applicants must complete or update (as applicable) the applicant profile in e-snaps.
- Carefully complete the application and ensure that it meets the requirements of the FY2012 NOFA and the interim CoC Program regulations, effective August 30, 2012. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant.
- For legacy S+C projects requesting renewal funding, the number of units requested for each unit size in the project must be consistent with the number of units indicated on the CoC's HUD-approved FY2012 Grant Inventory Worksheet (GIW).
- For legacy SHP projects requesting renewal funding, the total budget request must be consistent with the annual renewal demand (ARD) listed on the HUD-approved FY2012 GIW. If the ARD is reduced through the CoC's reallocation process, the budget request must be reflected accordingly.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to the CoC Program and application requirements set forth in the FY2012 NOFA.

1A. Application Type

Instructions:

1. Type of Submission: This field is populated and cannot be changed.

2. Type of Application: This field is populated with the type of project application opened and cannot be changed.

3. Date Received: No action needed. This field is populated with the date on which the application is submitted. The date populated cannot be edited.

4. Applicant Identifier: Leave this field blank.

5a. Federal Entity Identifier: Leave this field blank.

5b. Federal Award Identifier: (required) This field will be blank for all renewals applications. The correct expiring grant number must be entered and exactly match the grant number entered on the HUD-approved Grant Inventory Worksheet. The number may have either 15 or 11 digits and begins with the initials of your state or territory. Here are three examples of what your grant number might look like: NY0999B2T001104, MS0999C1T001003, CA01C900151.

6. Date Received by State: Leave this field blank.

7. State Application Identifier: Leave this field blank.

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info

1. Type of Submission:	
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	01/09/2013
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier:	NJ0135B2F121104
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

8. Applicant: The following fields are populated from the Applicant Profile and must reflect the information from the applicant organization that can legally request homeless assistance funding from HUD.

a. Legal Name: This field is populated from the Applicant Profile. It is important that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained online at - http://esnaps.hudhre.info

b. Employer/Taxpayer Number (EIN/TIN): This field is populated from the Applicant Profile.

c. Organizational DUNS: This field is populated from the Applicant Profile. The number will include 9 digits. If the legal applicant organization is not in the US or is not legally organized, enter 444444444. Information on obtaining a DUNS number may be obtained online at - http://www.dnb.com

d. Address: This field is populated from the Applicant Profile.

e. Organizational Unit: If applicable, this field is populated from the Applicant Profile.

f. Name and contact information of person to be contacted on matters involving this applicant: This field is populated from the Applicant Profile and from the alternate point of contact for the applicant organization information. This person may or may not be the authorized representative.

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info

8. Applicant

a. Legal Name: Salem County Inter Agency Council of Human Services

b. Employer/Taxpayer Identification Number (EIN/TIN): 22-2203087

	c. Organizational DUNS:	149645033	**PL US 4**	

d. Address

Street 1: 98 Market Street

Street 2: 2nd Floor

City: Salem

County: Salem
State: New Jersey
Country: United States
Zip / Postal Code: 08079-1912

e. Organizational Unit (optional)
Department Name: Salem County Inter Agency Coun
Division Name: Leased Apts/HOME Program

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Dr.
First Name: Raymond
Middle Name:
Last Name: Bolden
Suffix: Jr.
Title: Executive Director
Organizational Affiliation: Salem County Inter Agency Council of Human Services
Telephone Number: (856) 935-7510
Extension: 8317
Fax Number: (856) 935-7747
Email: raymond.bolden@salemcountynj.gov

1C. Application Details

Instructions:

9. Type of Applicant: (required) This field is populated from the Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

10. Name Of Federal Agency: This field is populated with the Department of Housing and Urban Development. The field cannot be edited.

11. Catalog Of Federal Domestic Assistance (CFDA) Title/Number: This field is populated with the CFDA title and number.

12. Funding Opportunity Number/Title: This field is populated with the funding opportunity number and title of the opportunity under which assistance is requested, as found in this year's Federal Register announcement.

13. Competition Identification Number/Title: Leave this field blank.

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info

9. Type of Applicant: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-5600-N-41

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

14. Areas Affected By Project: (required) Select the State(s) in which the proposed project will operate and serve homeless persons. The state(s) selected will determine the list of geographic areas and congressional districts displayed elsewhere in this application.

15. Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. Return to the Project form to make changes to the name.

