

1A. Application Type

Instructions:

- 1. Type of Submission - This field is populated the Application option, and cannot be changed.
- 2. Type of Application: (required) - Select 'New Project' or 'Renewal Project' to indicate whether the project is eligible for new or renewal funds during the current competition. Renewal project applications are defined as those HUD McKinney-Vento grants that have received funding in a previous competition and are eligible to renew during the current competition. All other applications are defined as new projects.
- 3. Date Received - No action needed. This field is automatically 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 may populate with the grant number for the 2010 project that is imported. This field will be blank for any first time renewal application. The correct expiring grant number must be entered. Leave the field blank for all new funding applications.
- 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

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/06/2011

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier KY0056B4I011003

(e.g., expiring grant number)

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

8. Applicant Information - The applicant information populated on this form comes from the Applicant Profile, and must reflect the information for the applicant organization that can legal request homeless assistance funding from HUD.

a. Legal Name - The legal name of the applicant organization is populated on this form 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) - The EIN/TIN for the applicant organization is populated on this form from the Applicant Profile.

c. Organizational DUNS - The DUNS number for the applicant organization is populated on this form from the Applicant Profile. Information on obtaining a DUNS number may be obtained online at - <http://www.dnb.com>.

d. Address - The physical address of the applicant organization is populated on this form from the Applicant Profile.

e. Organizational Unit - If applicable, the department and division of the applicant organization is populated on this form from the Applicant Profile.

f. Name and contact information of person to be contacted on matters involving this applicant - The alternate point of contact for the applicant organization is populated on this form from the Applicant Profile. 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: Coalition for the Homeless, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 61-1118307

	c. Organizational DUNS:	968716688	PL US 4	
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d. Address

Street 1: 1300 South 4th Street

Street 2: suite 250

City: Louisville

County: Jefferson

State: Kentucky

Country: United States

Zip / Postal Code: 40208

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Roman

Middle Name:

Last Name: Vodacek

Suffix:

Title: HMIS administrator

Organizational Affiliation: Coalition for the Homeless, Inc.

Telephone Number: (502) 636-9550

Extension: 18

Fax Number: (502) 636-9950

Email: rvodacek@louhomeless.org

1C. Application Details

Instructions:

9. Type of Applicant : (required) - This field is populated from the e-snaps 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 - field populated with the Department of Housing and Urban Development. The field cannot be edited.

11. Catalog Of Federal Domestic Assistance Number/Title: (required) - select the applicable program type - SHP, S+C, or SRO. The selection will automatically populate the CFDA number field on this form, and will drive the list of components available on form 3A. Project Detail of this application.

12. Funding Opportunity Number/Title - This field will automatically populate 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: SHP

CFDA Number: 14.235

12. Funding Opportunity Number: FR-5500-N-34

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: field populates the 2011 project name from the Project form. Return to the Project form, to make changes to the name.

16. Congressional District(s):

a. Applicant: This field is populated from the e-snaps 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 project, 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 application, 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): Kentucky
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: Louisville HMIS - 2011 renewal

16. Congressional District(s):

a. Applicant: KY-003

b. Project: KY-003

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 07/01/2012

b. End Date: 06/30/2013

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 box 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.

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

20. Is the Applicant Delinquent on any Federal Debt? (required) - Select the appropriate box 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? c. Program is not covered by E.O. 12372.

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 check 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 information for the authorized representative is populated 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:

21. Authorized Representative

Prefix: Mrs.

First Name: Natalie

Middle Name:

Last Name: Harris

Suffix:

Title: Executive Director

Telephone Number: (502) 636-9550
(Format: 123-456-7890)

Fax Number: (502) 636-9950
(Format: 123-456-7890)

Email: nharris@louhomeless.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 10/06/2011

3A. Project Detail

Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application. The selections made on this form will determine the remaining forms that must be completed with this application.

