**FY2018 CONTINUUM OF CARE PROGRAM**

**APPLICATION FOR PROJECTS DURING THE**

**2019-2020 PROGRAM YEAR**

**APPLICATION DEADLINE: MONDAY, JULY 16TH, 2018 BY 5PM**

MS Balance of State CoC is accepting applications for the 2019-2020 Continuum of Care funding cycle. Funding will be available for both reallocated and renewal projects. This funding will renew/fund projects that have end dates in 2019 and continue through 2020. The CoC will conduct an analysis of its existing projects to determine the extent to which each project addresses the goals of **‘**[***Opening Doors, Federal Strategic Plan to Prevent & End Homelessness***](https://www.usich.gov/opening-doors)**’**:

* End chronic homelessness by 2017
* Ending homelessness among households with children by 2020
* End youth homelessness by 2020
* End veteran homelessness by 2015

MS Balance of State CoC may reduce and/or eliminate funds for renewal projects to develop new projects through the reallocation of those funds. Projects that are underperforming, obsolete, or ineffective may be reduced or eliminated**. Projects applying for funding are subject to a review that will be conducted which may include surveying community partners and/or site visits.**

**NEW PROJECTS**

New projects can only be:

* New permanent supportive housing projects that will serve 100% chronically homeless families and individuals (Dedicated PLUS)
* New rapid re-housing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and includes persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness. This includes unaccompanied youth.
* Joint transitional housing (TH) and permanent housing-rapid rehousing (PH-RRH) component projects that will serve homeless individuals and families including those fleeing domestic violence, dating violence, sexual assault, or stalking (see NOFA for further details).
* Dedicated HMIS project (for the HMIS Lead only)
* Supportive Services project to develop or operate a centralized or coordinated assessment system.

**CONSIDERATIONS FOR FUNDING**

To be considered for funding, applicants must have at least 1 year of data in the [**MS Balance of State AWARDS HMIS**](https://mshmis.footholdtechnology.com/zf2/) or if providing services to victims of domestic violence, then participation is with non-identifying information in a comparable database. Also, **all CoC application submissions must be in conformity to the CoC’s system-wide written program standards** ([**click to view the standards**](https://msboscoc.files.wordpress.com/2015/08/coc-writtenstandards-template-rev-6-2017.pdf)).

**BONUS FUNDING**

**DV FUNDING BONUS:** HUD has made funds available through a Domestic Violence bonus for new projects. There is 10% of PPRN available for up to 3 new projects in this grant cycle. This includes funds for rapid re-housing projects and supportive service projects providing coordinated entry and for eligible activities that the Secretary determines are critical in order to assist survivors of domestic violence, dating violence, and stalking. The CoC may create up to 3 of the following type of new projects:

* PH-RRH projects,
* Joint TH and PH-RRH component projects,
* or SSO projects for coordinated entry (SSO-CE)

**REGULAR BONUS FUNDING**: HUD has also made funds available through a bonus for new projects. The CoC is eligible to apply for up to 6 percent of its Final Pro Rata Need (FPRN). The CoC may create one of the following type of new projects:

* PH-PSH;
* PH-RRH;
* Joint TH and PH-RRH;
* HMIS (dedicated) and;
* SSO-CE

**TERMS FOR FUNDING**

HUD will allow new projects to request funding for terms of 1, 2, 3, 4, 5 or 15 years. The DV bonus projects can only request a 1-year funding term. Projects requesting leasing may only request up to 3 years. Project-based or sponsor-based rental assistance may request up to a 15-year term. New projects requesting capital costs (new constructions, acquisition, or rehabilitation) will be for 3 or 5 years. New projects must request at Fair Market Rent (FMR) rates. Renewals may request less than the Fair Market Rent Rate.

**POLICY PRIORITIES**

MS Balance of State CoC will follow HUD’s policy priorities for the [**FY2018 Program Competition**](https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf), currently found in the [FY2018 NOFA](https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf):

1. **Ending homelessness for all persons.** To end homelessness, CoCs should identify, engage, and effectively serve all persons experiencing homelessness.
2. **Creating a systemic response to homelessness.** CoCs should be using system performance measures such as the average length of homeless episodes, rates of return to homelessness, and rates of exit to permanent housing destinations to determine how effectively they are serving people experiencing homelessness.
3. **Strategically allocating and using resources.** Using cost, performance, and outcome data, CoCs should improve how resources are utilized to end homelessness.
4. **Use a Housing First approach.** Housing First prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions.