16. Congressional District(s):
a. Applicant: This field is populated from the Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

b. Project: (required) Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

17. Proposed Project Start and End Dates: (required) Indicate the operating start and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

18. Estimated Funding: Leave these fields blank.

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key) New Jersey

15. Descriptive Title of Applicant's Project: Salem County Leased Apartments/HOME Program

16. Congressional District(s):

a. Applicant: NJ-002

b. Project: NJ-002

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2013

b. End Date: 06/30/2014

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

19. Is Application Subject to Review By State Executive Order 12372 Process?: (required) Select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those states that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If "YES" is selected enter the date this application was made available to the State for review.

20. Is the Applicant Deliquent on any Federal Debt?: (required) Select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "YES" is selected include an explanation in the space provided on this screen.

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. Declaration

Instructions:

I Agree: (required) Select the checkbox next to 'I Agree' to (1) certify to the statements contained in the list of certifications**, (2) certify that the statements herein are true, complete, and accurate to the best of my knowledge, (3) certify that the required assurances** are provided, and (4) agree to comply with any resulting terms if I accept an award. Any false, fictitious, or fraudulent statements or claims may subject the authorized representative and the applicant organization to criminal, civil, or administrative penalties .(U.S. Code, Title 218, Section 1001)

**The list of certifications and assurances are contained in the CoC NOFA and in the e-snaps Applicant Profile.

21. Authorized Representative: The authorized representative's information is populated on this form from the Applicant Profile. A copy of the governing body's authorization for this person to sign this application as the official representative must be on file in the applicant's office.

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: [X]

21. Authorized Representative

Prefix:	Dr.
First Name:	Raymond
Middle Name:	
Last Name:	Bolden
Suffix:	Jr.
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(856) 935-7510

Fax Number: (Format: 123-456-7890)	(856) 935-7747
Email:	raymond.bolden@salemcountynj.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	01/09/2013

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

Instructions:

Complete all fields on this form, as appropriate. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the interim CoC program regulations, effective August 30, 2012. The selections made on this form will determine the remaining forms that must be completed with this application.

1. Expiring Grant Number: This field is populated with the expiring grant number entered as the "Federal Award Identifier" on form 1A. Application Type of this application.

2a. CoC Number and Name: Select the appropriate Continuum of Care (CoC) number and name. The CoC Name is defined by geography and is independent of the legal name of the authorized CoC lead agency.

2b. CoC Applicant Name: (required) Select the appropriate authorized CoC collaborative applicant. The CoC applicant name corresponds with the CoC collaborative applicant with which the project applicant is choosing to submit their application. This collaborative applicant will receive the application and determine whether to include it with the CoC application submission to HUD. In the extremely rare instance that two different CoC collaborative applicants are applying under the same CoC number, the project applicant must select the appropriate CoC collaborative applicant name from the available options. It is incumbent upon the project applicant to correctly identify the appropriate CoC collaborative applicant name. Project applicants who are unsure of which CoC collaborative applicant name to select should contact their preferred CoC collaborative applicant.

3. Project Name: This field is populated with the FY2012 project name from the Project form used to create the project in e-snaps. Return to the Project form to make changes to the name.

4. Project Status: This field is populated with the option "Standard" and should only be changed to "Appeal" for projects that are appealing a CoC's decision to reject the application. All other projects should leave the field with the option "Standard." If "Appeal" is selected, an additional Appeal form will become visible toward the end of the application and additional attachments will be required on the attachments form.

5. Component Type: Select the component that appropriately identifies the project. The component type selected here must match the component type listed in the HUD-approved FY2012 GIW.

6. Energy star: (required) Select Yes or No to indicate whether or not energy star is being (or will be) used at one or more of the properties that will receive assistance using the requested funds.

7. Title V: (required) Select Yes or No to indicate whether or not one or more of the project properties has been conveyed under Title V.

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

1. Expiring Grant Number: NJ0135B2F121104

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name:	NJ-512 - Salem County CoC
2b. CoC Applicant Name:	Salem County COC 512
3. Project Name	Salem County Leased Apartments/HOME Program
4. Project Status	Standard
5. Component Type:	TH
6. Is Energy Star used at one or more of the proposed properties?	Yes
7. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

Complete all fields on this form, as appropriate.

ALL PROJECTS

1. Provide a description that addresses the entire scope of the proposed project: (required) A project description should be complete and concise. It 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 or non-HMIS service, document, when applicable, how the requested funds will supplement existing services and resources or increase participants served. The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application. Applicants are encouraged to review the detailed instructions available on the left menu, as well as applicable program regulations and desk guides available online at http://esnaps.hudhre.info
.