- 1. Expiring Grant Number: field populates with the expiring grant number entered as the "Federal Award Identifier" on form 1A. Application Type of this application.
- 2. CoC Number and Name: (required) - select the appropriate Continuum of Care (CoC) number and name. The selected CoC will receive the application and determine whether or not to include it with the CoC application submission to HUD.
- 3. Project Name: field populates the 2011 project name from the Project form. Return to the Project form, to make changes to the name.
- 4. Project Type: field populates the project type (new or renewal), as selected on form 1A. Application Type of this application.
- 5. Program Type: field populates the program type -- Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (SRO), as selected on form 1C. Application Details of this application.
- 6. Component Type: (required) - select the one component that appropriately identifies the project. The list of available components will depend on the program type selected.
- 7. 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.
- 8. 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.
- 9. Services in connection with another TH or PH project: select Yes or No to indicate whether or not the project is providing (or will provide) supportive services to participants in another permanent housing or transitional housing project.
- 10. Innovative SHP: (required) - select Yes or No to indicate whether or not the proposed project is to be considered under the Innovative Supportive Housing component. If yes, indicate in the project description (on form 2B of this application) how the project represents a distinctively different approach when viewed within its geographic area, is a sensible model for others, and can be replicated elsewhere. An applicant should not propose a project under this component unless a compelling case is made that these criteria can be met.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

1. Expiring Grant Number KY0056B4I011003

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

- 2. CoC Number and Name** KY-501 - Louisville/Jefferson County CoC
- 3. Project Name** Louisville HMIS - 2011 renewal
- 4. Project Type** Renewal Project
- 5. Program Type** SHP
Content depends on "CFDA Number" selection
- 6. Component Type** HMIS
Content depends on "Program Type" selection
- 7. Is Energy Star used at one or more of the properties within this project?** Yes
- 8. Does this project include one or more Title V properties?** No
- 9. Is the project providing services to participants in another PH or TH project?** No
- 10. Is the proposed project submitted for consideration under the Innovative Supportive Housing component?** No

3B. Project Description

Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

ALL PROJECTS

1. Project Description: (required) - provide a description of the project that is complete and concise. The description 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, service, or HMIS system, document, when applicable, how the requested funds will supplement existing services and resources, increase participants served, or increase the capacity of the CoC's HMIS (if applicable). The narrative is expected to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term requested in this application. The description should be consistent with and make reference to other parts of this application. Applicants are encouraged to review the detail instructions available on the left menu, as well applicable program regulations and desk guides available online at <http://esnaps.hudhre.info>.

RENEWAL SHP PROJECTS ONLY

2. Was the original project awarded funding for acquisition, new construction, or rehabilitation? (required) - select Yes or No to indicate whether or not the project previously received SHP funds under the CoC competition for acquisition, new construction, or rehabilitation.

NEW PROJECTS ONLY

2. Description of rehabilitation, acquisition, and new construction activities: (required) - describe the proposed rehabilitation and new construction activities for the project site(s). The description must detail the entire scope of the development activities, including the portion of activities funded and not funded through this application. If persons currently occupy building(s) to be rehabilitated, describe the planned relocation effort for these persons. Also describe the role of the applicant, sponsor, and other project partners, and the estimated timeframe for completing development.

NEW SHP-HMIS ONLY

2. HMIS Need: (required) - Describe how needs assessment, resource allocation and service coordination will be improved through the new or expanded HMIS project.
3. State/Federal Funding Overlap: (required) - Demonstrate that HUD funds for this project will not replace state or local government funds.

NEW SHP-TH PROJECTS ONLY

3. Maximum length of stay: (required) - indicate the maximum allowable length of occupancy for persons participating in the project.

NEW SHP-PH ONLY

3. More than 16 persons living in one structure: (required) - select Yes or No to indicate if more than 16 persons reside (or will reside) in any one of the structures assisted with SHP funds requested through this application. If there are more than 16 people, then an explanation is required as to how local market conditions necessitate this size, and how neighborhood integration can be achieved for the residents. For more information on the 16-person limit, see Section 424(c) of the McKinney-Vento Act.

NEW S+C-TRA ONLY

3. Housing selection: (required) - select Yes or No to indicate whether or not participants are required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation.

Additional resources:
<http://esnaps.hudhre.info>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

1. Provide a description of the project that addresses its entire scope, including the needs of the community/target population.