**APPLICATION & ATTACHMENTS**

A separate application must be completed for each project, with the following attachments:

1. Most recent APR
2. Most recent A-133 Audit or certified Financial Statements
3. Copy of 501©(3) documentation
4. Copy of Agency Code of Conduct

**SUBMISSIONS**

Application submissions can be:

1. **\*\*Preferred:** submitted online via [**the CoC FY18 Project Application Submission**](https://msbos.org/coc-app-submit/)
2. mailed to MS Balance of State CoC, ATTN: CoC Coordinator, P.O. Box 24147, Jackson, MS 39225
3. hand delivered to MUTEH, [201 West Capitol Street, Suite 800, Jackson, MS 39201](https://www.google.com/maps/place/201%2BW%2BCapitol%2BSt%2C%2BJackson%2C%2BMS%2B39201/%4032.300209%2C-90.1895739%2C15z/data%3D%214m2%213m1%211s0x862833ad9c70f0db%3A0x8bf469250a828539?sa=X&ei=ZPciVJnxK4yOyASRhID4Aw&ved=0CB0Q8gEwAA)
4. faxed to (866) 551- 0916
5. E-mailed to rglenn@msbos.org

NOTE: This application is to only ensure that projects meet the minmal threshold requirements of the CoC. If the application meets the minimal requirement the applicant will be given permission to enter their application in [**Esnaps**](https://esnaps.hud.gov/) for rating and review. Applicant agencies must enter their accepted project in the [*e-snaps*](https://www.onecpd.info/e-snaps/) electronic grants management system prior to being ranked for funding. Applicants will receive written notice that their project has been accepted and will be ranked as part of the CoC Consolidated Application, or that their application has been denied and the reason for denial. **The CoC Application begins on next page.**

|  |
| --- |
| 1. **Project Applicant Name:** Click here to enter text.
 |
|  |
| 1. **Project Contact Information:**
 |
| Name: Click here to enter text. |
| Title: Click here to enter text. |
| Email Address: Click here to enter text.@Click here to enter text. |
| Phone Number: Click here to enter text. |
| Fax Number: Click here to enter text. |
|  |
| 1. **Project Applicant’s DUNS Number:** Click here to enter text.
 |
| **Active in SAM (Y/N**): Choose an item. |
|  |
| 1. **Project Name:** Click here to enter text.
 |
| 1. **Program Type, Component and Term**
 |  |  |
|  | Term: Choose an item. |
|  | **Project Type and Component (check a box below):** |
|  | **RENEWAL:** |
| [ ]  | Permanent Supportive Housing – Renewal Project |
| [ ]  | Permanent Supportive Housing – RRH Renewal Project |
| [ ]  | Joint Transitional Housing – Rapid Rehousing - Renewal Project |
| [ ]  | HMIS – Renewal Project |
|  | **NEW:** |
| [ ]  | Permanent Supportive Housing – New Project |
| [ ]  | Permanent Supportive Housing: RRH – New Project  |
| [ ]  | Supportive Services Only: Coordinated Entry – New Project |
| [ ]  | Joint Transitional Housing & Rapid Rehousing – New Project |
|  | **DV BONUS:** |
| [ ]  | Permanent Supportive Housing – DV Bonus Funding |
| [ ]  | Permanent Supportive Housing – RRH – DV Bonus Funding |
| [ ]  | Joint Transitional Housing/Permanent Supportive Housing RRH – DV Bonus Funding |
|  | **REGULAR BONUS:** |
| [ ]  | Permanent Supportive Housing – Regular Bonus Funding |
| [ ]  | Permanent Supportive Housing: RRH – Regular Bonus Funding |
| [ ]  | Joint Transitional Housing/Permanent Supportive Housing: RRH – Regular Bonus Funding |
| [ ]  | HMIS – Regular Bonus Funding |
| [ ]  | Supportive Services Only: Coordinated Entry – Regular Bonus Funding |

1. **Provide a general description of the project that addresses the entire scope of the project.** The description must identify the target population and address supportive services and the specific housing activities, including any housing development activities.

Click here to enter text.

1. **Identify the community/area to be served:**

Click here to enter text.

1. **Is your project currently or will your project participate in the MS Balance of State CoC** [**Coordinated Entry System**](http://usich.gov/usich_resources/solutions/explore/coordinated_entry)**?**

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |

1. **Does your project have a specific population focus? (select all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Chronic Homeless | [ ]  | Domestic Violence |
| [ ]  | Veterans | [ ]  | Substance Abuse |
| [ ]  | Youth (under 25) | [ ]  | Mental Illness |
| [ ]  | Families with Children | [ ]  | HIV/AIDS |
|  |  | [ ]  | \*\*Other: Click here to enter text. |

1. **Experience**
	1. **Describe your agency’s experience in working with homeless persons.**

Describe any relevant previous work of a similar nature, especially as it relates to working with homeless persons and the project’s target population.