PH, TH, AND SSO PROJECTS ONLY

2. Do you plan on serving youth under category 3 of the homeless definition, "unaccompanied youth and families with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition"? (required) To become eligible for serving youth under category 3, CoCs must first request and receive HUD approval. The CoC must then list the projects that will serve this population on the CoC applicant. The selection to this question must match the CoC application. Please confirm with your CoC before selecting "Yes."

TH PROJECTS ONLY

3. Maximum number of months participants are allowed to be housed at the project sites(s): (required) Use the text box provided to enter any number of months less than or equal to 24. Only numbers will be accepted.

PH PROJECTS ONLY

3. Will the project provide RRH? (required) The CoC program regulations describe two eligible types of PH, RRH and PSH. Select Yes if you plan on providing RRH, and NO if you plan on providing PSH. Applicants that select Yes will only be able to select short-term/medium-term rental assistance as a housing option. Applicants that select No will only be able to select long-term rental assistance, leased units, or leased structures as a housing option.

PH AND TH PROJECTS ONLY

4a. If applicable, indicate the type of rental assistance: (required) If applying for rental assistance, select either PRA, for project based, SRA, for sponsor based, or TRA, for tenant based. This field will populate the rental assistance budget forms. Applicants not applying for rental assistance should select N/A.

4b. Indicate the maximum length of rental assistance: (for rental assistance projects only) If applying for rental assistance, select either Up to 3 months; Up to 12 months; Up to 18 months; Up to 24 months; or, Unlimited assistance.

4c. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive: (for rental assistance projects only) Provide a narrative description of the method used to determine the assistance described in 6a and 6b.

4d. Was the project originally awarded with a leased units budget line item that is now being converted to rental assistance? (required) Select No from the dropdown if the project was originally awarded under the S+C Program. Select Yes from the dropdown if the project was originally awarded under the SHP Program. A change from leasing to rental assistance must be reflected in the HUD-approved FY2012 GIW.

Additional resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

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

The Inter Agency Council began the Salem Leased Apartments/HOME program under a Supportive Housing Program grant funded by HUD in 1997. It continues to be a program designed to place fifteen homeless, poor, and,or disabled clients or families into leased transitional housing up to 24 months. The goal is to transition residents into permanent housing and self-sufficiency within 24 months.

Clients are interviewed and an initial assessment is conducted of their status of homelessness and their probable success in the program including possible job retraining, procuring employment and movement into permanent housing within 24 months. The program approach is directed towards rehabilitation and helping clients secure permanent employment and housing for themselves and their families.

The program's mission is to provide a "safe haven" for chronically homeless individuals, while offering a support system that allows these clients to reach a goal of living full, responsible lives independently. Eligible individuals who have been stabilized with respect to their medical condictions, mental disorders, and substance abuse treatment needs may be admitted into the program and begin participation in an initial period of evaluation, which allows those admitted to the program to address their personal difficulties through counseling and the development of an individualized treatment plan. Each chronically homeless person admitted to the program has an individual treatment plan.

The supportive services offered by program included, but are not limited to: community living, personal issues, educational and vocational assessments, support, social services, case management is provided every client of the transitional housing program.

This program has maintained an overall success rate with most clients leaving the program voluntarily, into permanent housing, clean and sober, many with jobs or the prospect of employment and the opportunity for a real future.

2. Do you plan on serving youth under category 3 of the HUD homeless definition, "unaccompanied youth and families with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition"? (Your CoC must request and receive HUD approval before project applicants can serve youth under category 3) No

3. Maximum number of months participants are allowed to be housed at the project site(s): 24

(must not exceed 24 months)

4a. If applicable, indicate the type of rental assistance: N/A

4A. Supportive Services for Participants

Instructions:

The information entered into the form fields below should record the capacity of the project to efficiently provide supportive services to program participants. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the new Continuum of Care Regulations.

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: (required) Select Yes, No, or N/A to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families or unaccompanied youth should select N/A.

2. Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: (required) Select Yes, No, or N/A to indicate whether the project has a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families or unaccompanied youth should select N/A.

3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution: Answer with a text response if 'No' has been selected for either question 1 or 2.

4. Specify the frequency of supportive services to be provided to project participants: (required) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) of each basic supportive service provided to participants. Basic supportive services include: assistance with moving costs, case management, child care, education services, employment assistance and job training, food, housing search and counseling services legal services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment services, transportation, and utility deposit.

5. How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project? (required) Select the level of accessibility of basic community amenities for project participants. Basic community amenities should be within reach of participants via walking, public transportation, driving, or transportation provided by the project. Select "Yes, very accessible" if there are no transportation barriers and amenities are easily within reach of all participants, "Somewhat accessible," if there are minor transportation barriers and "within reach" requires effort for participants, and select "Not accessible" if significant barriers prevent reasonable access to community amenities.