Louisville Metro HMIS is part of a state-wide implementation of the Homeless Management Information System, called KYHMIS. Project management is divided between two partners: Coalition for the Homeless operates HMIS in Louisville (KY-501 CoC) but the Kentucky Housing Corp. operates it in KY-500 and 501 Continua. Both partners cooperate closely in all aspects of HMIS operation. Policy guidance for this project is provided by the Kentucky Interagency Council on Homelessness (KICH).

The same set of procedures is used for HMIS operation across the state. Our SOP (standard operation procedures) manual conforms to the HMIS data and technical standards published by HUD. We use commercial HMIS software called Service Point, version 5. This project does not provide housing development, housing services or any other direct service to the homeless. Our clients are the homeless providers in Louisville CoC.

This project has been in existence since 2004 and is operating at capacity. The database contains 36,195 client records for Louisville area. There are 115 users who enter data for 133 different homeless programs, including 24 services-only projects. Bed coverage is above 90% for ES and TH housing and at 75% for PSH housing. Two full-time administrators support HMIS operation in Louisville.

Louisville HMIS data is used for AHAR and PIT reports. Poor data quality is the largest problem our implementation faces. It has improved during the last year but it is not yet good enough for PULSE participation. Data quality for Louisville providers is checked 4 times a year and the results are considered when projects apply for renewal funding. Our priority for next year is to further improve data quality, start checking on timeliness of data entry and increase bed coverage for PSH housing.

Funding Request

Instructions:

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

1a. Operating by September 30, 2013? (required) - select Yes or No to indicate whether or not the grant agreement will be execute and the project will begin operating by September 30, 2013. Unobligated funds will not be available after September 30, 2013.

NEW PROJECTS ONLY:

1b. Are special housing funds being requested for this project? (required) - select Yes or No to indicate whether or not the project is requesting funds under the Permanent Housing Bonus funding category. If yes, then the project will be referred to as a new PH Bonus project. Only permanent housing projects are eligible for PH Bonus funds.

2. Is this project using HHN reallocated funds? (required) - select Yes or No to indicate whether the new project is using HHN reallocated funds.

RENEWAL PROJECTS ONLY:

1b. Is this project a HUD approved consolidation? (required) - select Yes or No to indicate whether or not the project has recently consolidated two or more grants, as approved through HUD's grant amendment process.

1c. 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.

2. Has this project been reduced through the HHN reallocation process? (required) - select Yes or No to indicate whether the renewal project is reduced through the HHN reallocation process.

NEW AND RENEWAL PROJECTS:

3. Grant term: (required) - indicate the number of years for which new or renewal funding is being request. The number of years that can be selected will vary depending on the project type and program type.

4. Select the activities for which funding is being requested: (required for SHP projects only) - all SHP projects must identify the budget activities for which funding is being requested. Depending on the project type, the following budget activities may be listed: acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operating, and HMIS. Renewal projects may indicate only those activities listed on the 2011 SHP GIW.

Additional resources:
<http://esnaps.hudhre.info>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

1a. Is it feasible for the project to begin operating/under grant agreement by September 30, 2013? Yes

1b. Is this project a HUD approved consolidation? No

2. Has this project been reduced through the HHN reallocation process? No

3. Grant Term: 1 Year

4. Select the activities for which funding is being requested:

HMIS

HMIS - Equipment Budget

Instructions:

HMIS costs: (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request: (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding.

Total: (calculated) - the total SHP funding (\$) requested for each cost activity will automatically calculate in the Total column.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

	SHP Request Year 1	Total
Equipment		
1. Central Server(s)	\$100	\$100
2. Personal Computers and Printers	\$900	\$900
3. Networking	\$500	\$500
4. Security	\$100	\$100
Subtotal Equipment Request	\$1,600	\$1,600

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

HMIS - Software Budget

Instructions:

HMIS costs: (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request: (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding.