Click here to enter text.

* 1. **If applicable, describe your agency’s experience as it relates to timely construction or rehabilitation.** All developers should have experience with environmental documentation and permitting. Include the role of each developer, and the oversight and construction management to ensure timely completion property construction or rehabilitation.

Click here to enter text.

* 1. **Describe your agency’s experience as it relates to leasing units, administering rental assistance, providing supportive services, and implementing a HMIS, as applicable to the proposed project.**

Click here to enter text.

1. **Housing First Characteristics**
	1. **Does the project quickly move participants into permanent housing?**

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |

* 1. **Does the project ensure that participants are not screening out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered** [**low barrier**](https://www.hudexchange.info/news/snaps-in-focus-why-housing-first/).

|  |  |
| --- | --- |
| Having too little or no 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 | [ ]  |

* 1. **Does the project ensure that participants are not terminated from the program for the following reasons? Select 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 | [ ]  |

* 1. **Does the project follow a** [**“Housing-First” approach**](http://www.endhomelessness.org/pages/housing_first)**?**

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |

1. **Supportive Services for Participants**
	1. **For all supportive services to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** |  | **Provider** | **Frequency** |
| **Assessment of Service Needs** |  | Choose an item. | Choose an item. |
| **Assistance with Moving Costs** |  | Choose an item. | Choose an item. |
| **Case Management** |  | Choose an item. | Choose an item. |
| **Child Care** |  | Choose an item. | Choose an item. |
| **Education Services** |  | Choose an item. | Choose an item. |
| **Employment Assistance and Job Training** |  | Choose an item. | Choose an item. |
| **Food** |  | Choose an item. | Choose an item. |
| **Housing Search and Counseling Services** |  | Choose an item. | Choose an item. |
| **Legal Services** |  | Choose an item. | Choose an item. |
| **Life Skills Training** |  | Choose an item. | Choose an item. |
| **Mental Health Services** |  | Choose an item. | Choose an item. |
| **Outreach Services** |  | Choose an item. | Choose an item. |
| **Substance Abuse Treatment** |  | Choose an item. | Choose an item. |
| **Transportation** |  | Choose an item. | Choose an item. |
| **Utility Deposits** |  | Choose an item. | Choose an item. |

* 1. **Please identify whether the project includes the following activities:**
		1. **Transportation assistance to clients to attend** [**mainstream benefit**](http://usich.gov/plan_objective/accessing_mainstream_benefits) **appointment, employment training, or jobs?**

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |

* + 1. **At least annual follow-ups with participants to ensure** [**mainstream benefits**](http://usich.gov/plan_objective/accessing_mainstream_benefits) **are received and renewed?**

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |

* + 1. **Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency?**

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |

1. **Housing Type and Location**

**List of possible housing types:**

|  |
| --- |
| * **Barracks** (Individual or family sleeps in a large room with multiple beds.)
 |
| * **Dormitory, shared or private room** (Individuals or families share sleeping rooms or have private rooms; persons share a common kitchen, common bathrooms, or both.)
 |
| * **Shared Housing** (Up to 8 individuals or 4 families share a self-contained housing unit)
 |
| * **Single Room Occupancy (SRO) units** (Each individual has private sleeping/living room which may contain a private kitchen and/or bath, or shared, dormitory style facilities.)
 |
| * **Clustered apartments** (Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV—and persons without any special needs.)
 |
| * **Scattered Site Apartments** (Each individual or family has a self-contained apartment that is dispersed throughout the community.)
 |
| * **Single family homes/townhouses/duplexes**
 |

**Report the number of units and beds available at a point-in-time and used for housing participants in this project**. **Please list the types of proposed housing for this project:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Housing Type** | **Address** | **Units** | **Beds** | **Dedicated CH Beds** | **Non-Dedicated CH Beds** |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | **TOTAL** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **Discuss plans to coordinate with other entities serving homeless persons (including ESG funded programs and any other Federal, State, and private entities):**

Click here to enter text.

1. **Demonstrate how and when full capacity will be achieved (for new projects only):**

Click here to enter text.

1. **Describe how participants will be assisted to obtain and remain in permanent housing.** The narrative should describe plans to move participants from the streets, emergency shelters, and transitional housing into permanent housing, and plans to ensure that participants stabilize in permanent housing. Include case management activities, the availability and accessibility of supportive services, including primary health services, mental health services, educational services, employment services, life skills, and child care services, if applicable.