Additional resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?	Yes

2. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?	Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 15

Total Beds: 29

Total CH Beds: 3

Housing Type	Units	Beds	CH Beds
Scattered-site apartments (...	15	29	3

4B. Housing Type and Location Detail

Instructions:

1. Housing Type: (required) Select the proposed Housing Type from the dropdown menu. Refer to the detailed instructions document for a definition of each Housing Type.

2. Indicate the maximum number of units, beds, and chronically homeless (CH) beds (if applicable) available for project participants at the selected housing site.

a. Units: (required) Enter or update the maximum number of units available for housing project participants at the selected Housing Type.

b. Beds: (required) Enter or update the maximum number of beds available for housing project participants at the selected Housing Type.

c. CH Beds: (required) Enter or update the number of beds designated and targeted to chronically homeless available for housing project participants at the selected Housing Type. The CH Beds field accounts for a subset of the number reported in the Beds field and should therefore be smaller than or equal to the number reported in the Beds field. The entry for Beds includes CH beds - CH Beds does not represent a separate group of beds.

3. Address: (required) Enter the physical address for this proposed project. For Scattered-site and Single family home housing, or for projects that have units at multiple locations, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. If the project uses tenant based rental assistance, or if the address for scattered-site or single family homes housing cannot be identified at the time of application, enter the address for the program administration office.

4. Select the geographic area(s) associated with the address: (required) Indicate the geographic location(s) of the selected Housing Type.

Additional resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 15

b. Beds: 29

c. CH Beds: 3

3. Address:

Street 1:

Street 2:

City:

State:

ZIP Code:

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key) 349033 Salem County

4C. HMIS Participation

Instructions:

1. Does this project provide client level data to the HMIS at least annually? (required) Select Yes of No from the drop down menu.

2a. Indicate the reason for non-participation in the HMIS: (required if No to 1) If No selected for question 1, select one or more of the following reasons for not participating in the CoC's HMIS: Federal law prohibits, State law prohibits, New project not yet operating, and other.

2b: For Federal/State prohibition, cite the applicable law. For "Other" provide explanation: Use the text box provided to detail

2a. Indicate the number of clients served from 1/1/2011 – 12/31/2011, indicate the number reported in the HMIS: This question will only be visible if Yes selected for question 1. Only positive integers will be accepted. This is a cumulative yearly count of clients served.

2b. Of the clients served from 1/1/2011 – 12/31/2011, indicate the number reported in the HMIS: Indicate a number that is smaller than or equal to the answer in 2a. Only positive integers will be accepted.

3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values': This question will only be visible if Yes selected for question1. At least one value must be entered into the grid. Indicate in the applicable fields what percentage of each data element are null or missing values, and what percentage of each data element were reported as 'Don't' know or refused'.

Additional resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

1. Does this project provide client level data to HMIS at least annually? Click on the "Save" button below to enter additional information.	Yes
2a. Indicate the number of clients served from 1/1/2011 - 12/31/2011	46
2b. Of the clients served from 1/1/2011 - 12/31/2011, indicate the number reported in the HMIS	46

3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0".

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	2%

Date of Birth	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	3%
Zip Code of Last Permanent Address	0%	0%

5A. Project Participants - Households

Instructions:

In each white field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: This column is automatically populated with Total Number of Households. Please note that these categories have changed as of the implementation of HEARTH and the new CoC regulations. This is the first time total households have been subdivided into the following columns.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18

Characteristics: This column is automatically populated with standard reporting categories determined by HUD. Please note that these categories have changed as of the implementation of HEARTH and the new CoC regulations. Most significantly, a new age range of 18 to 24 has been included to capture the expanded HUD definition of Youth as persons under the age of 25.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18

Totals: All total field will calculate automatically when at least one household field and one persons field is entered and saved.

Additional resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10	10	0	20

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24	3	10		13
Non-disabled Adults over age 24	11	0		11
Disabled Adults ages 18-24	0	0		0
Non-disabled Adults ages 18-24	2	0		2
Accompanied Disabled Children under age 18	3		0	3
Accompanied Non-disabled Children under age 18	17		0	17
Unaccompanied Disabled Children under age 18			0	0
Unaccompanied Non-disabled Children under age 18			0	0
Total Number of Adults over age 24	14	10		24
Total Number of Adults ages 18-24	2	0		2
Total Number of Children under age 18	20		0	20
Total Persons	36	10	0	46

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

In each white field list the number of persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the following three charts according to their respective household types. For each household type included on the previous form, 5A, applicants must fill in at least one cell on the corresponding chart on for form 5B.

