

Continuum of Care 2017-Permanent Supportive Housing Bonus Projects Application

I. Applicant

Before Starting the Project Application

Applicants may only apply for one component type. Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM).

To ensure that applications are considered for funding, applicants should read all sections of the HUD FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.

PLEASE NOTE – ENDING CHRONIC HOMELESSNESS IS A PRIORITY FOR THE SAN BERNARDINO COC. THE San Bernardino COUNTY INTERAGENCY COUNCIL ON HOMELESSNESS WILL ONLY ACCEPT APPLICATIONS FROM AGENCIES PROPOSING PERMANENT SUPPORTIVE HOUSING PROJECTS FOR PERSONS AND INDIVIDUALS MEETING HUD'S DEFINITION OF CHRONICALLY HOMELESS. AGENCIES THAT SUBMIT AN APPLICATION TO SERVE CLIENTS WITH CHRONIC HEALTH AND/OR PHYSICAL DISABILITY DISABLING CONDITIONS WILL BE GIVEN PREFERENCE.

Applicant _____

Proposed Project _____

Legal Name _____

Employer/Taxpayer Identification Number (EIN/TIN) _____

Organizational DUNS _____

Street _____

City _____

County _____

Name and contact information of person to be contacted on matters involving this application

First Name _____

Last Name _____

Title _____

Organizational Affiliation _____

Telephone Number _____

Email: _____

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II. Applicant Authorization

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application.

Authorized Representative: Enter the authorized representative's information. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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)

Signature of Authorized Representative

Authorized Representative

First Name _____

Last Name _____

Title _____

Organizational Affiliation _____

Telephone Number _____

Email: _____

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IV. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). 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.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2017 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Entry Process?: This is a required field. Enter "Yes" or "No".

Will the project quickly move participants into permanent supportive housing?: Enter "Yes" or "No." Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply):

The applicant must select at least one checkbox.

Please identify the project's specific population focus. (Check ALL that apply): Applicants must select the applicable populations as outlined in the FY 2017 CoC Program NOFA. Multiple checkboxes are provided as options.

Housing First: This is a required field. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select "none of the above" if the project will not follow a housing first approach.

Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project follow a "Housing First" approach?: "Yes" or "No"

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient

Please note - Acquisition, rehabilitation, or new construction is not a local priority.

Will the project request costs under the rental assistance budget line item?: This is a required field. Select "Yes" or "No" and if "Yes" is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is entered, explain how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is entered, describe, in the textbox provided, the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

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HUD and the local CoC will allow project applicants to apply for a new expansion project under the permanent housing bonus in order to expand existing eligible permanent supportive housing renewal projects that will increase the number of units in the project, or allow the recipient to serve additional persons. The project applicants must demonstrate that they are not replacing other funding sources. Project applicants that intend to submit a new permanent housing bonus project for the purposes of expanding an eligible permanent supportive renewal project must:

a. provide the eligible renewal grant number that the project applicant requests to expand on the new project application;

b. indicate how the new project application will expand units, beds, services, persons served, for the CoC's geographic area.

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

1a. Renewal PSH Expansion Projects Only – You must also note HUD grant number you are requesting to expand - _____.

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2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

3. Will your project participate in a CoC Coordinated Entry Process?

4. Please identify the specific population focus. (Check ALL that apply)

Chronic Homeless		Domestic Violence	
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families		HIV/AIDS	
		Other	

5. Housing First

- a) Will the project quickly move participants into permanent housing? _____
- b) Will the project ensure that **participants are not screened out** based on the following items? Check all that apply.

Having too little or little income	
Active or history of substance abuse	
Having a criminal record with exceptions for state-mandated restrictions	
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	
None of the above	

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- c) Does the project ensure that **participants are not terminated** from the program for the following reasons? Check all that apply.

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

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

- a) Will the project request costs under the rental assistance budget line item? _____
- b) Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? _____. If your response is 'Yes' please explain how and why the project will implement this requirement.
- c) Will more than 16 persons live in one structure? _____ If your response is 'Yes' please explain the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

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V. Project Expansion Information

Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Enter "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes" is entered, please explain and described the all of the expansion activities.