Click here to enter text.

1. **Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently (i.e. access to** [**mainstream benefits**](http://usich.gov/plan_objective/accessing_mainstream_benefits)**).**

Click here to enter text.

1. **Project Participants – Households**

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Households** | **Household w/at least 1 Adult & 1 Child** | **Adult HH without Children** | **HH with only Children** | **Total** |
| Total # Households | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **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 on 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Characteristics** | **Persons In Households With At Least One Adult And One Child** | **Adult Persons In Households Without Children** | **Persons In Households With Only Children** | **Total** |
| **Adults over age 24** | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| **Adults ages 18-24** | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| **Accompanied Children under age 18** | Click here to enter text. |  | Click here to enter text. | Click here to enter text. |
| **Unaccompanied Children under age 18** |  |  | Click here to enter text. | Click here to enter text. |
| **Total Persons** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **Project Participants – Subpopulations**

Please mark proposed subpopulation number and type of project participants:

|  |
| --- |
| * 1. **Persons in Households with at Least One Adult and One Child**
 |
| **Characteristics** | **Chronically Homeless Non-Veterans** | **Chronically Homeless Veterans** | **Non-Chronically Homeless Veterans** | **Chronic Substance Abuse** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** | **Physical Disability** | **Developmental Disability** | **Persons not represented by listed subpopulations** |
| **Adults over age 24** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Adults ages 18-24** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Children under age 18** | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total Persons** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| * 1. **Persons in Households without Children**
 |
| **Characteristics** | **Chronically Homeless Non-Veterans** | **Chronically Homeless Veterans** | **Non-Chronically Homeless Veterans** | **Chronic Substance Abuse** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** | **Physical Disability** | **Developmental Disability** | **Persons not represented by listed subpopulations** |
| **Adults over age 24** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Adults ages 18-24** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total Persons** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| * 1. **Persons in Households with Only Children**
 |
| **Characteristics** | **Chronically Homeless Non-Veterans** | **Chronically Homeless Veterans** | **Non-Chronically Homeless Veterans** | **Chronic Substance Abuse** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** | **Physical Disability** | **Developmental Disability** | **Persons not represented by listed subpopulations** |
| **Accompanied Children under age 18** | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Unaccompanied Children under age 18** | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total Persons** | Click here to enter text. |  |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Describe the unlisted subpopulations referred to above:**

Click here to enter text.

1. **Outreach for Participants**

Enter the percentage of project participants that will be coming from each of the following locations (must total 100%):

|  |  |
| --- | --- |
| Click here to enter text.% | Directly from the street or other locations not meant for human habitation. |
| Click here to enter text.% | Directly from emergency shelters. |
| Click here to enter text.% | Directly from safe havens. |
| Click here to enter text.% | Directly from the street or other locations not meant for human habitation. |
| Click here to enter text.% | From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens. |
| Click here to enter text.% | Persons fleeing domestic violence. |
| Click here to enter text.% | Total of above percentages |

1. **Standard Performance Measures**

The Mississippi Balance of State adheres to the standard performance measures of High-Performing Communities (HPCs) outlined in the [**CoC Program Interim Rule, Subpart E (578.65 through 578.71)**](https://msboscoc.files.wordpress.com/2016/06/cocprograminterimrule_formattedversion-subpart-e-hpcs.pdf) and expects project applicants to strive for the standards contained within the document.

Please specify the universe and target for the housing measure.

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Measure** | **Target (#)** | **Universe (#)** | **Target (%)** |
| PSH: 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. | Click here to enter text. | Click here to enter text. | Click here to enter text.% |

**Choose one income-related performance measure from below, and specify the universe and target number for the goal.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Measure** | **Target (#)** | **Universe (#)** | **Target (%)** |
| Adults who maintained or increased their total income (from all sources) as of the end of the operating year or project year or project exit. | Click here to enter text. | Click here to enter text. | Click here to enter text.% |
| **OR** |  |  |  |
| Adults who maintained or increased their earned income as of the end of the operating year or project exit. | Click here to enter text. | Click here to enter text. | Click here to enter text.% |