Total: (calculated) - the total SHP funding (\$) requested for each cost activity will automatically calculate in the Total column.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

	Year 1 SHP Request	Total
Software		
5. Software/User Licensing	\$9,900	\$9,900
6. Software Installation	\$500	\$500
7. Support and Maintenance	\$10,400	\$10,400
8. Supporting Software Tools	\$1,680	\$1,680
Subtotal Software Request	\$22,480	\$22,480

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

HMIS - Services Budget

Instructions:

HMIS costs: (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request: (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding.

Total: (calculated) - the total SHP funding (\$) requested for each cost activity will automatically calculate in the Total column.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

	Year 1 SHP Request	Total
Services		
9. Training by Third Parties	\$2,060	\$2,060
10. Hosting/Technical Services	\$10,400	\$10,400
11. Programming: Customization	\$2,000	\$2,000
12. Programming: System Interface	\$400	\$400
13. Programming: Data Conversion	\$100	\$100
14. Security Assessment and Setup	\$500	\$500
15. On-line Connectivity (Internet Access)	\$1,047	\$1,047
16. Facilitation	\$800	\$800
17. Disaster and Recovery	\$100	\$100
Other (must specify *)		
	\$0	\$0
Subtotal HMIS Services Request	\$17,407	\$17,407

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

HMIS - Personnel Budget

Instructions:

HMIS costs: (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request: (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total: (calculated) - the total SHP funding (\$) requested for each cost activity will automatically calculate in the Total column.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

	Year 1 SHP Request	Total
Personnel		
18. Project Management/Coordination	\$8,600	\$8,600
19. Data Analysis	\$10,800	\$10,800
20. Programming	\$500	\$500
21. Technical Assistance and Training	\$49,400	\$49,400
22. Administrative Support Staff	\$500	\$500
Subtotal Personnel Request	\$69,800	\$69,800

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

HMIS - Space & Operations Budget

Instructions:

HMIS costs: (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request: (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total: (calculated) - the total SHP funding (\$) requested for each cost activity will automatically calculate in the Total column.

Cash Match: (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources: (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

	Year 1 SHP Request	Total
HMIS Space and Operations		
23. Space Costs	\$2,200	\$2,200
24. Operational Costs	\$3,000	\$3,000
Subtotal Space & Operations Request	\$5,200	\$5,200

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

HMIS Summary Budget

The following information summarizes the total HMIS funding request for each year of the grant term.

	Year 1
25. Total SHP HMIS Request	\$116,487
26. Total Cash Match	\$29,122
27. Total HMIS Costs	\$145,609
28. Other Resources (cash and in-kind)	\$0

Supportive Housing Program (SHP) Summary Budget

The following information summarizes the SHP funding request and the available cash match for the total term of the project. However, the appropriate amount of administrative costs must be entered in the field below. Please make sure that the budget amounts requested for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.

Selected Grant Term 1 Year

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	\$0	\$0	\$0
2. Rehabilitation	\$0	\$0	\$0
3. New Construction	\$0	\$0	\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$0	\$0	\$0
7. Operations From Operating Budget Chart	\$0		\$0
8. HMIS From HMIS Budget Chart	\$116,487	\$29,122	\$145,609
9. SHP Request (Subtotal lines 4-8)	\$116,487		
10. Administrative Costs (Up to 5% of line 9)	\$5,824		
	Total SHP Request (Total lines 9 and 10)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
	\$122,311	\$29,122	\$151,433

8A. Attachment(s)

Instructions

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

2. PHA Certification - Non-PHA Applicants for S+C SRO and Section 8 SRO projects must submit a signed and dated letter from an authorized representative of the local PHA certify that the Applicant is authorized to act on behalf of the PHA. Applicant is authorized to act on behalf of the PHA.

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

Document Type	Required?	Document Description	Date Attached
1. Sponsor Nonprofit Documentation	No		
2. PHA Certification Letter	No		
3. Other Attachment	No		

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 S+C:

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 SHP 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 S+C 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 attach an explanation behind this page.

Name of Authorized Certifying Official Natalie Harris

Date: 10/06/2011

Title: Executive Director

Applicant Organization: Coalition for the Homeless, Inc.

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, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X