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?

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VI. Supportive Services for Participants

Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Enter “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 with children or unaccompanied youth should select “N/A.”

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Enter “Yes”, “No” or “N/A” to indicate whether the project has a designated staff person responsible for ensuring that children and youth 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 with children or unaccompanied youth should select “N/A.”

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them and how often they are provided. This field is required and at least one value must be entered. Complete each row for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please enter the provider that corresponds to the highest frequency.

Provider: enter one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, enter the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

Frequency: Enter the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Please identify whether the project will include the following activities:

Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs: This is a required field. Enter “Yes” if the project provides regular or as requested transportation assistance to mainstream and community resources, including appointments, employment training, or jobs. Enter “No” if transportation is not regularly provided or cannot be provided consistently as requested.

Use of a single application form for four or more mainstream programs: This is a required field. Enter “Yes” if the project uses a single application form that allow participants to sign up for four or more mainstream programs. Enter “No” if mainstream forms are for 3 or fewer programs.

Regular follow-ups with participants to ensure mainstream benefits are received and renewed: This is a required field. Enter “Yes” if the project regularly follows-up with participants to ensure that they are receiving their mainstream

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benefits and to renew benefits when required. Enter “No” if there is no follow-ups or the follow-ups are irregular concerning mainstream benefits.

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency: This is a required field. Enter “Yes” if project participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency – through a formal or informal relationship. Enter “No” if there is no or significantly limited access to SSI/SSDI technical assistance.

Indicate the last SOAR training date for the staff person providing the technical assistance: This is a required field. Indicate the date of the last SOAR training date for the staff person who is providing the technical assistance.

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?
2. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?
3. Describe how participants will be assisted to obtain and remain in permanent housing.
4. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

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5. For all supportive services available to participants, indicate who will provide them (applicant or other agency), how they will be accessed, and how often they will be provided (weekly, daily, monthly, as needed, or other)

Supportive Services	Provider	Frequency
Assessment of Service Needs		
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		
Utility Deposits		

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6. Please identify whether the project will include the following activities:
 - a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? _____
 - b. Use of a single application form for four or more mainstream programs? _____
 - c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? _____

7. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner? _____
 - a. Indicate the last SOAR training date for the staff person providing the technical Assistance _____

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VI. Housing Type and Location

The following list summarizes each housing site in the project. For **Housing Type** enter if the housing will be scattered-site apartments, shared housing, single family homes/townhomes or other. **Units**-Please enter the number of units the project will provide. **Beds**-The number of beds associated with project. **Dedicated Chronically Homeless (CH) beds**.

Housing Type	Units	Beds	Dedicated CH Beds

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VII. Housing Type and Location Detail

Instructions:

Beds for chronically homeless

How many of the total beds entered in the previous page are dedicated to chronically homeless: This is a required field. Enter the total number of beds that are dedicated to chronically homeless.

Beds for veterans

How many of the total beds entered in the previous page are dedicated to veterans: This is a required field. Enter the total number of beds that are dedicated to veterans.

Beds for families

How many of the total beds entered in the previous page are dedicated to veterans: This is a required field. Enter the total number of beds that are dedicated to families

Beds for youth

How many of the total beds entered in the previous page are dedicated to veterans: This is a required field. Enter the total number of beds that are dedicated to youth.

Address

Enter the address of the project. If scattered site, enter the address where the majority of the beds will be located.

How many of the total beds entered in Beds" are dedicated to the chronically homeless ____

How many of the total beds entered in Beds" are dedicated to veterans ____

How many of the total beds entered in Beds" are dedicated to the chronically families ____

How many of the total beds entered in Beds" are dedicated to the chronically youth ____

Address:

Street 1:

Street 2:

City:

State: California

ZIP Code:

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VIII. Project Participants - Households

Instructions:

In each non-shaded 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.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

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: Enter the total number of homeless that fall under one of the characteristics listed.

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: Enter the "Total Number..." and "Total Persons".