The first chart should include only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

The second chart should include only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

The third chart should include only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Characteristics: This column is automatically populated with standard reporting categories determined by HUD. Please note that these categories have changed as of the implementation of HEARTH and the new CoC regulations. Most significantly, a new age range of 18 to 24 has been included to capture the expanded HUD definition of Youth as persons under the age of 25.

Chronically Homeless Non-Veterans: Enter the total number of persons who meet the HUD definition of chronically homeless but who are not veterans.

Chronically Homeless Veterans: Enter the total number of persons who meet the HUD definition of chronically homeless and who are veterans

Non-Chronically Homeless Veterans: Enter the total number of persons who are veterans but who do not meet the HUD definition of chronically homeless.

Chronic Substance Abuse: Enter the total number of persons who meet the definition for chronic substance abuse.

Persons with HIV/AIDS: Enter the total number of persons with HIV/AIDS

Severally Mentally Ill: Enter the total number of persons who meet the definition of severely mentally ill.

Victims of Domestic Violence: Enter the total number of persons who are victims of domestic violence.

Total Persons: Total fields will calculate automatically when the form is saved.

Additional resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Disabled Adults over age 24	0	0	0	2	0	1	0
Non-disabled Adults over age 24							
Disabled Adults ages 18-24							
Non-disabled Adults ages 18-24							
Disabled Children under age 18							
Non-disabled Children under age 18							
Total Persons	0	0	0	2	0	1	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Disabled Adults over age 24	1	1	0	1	0	7	1
Non-disabled Adults over age 24							
Disabled Adults ages 18-24							
Non-disabled Adults ages 18-24							
Total Persons	1	1	0	1	0	7	1

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Accompanied Disabled Children under age 18							
Accompanied Non-disabled Children under age 18							
Unaccompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
Total Persons	0			0	0	0	0

5C. Outreach for Participants

Instructions:

Complete all fields on this form, as appropriate. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the new Continuum of Care Regulations.

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations: (required) Enter a percentage (between 0% and 100%) in each field corresponding to the following places that your clients will be coming from:

· Directly from the street or other locations not meant for human habitation
· Directly from emergency shelters
· Directly from safe havens
· From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens
· Persons at imminent risk of losing their night time residence
· Homeless persons as defined under other federal statutes
· Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and saved. A warning message will appear if the total is greater than 100%.

2. If the total is less than 100% identify the other location(s) and how the persons meet HUD's definition of homeless: (required only if total less than 100%) Indicate all other places from which homeless persons enter the project in the text box provided.

Additional resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

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

60%	Directly from the street or other locations not meant for human habitation.
15%	Directly from emergency shelters.
0%	Directly from safe havens.
15%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
10%	Persons at imminent risk of losing their night time residence.
0%	Homeless persons as defined under other federal statutes.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

2. If the total is less than 100 percent, identify the other location(s) and how the persons meet HUD's definition of homeless and/or homeless under other federal statutes.

6A. Standard Performance Measures

Instructions:

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. Applicants are required to set at least one housing stability and one income-related performance measure on which the recipient will report performance in the Annual Performance Report (APR).

1. Housing Measures: (required for PH component types)

Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count every participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation

1. Housing Measures: (required for TH component types)

Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count every participant who has exited your units and moved into another permanent housing situation

1. Housing Measures: (required for SSO component types)

(If Street Outreach)

a. Persons placed into housing (ES, TH, SH, or PH) as a result of the street outreach program during the operating year: Count every participant who has moved into any shelter or housing situation.

(If non-Street Outreach but with a housing related goal)

a. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count every participant who has moved into another permanent housing situation.

2. Income Measure: (required to choose one for PH component types)

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

2. Income Measure: (required to choose one for TH component types)

a. Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

2. Income Measure: (required to choose one for SSO component types)

(If non-Street Outreach but with a housing related goal only)

a. Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

OR

b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit. Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

3. Among persons who entered with an unmet need associated with a condition listed below, indicate how many received the services for that condition by the time they exited? (required for SSO component types if Street Outreach)

Consider all participants that your project might serve over the next 12 months. Fill out each row as each condition is applicable for the project's population. Leave fields blank in rows for conditions that are not applicable to the population being served.

For each measure, fill in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	Target (%)
a. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.	9	10	90%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal. Click 'Save' to calculate the target percent (%).

Income Measure	Target (#)	Universe (#)	Target (%)
a. Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit.	9	10	90%
OR			
b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit.			0%

6B. Additional Performance Measures

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).

