

**Project Name** Louisville HMIS - 09 renewal

**Project Type** Renewal Project

**Program Type** SHP

**Content depends on "Project Type" selection**

**Component Type** HMIS

**Content depends on "Program Type" selection**

**In which state is the project located?** Kentucky  
**(for multiple state selections hold CTRL+Key)**

**In which Congressional District(s) is the project located?** KY-003  
**(for multiple selections hold CTRL + Key)**

**Provide a general description of the project.  
(Max 3000 characters)**

Coalition for the Homeless manages HMIS (Homeless Management Information System) in the Louisville, KY Metro area. This project is part of a state-wide HMIS implementation called KYHMIS. Coalition partners with the Kentucky Housing Corp. to jointly administer HMIS in the State of Kentucky. Coalition operates HMIS for the Louisville CoC and Kentucky Housing manages it for the other two Kentucky CoCs (KY-500 and KY-502).

The project has been running since 2002 and uses Servicepoint 4 software from Bowman Internet. KYHMIS database contains over 127,000 client records, it is used by 440 licensed users, who enter data for 190 homeless providers across the State.

KYHMIS operation follows HUD Data and Technical standards, as described in the KYHMIS Policy & Procedure manual. KYHMIS project is directed by the Kentucky Interagency Council on Homelessness (KICH) which has representatives from the State government, homeless providers and other non-profits that work the homeless. KICH mission is to coordinate policies to end homelessness in Kentucky ([www.kyhomeless.org](http://www.kyhomeless.org)).

KYHMIS use has been expanded beyond homeless programs to include client data from the Kentucky Recovery program (drug and alcohol treatment centers) and from HUD's HPRP programs.

## Project Information - Page 2

### Instructions:

The fields that must be completed on this form will vary based on the project, program, and component type selected on Page 1 of the Project Information form.

#### NEW PROJECTS:

Is the project requesting new Special Housing funding (required) - for this competition there is only one special housing project - the Permanent Housing (PH) Bonus. New projects applying under the SHP-PH, S+C, or Section 8 SRO programs may qualify for PH Bonus funding.

#### RENEWAL PROJECTS:

Previous Samaritan Housing /Chronic Homeless Initiative funding (required) - if the project previously received funds under the Samaritan Housing or Chronic Homeless Initiatives, the project must continue to meet the requirements of either initiative for the life of the project.

Grant Consolidation (required) - indicate whether or not the project has recently consolidated two or more grants that have been approved through HUD's grant amendment process. Each consolidated grant must be listed on the "Grant Consolidation" form.

#### NEW AND RENEWAL PROJECTS:

A response to the following fields is required by both new and renewal projects - Grant term (required) - the available terms will vary depending on the project and program types; Use of energy star (required); Located in a rural area (required) - as defined in the 2009 NOFA; Located on land previously owned by the military (required); and Geographic areas served by the project (required).

Select the appropriate SHP budget activities (required) - 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, operations, and HMIS.

#### Additional resources:

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

**Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.**

Were one or more projects consolidated with this project? No

If "yes" additional information is required on the following page.

Grant Term 1 Year

**Note: the 1 year grant term option is permitted for new HMIS and renewal applications only.**

Does the project use Energy Star? Yes

Is the project located in a rural area? No

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** 211374 LOUISVILLE

**HMIS**

## Project Sponsor Information

### Instructions:

Sponsor Same as Applicant (required) - select Yes or No from the drop-down menu to denote if the applicant is the same as the project sponsor. If Yes, select the "Save" button to review the SF-424 data populated in the form fields. If No, select the "Save" button to complete or update the form fields as required.

DUNS Number (required) - enter or update DUNS Number in the proper format.

Tax ID or EIN (required) - enter or update the sponsor's ID or EIN in the proper format.

Street Address 1 (required) - enter or update the number and street name.

Street Address 2 (no input required) - enter the unit, suite, or floor if applicable.

City (required) - enter the location city.

State (required) - select or update the location State abbreviation from the drop-down menu.

Zip Code (required) - enter the location Zip Code in the proper format.

Faith Based Organization (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Prior Federal Grant Recipient (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Additional resources:

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

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

**Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.**

**Is the project applicant the same as the project sponsor?** Yes  
**(If yes click on the "Save" button to auto-fill the fields below)**

**Organization Name** Coalition for the Homeless, Inc.

**Organization Type** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

<b>DUNS Number</b> Format: xxxxxxxx or xxxxxxxxxxxxxx	968716688	<b>PLU</b> <b>S 4</b>
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**Tax ID or EIN** 61-1118307  
**Format: 12-3456789**

**Street Address 1** 1115 South 4th Street

**Street Address 2** 3rd floor

**City** Louisville

**State** Kentucky

**Zip Code** 40203  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

## Project Sponsor Contact Information

### Instructions:

Prefix (no input required) ζ select Dr., Mr., Mrs., Ms., Miss, Rev ... from dropdown menu.

First Name (required) ζ enter or update the First Name of the primary sponsor representative.

Middle Name (required) ζ enter or update the Middle Name of the primary sponsor representative.

Last Name (required) ζ enter or update the Last Name of the primary sponsor representative.

Suffix (no input required) ζ select Jr., Sr., M.D., D.D.S., Ph.D, Esq ζ from dropdown menu.