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1. Project Participant Household Table

Households	Households with at Least One Adult and One Child	Households without Children	Households with Only children	Total
Total Number of Households				
Characteristics				
Adults age over 24				
Adults ages 18-24				
Accompanied Children under age 18				
Unaccompanied Children under age 18				
Total Persons				

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IX. Project Participants - Subpopulations

Instructions:

Enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. 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.

Complete each of the three charts on the screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter 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.

Persons in Households without Children chart: Enter 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.

Persons in Households with Only Children chart: Enter 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.

Describe the unlisted subpopulations referred to above, if applicable. Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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1. Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Non-Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abusers	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons										

In the space below, describe the unlisted subpopulations referred to above, if applicable. Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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2. Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Non-Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abusers	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons										

In the space below, describe the unlisted subpopulations referred to above, if applicable. Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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3. Persons in Households with only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Non-Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abusers	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons										

In the space below, describe the unlisted subpopulations referred to above, if applicable. Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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X. Outreach for Participants

Instructions:

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- Persons fleeing domestic violence

Total of above percentages:

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculated above is less than 100 percent. If required, explain where the unaccounted for participants will come from. **All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2017 CoC Program NOFA.**

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

NOTE The definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid re-housing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

1. Enter the percentage of project participants that will be coming from each of the following locations.

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Transitional Housing (DedicatedPLUS-Only) Please see Section III, A., 3.d. as noted in the 2017 CoC Program NOFA
	Directly from safe havens.
	Total of above percentages

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

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2. Describe the outreach plan to bring these homeless participants into the project.

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XI. Standard Performance Measures

Instructions:

Housing Measures: This is a required field. 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: If permanent housing, count each participant who is still living in your units supported by your facility in addition to clients who have exited your units/project and moved into another permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

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. **OR** 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.

1. Housing Measure

Housing Measure	Target (#)	Universe (#)	Target (%)
Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.			

2. Income Measure

Income Measure	Target (#)	Universe (#)	Target (%)
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.			

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OR

Income Measure	Target (#)	Universe (#)	Target (%)
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.			

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XII. Funding Request

Instructions:

Enter the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. **Please note - Acquisition, rehabilitation, or new construction is not a local priority.**

Acquisition/Rehabilitation/New Construction	
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	

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XIII. Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent (FMR) area: CA-Riverside-San Bernardino-Ontario, CA MSA
The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount.

Grant Term: "1 Year".

Total Request for Grant Term: This field must equal the total leasing amount entered above.

All total fields must be calculated once the required field has been completed.

1. Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Leased Units Annual Budget

Size of Units	# of Units	*FMR	Total Request
0 Bedroom		\$800	
1 Bedroom		\$957	
2 Bedroom		\$1,197	
3 Bedroom		\$1,682	
4 Bedroom		\$2,072	
5 Bedroom			
6 Bedroom			
7 Bedroom			
8 Bedroom			
9 Bedroom			

*** Final FY 2017 Fair Market Rent by Unit Bedrooms-San Bernardino County**

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XIV. Operating Budget Leased Structures

Instructions:

Complete the following fields related to the funds being requested to lease one or more structures for operating the project.

Structure Name: This is a required field. Indicate the name of the structure for which funds are requested.

Address: Only 1 "Street Address..." field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State, and Zip Code.

HUD Paid Rent (per Month): This is a required field. Enter the monthly leasing amount. The amount entered cannot exceed the monthly rent for comparable structures.

Total Annual Assistance Requested: This field must be calculated based on the per month rent entered in the first field.

Grant Term: One Year.

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

Structure Name	
Street Address	
Street Address	
City	
State	
Zip Code	
HUD Paid Rent per month	
Total Annual Assistance Requested	
Grant Term	One Year
Total Request for Grant Term	

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XV. Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Enter the applicable type of rental assistance. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection. Please note – RRH projects Rental Assistance: Rental assistance is limited to Tenant Based Rental Assistance (TRA) for RRH projects.

Metropolitan or non-metropolitan fair market rent area: Prepopulated.

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: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2017 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

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

Total Request: This column must be populated with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row must be automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field must be populated based on a one year grant term.