Proposed Measure
Persons age 18 an...

6B. Additional Performance Measures Detail

Instructions:

For each additional measure, fill in the blank cells according to the following instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: (required) Use the text box provided to provide as much detail concerning the data systems and methods as possible.

3. Specific data elements and formula proposed for calculating results: (required) Use the text field provided and be specific.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program: (required) Use the text field provided to describe the appropriateness of the measure given the nature of the program.

Note: Supportive Service Only projects that do not identify as Street Outreach or that do not have a housing goal must create at least one additional performance measure before the application can be submitted.

Additional resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Target (#)	c. Universe (#)	d. Target (%) (Calculated)
Persons age 18 and older will signup for subsidized permanent housing within 30 days of admittance into the program.	10	10	100%

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Case Manager will seek information from clients on the status of applications for subsidized permanent housing upon intake and thirty days after acceptance into this program to insure applicatiuon has been made.

3. Specific data elements and formula proposed for calculating results

It will be noted in each client's HMIS file whether or not they applied for subsidized permanent housing upon intake and, or thirty days later. It is expected that the total number of clients accepted into our program will be divided by the total number of clients who applied for subsidized permanentt housing within thirty days to calculate the resulting percentage.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

Program clients must apply for subsidized permanent housing so that they will be placed on the wait list for such housing and be pre-qualified when it becomes avaialble. This is a pre-requisite for entry into subsidized permanent housing and a guide to the person's ability to be self-sufficient.

7A. Funding Request

Instructions:

The fields that must be completed on this form will vary based on the project type and component type.

1. Is there an active restrictive covenant on one or more of the project properties? (required) Select Yes or No to indicate whether or not one or more of the project properties are subject to an active restrictive covenant.

2. Was the original project awarded funding (in part or whole) under a special housing initiative? (required) Indicate whether or not the project previously received funds under one of the following housing initiatives: Samaritan Housing, Chronic Homeless, Permanent Housing Bonus, or Rapid Rehousing Demonstration. If yes, then the project must continue to meet the requirements of the initiative for the life of the project in order to continue to receive renewal funding under the CoC competition.

3. Has this project been reduced through the reallocation process? (required) Select Yes or No to indicate whether the renewal project is reduced through the reallocation process.

4. Select a grant term: (required) This field will be populated with a one year grant term.

5. Select the costs for which funding is being requested: (required) All projects must identify the eligible activities for which funding is being requested. Depending on the project type, the following eligible costs may be listed: leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the HUD-approved FY2012 GIW.

Additional resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

1. Is there an active restrictive covenant on one or more of the project properties? No

2. Was the original project awarded funding (in part or whole) under a special housing initiative? No

3. Are the requested renewal funds reduced from the previous award using reallocation? No

4. Select a grant term: 1 Year

5. Select the costs for which funding is being requested:

Leased Units	X
Leased Structures	
Short-Term/Medium-term Rental Assistance	
Supportive Services	X
Operations	X
HMIS	X

7B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$78,300
Grant Term:	1 Year
Total Request for Grant Term:	$78,300
Total Units:	15

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
DE - Philadelphia...	15	$78,300	$78,300

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: (required) Select the FY2012 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the FMR Area column in the chart below.

Size of units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: (required) For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY2012 FMRs based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html

HUD Paid Rent: (required) For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement explained in section 578.51 of the program regulations.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: This column is automatically calculated based on the per month rent entered in the first field.

Grant Term: This field is populated based on the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term. The total requested for grant term must match the leased units budget line item on the FY2012 GIW.

All automatic fields will be calculated once the required field has been completed and saved.

Additional resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

Enter the appropriate values in the "Number of Units" and "HUD Paid Rent" fields, before clicking on the "Save" button to auto-populate the "Number of Months" and "Total Rent" columns.

Metropolitan or non-metropolitan fair market rent area: DE - Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA (1000399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$591		x	12	=	$0
0 Bedroom		x	$788		x	12	=	$0
1 Bedroom	6	x	$899	$435	x	12	=	$31,320
2 Bedroom	6	x	$1,075	$435	x	12	=	$31,320
3 Bedroom	3	x	$1,315	$435	x	12	=	$15,660
4 Bedroom		x	$1,586		x	12	=	$0
5 Bedroom		x	$1,824		x	12	=	$0
6 Bedroom		x	$2,062		x	12	=	$0
7 Bedroom		x	$2,300		x	12	=	$0
8 Bedroom		x	$2,538		x	12	=	$0
9 Bedroom		x	$2,776		x	12	=	$0
Total Units and Annual Assistance Requested	15							$78,300
Grant Term								1 Year
Total Request for Grant Term								$78,300

Click the 'Save' button to automatically calculate totals.