Title (required) ζ enter or update the Title of the primary sponsor representative.

E-mail Address (required) ζ enter or update the e-mail address of the primary sponsor representative.

Confirm E-mail Address (required) ζ re-enter or update the sponsor e-mail address.

Phone Number (required) ζ enter or update the sponsor's 10-digit Phone Number in prescribed format XXX-XXX-XXXX.

Extension (no input required) ζ enter or update the Extension associated with the sponsor's Phone Number.

Fax Number (required) ζ enter the 10-digit sponsor Fax Number in prescribed format XXX-XXX-XXXX.

**Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.**

**Prefix** Mr.

**First Name** Roman

**Middle Name**

**Last Name** Vodacek

**Suffix**

**Title** HMIS Coordinator

**E-mail Address** rvodacek@louhomeless.org

**Confirm E-mail Address** rvodacek@louhomeless.org

**Phone Number** 502-589-0190  
**Format: 123-456-7890**

**Extension** 18

**Fax Number** 502-589-4187  
**Format: 123-456-7890**

## HMIS Budget - Equipment

**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.infor/index.cfm?do=viewShpDeskguideD>

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	SHP Request Year 1	Total
<b>Equipment</b>		
1. Central Server(s)	\$0	\$0
2. Personal Computers and Printers	\$4,800	\$4,800
3. Networking	\$800	\$800
4. Security	\$0	\$0
<b>Subtotal Equipment Request</b>	<b>\$5,600</b>	<b>\$5,600</b>
<b>Cash Match</b>	<b>\$1,400</b>	<b>\$1,400</b>
<b>Total Equipment Budget</b>	<b>\$7,000</b>	<b>\$7,000</b>
<b>Other Resources (cash and in-kind)</b>	<b>\$13,200</b>	<b>\$13,200</b>

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

## HMIS Budget - Software

**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.infor/index.cfm?do=viewShpDeskguideD>

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Software</b>		
<b>5. Software/User Licensing</b>	\$9,600	\$9,600
<b>6. Software Installation</b>	\$0	\$0
<b>7. Support and Maintenance</b>	\$3,200	\$3,200
<b>8. Supporting Software Tools</b>	\$880	\$880
<b>Subtotal Software Request</b>	\$13,680	\$13,680
<b>Cash Match</b>	\$3,420	\$3,420
<b>Total Software Budget</b>	\$17,100	\$17,100
<b>Other Resources (cash and in-kind)</b>	\$13,200	\$13,200

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

## HMIS Budget - Services

**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.infor/index.cfm?do=viewShpDeskguideD>

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Services</b>		
<b>9. Training by Third Parties</b>	\$2,560	\$2,560
<b>10. Hosting/Technical Services</b>	\$15,200	\$15,200
<b>11. Programming: Customization</b>	\$4,400	\$4,400
<b>12. Programming: System Interface</b>	\$0	\$0
<b>13. Programming: Data Conversion</b>	\$2,200	\$2,200
<b>14. Security Assessment and Setup</b>	\$0	\$0
<b>15. On-line Connectivity (Internet Access)</b>	\$1,047	\$1,047
<b>16. Facilitation</b>	\$800	\$800
<b>17. Disaster and Recovery</b>	\$1,000	\$1,000
<b>Other (must specify *)</b>		
	\$0	\$0
<b>Subtotal HMIS Services Request</b>	\$27,207	\$27,207
<b>Cash Match</b>	\$6,802	\$6,802
<b>Total HMIS Services Budget</b>	\$34,009	\$34,009

**Applicant:** Coalition for the Homeless, Inc.

968716688

**Project:** Louisville HMIS - 09 renewal

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Other Resources (cash and in-kind)	\$13,200	\$13,200
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**The Total values are automatically calculated by the system when you click the "Save" button.**

## HMIS Budget - Personnel

**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.infor/index.cfm?do=viewShpDeskguideD>

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Personnel</b>		
<b>18. Project Management/Coordination</b>	\$5,600	\$5,600
<b>19. Data Analysis</b>	\$4,400	\$4,400
<b>20. Programming</b>	\$0	\$0
<b>21. Technical Assistance and Training</b>	\$45,600	\$45,600
<b>22. Administrative Support Staff</b>	\$7,200	\$7,200
<b>Subtotal Personnel Request</b>	\$62,800	\$62,800
<b>Cash Match</b>	\$15,700	\$15,700
<b>Total Personnel Budget</b>	\$78,500	\$78,500
<b>Other Resources (cash and in-kind)</b>	\$13,200	\$13,200

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

## HMIS Budget - Space & Operations

**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.infor/index.cfm?do=viewShpDeskguideD>

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>HMIS Space and Operations</b>		
<b>23. Space Costs</b>	\$3,200	\$3,200
<b>24. Operational Costs</b>	\$4,000	\$4,000
<b>Subtotal Space &amp; Operations Request</b>	\$7,200	\$7,200
<b>Cash Match</b>	\$1,800	\$1,800
<b>Total Space &amp; Operations Budget</b>	\$9,000	\$9,000
<b>Other Resources (cash and in-kind)</b>	\$13,200	\$13,200

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

## HMIS Budget Summary

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

## 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		
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$122,311	\$29,122	\$151,433

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	logic-model	11/16/2009