Total Request for Grant Term: This field must be calculated based on the total annual assistance requested multiplied by the grant term

1. Type of Rental Assistance _____
2. Metropolitan or non-metropolitan fair market rent area: Riverside-San Bernardino-Ontario, CA

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3. Rental Assistance Budget Table

Size of Units	# of Units	FMR Area	12 Months	Total Request
0 Bedroom		\$800	X 12	
1 Bedroom		\$957	X 12	
2 Bedroom		\$1,197	X 12	
3 Bedroom		\$1,682	X 12	
4 Bedroom		\$2,072	X 12	
5 Bedroom			X 12	
6 Bedroom			X 12	
7 Bedroom			X 12	
8 Bedroom			X 12	
9 Bedroom			X 12	
Total and Annual Assistance Requested Grant Term Total Request for Grant Term				

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XVI. 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.

Eligible Costs: A list of eligible supportive services for which funds can be requested is displayed. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. 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. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail"..

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

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

Grant Term: This field is pre-populated.

Total Request for Grant Term: Calculate this field based on the total amount requested for each eligible cost multiplied by the grant term.

Eligible Costs	Quantity and Description	Annual Assistance Requested
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment		
Transportation		
Utility Deposits		
Operating Costs		
Total Annual Assistance Requested		
Grant Term		1 Year
Total Request for Grant Term		

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XVII. 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.

Eligible Costs: A list of eligible operating costs for which funds can be requested is displayed. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

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

Eligible Costs	Quantity and Description	Annual Assistance Requested
Maintenance/Repair		
Property Taxes and Insurance		
Replacement Reserve		
Building Security		
Electricity, Gas, and Water		
Furniture		
Equipment (lease, buy)		
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

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XVIII. 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. A list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested is displayed.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. .75 Full Time Equivalency (FTE) hours and benefits for staff) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested.

Annual Assistance Requested: This is a required field. Enter the amount funds requested for each activity.

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

Eligible Costs	Quantity and Description	Annual Assistance Requested
Equipment		
Software		
Services		
Personnel		
Space & Operations		
Total Annual Assistance Requested		
Total Request for Grant Term		

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XX. Summary Budget

Instructions:

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	Total Assistance Requested for 1 year Grant Term
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operating	
HMIS	
Sub-total Costs Requested	
Admin.	
Total Assistance plus Admin Requested	
Cash Match	
In-Kind Match	
Total Match	
Total Budget	

Please provide reasonable cost to the community for the number of households served and the type of housing and services being provided.

Cost Efficiency Table

A.	In the column to the right, please enter the Projected Number of Units	
B.	In the column to the right, please enter the Annual Project Cost (All HUD and Cash Match)	
C.	In the column to the right, please enter the Annual Cost per Unit (divide B by A)	

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Appendix I

A. Definitions

1. *Centralized or coordinated assessment system* means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.
2. *Continuum of Care and Continuum* means the group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.
3. *Chronically homeless.* (1) An individual who: **(i)** Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and **(ii)** Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and **(iii)** Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 ([42 U.S.C. 15002](#))), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; **(2)** An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or **(3)** A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
4. *DedicatedPLUS project.* A permanent supportive housing project where 100 percent 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 intake are:
 - (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

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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; 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.

4. *Developmental disability* means, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 ([42 U.S.C. 15002](#)):

(1) A severe, chronic disability of an individual that—

(i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;

(ii) Is manifested before the individual attains age 22;

(iii) Is likely to continue indefinitely;

(iv) Results in substantial functional limitations in three or more of the following areas of major life activity:

(A) Self-care;

(B) Receptive and expressive language;

(C) Learning;

(D) Mobility;

(E) Self-direction;

(F) Capacity for independent living;

(G) Economic self-sufficiency.

(v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

(2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through

(v) of the definition of “developmental disability” in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

5. Homelessness (Paragraph 4) - Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, *e.g.*, family, friends, and faith-based or other social networks, to obtain other permanent housing.

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6. Permanent Supportive Housing - *Permanent supportive housing* means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.
7. Rapid Re-Housing – Rapid Re-Housing places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program.