7F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the interim CoC program regulations, effective August 30, 2012.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under the CoC Program regulations. Refer to the CoC Program rule for details on eligible supportive services costs.

Quantity Detail: (required) Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested.

Annual Assistance Requested: (required) For each grant year, enter the amount ($) requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.The request should match the budget amounts identified on the HUD-approved FY2012 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on the "Funding Request" screen and will be read only on the 'Funding Request' form.

Total Request for Grant Term: This field is automatically calculated based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term.

All automatic fields will be calculated once the required field has been completed and saved.

Additional resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE Case Manager salary + benefits for daily case management services for clients.	$30,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		

10. Life Skills	1 PTE Facilitator + benefits for once a week life-skills training for clients.	$14,000
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
Total Annual Assistance Requested		$44,000
Grant Term		1 Year
Total Request for Grant Term		$44,000

Click the 'Save' button to automatically calculate totals.

7G. Operating Budget

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the interim CoC regulations, effective August 30, 2012.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under the CoC Program regulations. Refer to the CoC Program rule for details on eligible operating costs.

Quantity Detail: (required) Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each operating cost for which funding is being requested.

Annual Assistance Requested: (required) For each grant year, enter the amount ($) requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the HUD-approved FY2012 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term.

All automatic fields will be calculated once the required field has been completed and saved.

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Hire workers for maintaining fifteen leased apartment units as well as purchase of paint, cleaning products and other supplies needed for maintenance..	$4,220
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security	Monthly video monitoring of exterior and interior of apartment complexes.	$1,500
5. Electricity, Gas, and Water	For monthly utility payments on some apartments outside the scope of the monthly leases.	$4,000
6. Furniture	Purchase replacement furniture such as beds, tables and chairs for unfurnished apartments to accomodate clients.	$680
7. Equipment (lease, buy)	Purchase stoves or refrigerators whichever is not included in every apartment.	$1,310

Total Annual Assistance Requested		$11,710
Grant Term		1 Year
Total Request for Grant Term		$11,710

Click the 'Save' button to automatically calculate totals.

7H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity.

The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

1. Equipment: eligible equipment costs are for central server(s), personal computers and printers, networking, and security.

2. Software: eligible software costs are for software/user licensing, software installation, support and maintenance, and supporting software tools.

3. Services: eligible services costs are for training by third parties, hosting/technical services, programming (customization), programming (system interface), programming (data conversion), security assessment setup, on-line connectivity (internet access), facilitation, and disaster and recovery.

4. Personnel: eligible personnel costs are for project management/coordination, data analysis, programming, technical assistance and training, and administrative support staff.

5. Space & Operations: eligible space and operations costs are for space costs and operational costs associated with that space.

Quantity Detail: (required) Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested.

Annual Assistance Requested: (required) For each grant year, enter the amount ($) requested for each activity. The request should match the budget amounts identified on the HUD-approved FY2012 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term.

All automatic fields will be calculated once the required field has been completed and saved.

Additional resources:
Application Detailed Instructions (on left menu)
http://www.hudhre.info/coc/
http://esnaps.hudhre.info/

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
1. Equipment		

2. Software	Software user licensing, support, maintenance and supporting software tools.	$1,000
3. Services		
4. Personnel	Project management/coordination, data analysis, technical assistance/training, and administrative staff.	$1,000
5. Space & Operations		
Total Annual Assistance Requested		$2,000
Grant Term		1 Year
Total Request for Grant Term		$2,000

Click the 'Save' button to automatically calculate totals.

7I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to the Total Requested for Grant Term for Admin, Cash Match, and In-Kind Match.

Admin (Up to 10%): Enter the amount ($) of requested administration funds. The request should match the amount identified on the HUD-approved FY2012 GIW. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

Cash Match: (required) Enter the total amount of funds ($) that the applicant will use for the project provided by sources other than the CoC program grant.

In-Kind Match: (required) Enter the total dollar value of non-cash resources that the applicant will use for the project provided by sources other than the CoC program grant.

Total Match: This field will automatically calculate the total combined value ($) of the Cash and In-Kind Match. The total match must equal a minimum of 25% of the request listed in the field "Total Eligible Costs Requested" minus the amount requested for Leased Units and Structures. There is no upper limit for Match. If an amount less than 25% is entered, the system will report an error and prevent application submission when the form is saved.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The total values are automatically calculated by the system when you click the "Save" button.

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units	$78,300	1 Year	$78,300
1b. Leased Structures	$0	1 Year	$0
2. Housing Relocation and Stabilization	$0	1 Year	$0
3. Short-term/Medium-term Assistance	$0	1 Year	$0
4. Long-term Rental Assistance	$0	1 Year	$0
5. Supportive Services	$44,000	1 Year	$44,000

6. Operating	$11,710	1 Year	$11,710
7. HMIS	$2,000	1 Year	$2,000
8. Sub-total Costs Requested			$136,010
9. Admin (Up to 10%)			$4,550
10. Total Assistance plus Admin Requested			$140,560
11. Cash Match			$26,260
12. In-Kind Match			$6,565
13. Total Match			$32,825
14. Total Budget			$173,385

7J. Sources of Leverage

The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the icon. To view or update a leveraging source already listed, select the icon.

Total Value of Cash Commitments: $26,260
Total Value of In-Kind Commitments: $6,565
Total Value of All Commitments: $32,825

Type	Contributor	Source	Date of Commitment	Value of Commitments
Cash	Client portion of...	Private	01/02/2013	$26,260
In Kind	County government...	Government	01/03/2013	$6,565

Leverage Detail

Instructions:

Leveraged Resources: Applicants are encouraged to identify as many resources as possible, above the statutory and regulatory requirements to match the requested CoC program funds. If a written commitment is not in-hand at the time of application, however, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Commitment: (required) Select Cash or In-kind to denote the type of contribution being used as leverage for this project.

2. Name the Source of the Commitment: (required) Enter the name of the entity providing the contribution.

3. Type of source: (required) Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

4. Date of written commitment: (required) Enter the date of the written contribution.

5. Value of written commitment: (required) Enter the total dollar value of the contribution.

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

1. Type of Commitment:	Cash
2. Name the Source of the Commitment:	Client portion of leases at 30% of monthly income.
3. Type of Source:	Private
4. Date of Written Commitment:	01/02/2013
5. Value of Written Commitment:	$26,260

Leverage Detail

Instructions:

Leveraged Resources: Applicants are encouraged to identify as many resources as possible, above the statutory and regulatory requirements to match the requested CoC program funds. If a written commitment is not in-hand at the time of application, however, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Commitment: (required) Select Cash or In-kind to denote the type of contribution being used as leverage for this project.

2. Name the Source of the Commitment: (required) Enter the name of the entity providing the contribution.

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4. Date of written commitment: (required) Enter the date of the written contribution.

5. Value of written commitment: (required) Enter the total dollar value of the contribution.

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://www.hudhre.info/coc/

1. Type of Commitment: In Kind

2. Name the Source of the Commitment: County government office space, telephone, and IT services for one year.

3. Type of Source: Government

4. Date of Written Commitment: 01/03/2013

5. Value of Written Commitment: $6,565

8A. Attachment(s)

Instructions:

1. Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

2. CoC Reject Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

3. Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

4. Commitment Letter: This option will appear only for former SHP projects that are converting from Leasing to Rental Assistance. Affected project applicants should attach a commitment letter from the state or local government, or PHA that will administer the rental assistance. Please see the NOFA and CoC Program rule for more information.

5. Con Plan Cert: Projects that select "No CoC" on form 3A must submit a consolidated plan certification for the community that they represent in order to be considered for funding.

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For Rental Assistance Only.

Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Raymond Bolden

Date: 01/09/2013

Title: Executive Director

Applicant Organization: Salem County Inter Agency Council of Human Services

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001). X

9B. Submission Summary

Page	Last Updated
1A. Application Type	01/08/2013
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	01/08/2013
1E. Compliance	01/08/2013
1F. Declaration	01/08/2013
2A. Subrecipients	No Input Required
3A. Project Detail	01/08/2013
3B. Description	01/08/2013
4A. Services	01/08/2013
4B. Housing Type	01/08/2013
4C. HMIS Participation	01/08/2013
5A. Households	01/08/2013
5B. Subpopulations	No Input Required
5C. Outreach	01/08/2013
6A. Standard	01/08/2013
6B. Additional Performance Measures	01/09/2013
7A. Funding Request	01/08/2013
7B. Leased Units	01/08/2013
7F. Supp. Srvcs. Budget	01/09/2013
7G. Operating	01/08/2013
7H. HMIS Budget	01/09/2013
7I. Summary Budget	No Input Required
7J. Sources of Leverage	01/09/2013
8A. Attachment(s)	No Input Required
8B. Certification	01/09/2013