1. **Leased Units Budget**

**The following list summarizes the funds being requested for one or more units leased for operating the projects. New projects must request at Fair Market Rent (FMR)** **rates. Renewals may request less than the Fair Market Rent Rate.**

|  |  |
| --- | --- |
| **Total Annual Assistance Requested:** |  $ Click here to enter text. |
| **Grant Term:** | Choose an item. |
| **Total Request for Grant Term:** |  $ Click here to enter text. |
| **Total Units:** | Click here to enter text. |
| **FMR Area (**[**weblink**](http://www.huduser.gov/portal/datasets/fmr/fmrs/docsys.html?data=fmr15)**)** | **Total Units Requested** | **Total Annual Budget Requested** | **Total Budget Requested** |
| Click here to enter text. | Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. |
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**Leased Units Annual Budget**

|  |  |  |
| --- | --- | --- |
| **Unit Size** | **Number of Units****(Applicant)** | **Total Request (Applicant)** |
| **SR0** | Click here to enter text. units |  |
| **0 Bedroom** | Click here to enter text. units |  |
| **1 Bedroom** | Click here to enter text. units |  |
| **2 Bedroom** | Click here to enter text. units |  |
| **3 Bedroom** | Click here to enter text. units |  |
| **4 Bedroom** | Click here to enter text. units |  |
| **5 Bedroom** | Click here to enter text. units |  |
| **Totals Units and Annual Assistance Requested** | Click here to enter text. units | $ Click here to enter text. |
| **Grant Term** |  | Choose an item. |
| **Total Request for Grant Term** |  | $ Click here to enter text. |

1. **Supportive Services Budget (see** [**CoC Interim Rule 578.53**](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf) **for detailed description)**

Supportive services must be necessary to assist program participants obtain and maintain housing.

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity AND Description** | **Annual Assistance Requested** |
| 1. Assessment of service needs
 | Click here to enter text. | Click here to enter text. |
| 1. Moving costs
 | Click here to enter text. | Click here to enter text. |
| 1. Case Management
 | Click here to enter text. | Click here to enter text. |
| 1. Child care
 | Click here to enter text. | Click here to enter text. |
| 1. Education services
 | Click here to enter text. | Click here to enter text. |
| 1. Employment assistance
 | Click here to enter text. | Click here to enter text. |
| 1. Food
 | Click here to enter text. | Click here to enter text. |
| 1. Housing/Counseling Services
 | Click here to enter text. | Click here to enter text. |
| 1. Legal Services
 | Click here to enter text. | Click here to enter text. |
| 1. Life Skills
 | Click here to enter text. | Click here to enter text. |
| 1. Mental Health Services
 | Click here to enter text. | Click here to enter text. |
| 1. Outpatient Health Services
 | Click here to enter text. | Click here to enter text. |
| 1. Outreach Services
 | Click here to enter text. | Click here to enter text. |
| 1. Substance Abuse Treatment Services
 | Click here to enter text. | Click here to enter text. |
| 1. Transportation
 | Click here to enter text. | Click here to enter text. |
| 1. Utility Deposits
 | Click here to enter text. | Click here to enter text. |
| 1. Operating Costs
 | Click here to enter text. | Click here to enter text. |
| Total Annual Assistance Requested |  | Click here to enter text. |
| Grant Term |  | Choose an item. |
| Total Request for Grant Term |  | Click here to enter text. |

1. **Operating Budget (*see*** [***CoC Interim Rule 578.55***](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf) ***for detailed description*)**

Grant funds may be used to pay the costs of the day-to-day operation of transitional and permanent housing in a single structure or individual housing units. **You cannot have an operating budget and rental assistance budget simultaneously.**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity AND Description** | **Annual Assistance Requested** |
| 1. Maintenance/Repair
 | Click here to enter text. | Click here to enter text. |
| 1. Property Taxes And Insurance
 | Click here to enter text. | Click here to enter text. |
| 1. Reserve Payments For Replacement Of Major Systems Of The Housing
 | Click here to enter text. | Click here to enter text. |
| 1. Building Security
 | Click here to enter text. | Click here to enter text. |
| 1. Electricity, Gas, And Water
 | Click here to enter text. | Click here to enter text. |
| 1. Furniture
 | Click here to enter text. | Click here to enter text. |
| 1. Equipment (Lease, Buy)
 | Click here to enter text. | Click here to enter text. |
| Total Annual Assistance Requested |  | Click here to enter text. |
| Grant Term |  | Choose an item. |
| Total Request for Grant Term |  | Click here to enter text. |

1. **Rental Assistance Annual Budget**

**The following list summarizes the funds being requested for one or more units leased for operating the projects. New projects must request at Fair Market Rent (FMR) rates. Renewals may request less than the Fair Market Rent Rate.**

|  |  |
| --- | --- |
| **Total Annual Assistance Requested:** |  $ Click here to enter text. |
| **Grant Term:** | Choose an item. |
| **Total Request for Grant Term:** |  $ Click here to enter text. |
| **Total Units:** | Click here to enter text. |
| **FMR Area (**[**weblink**](http://www.huduser.gov/portal/datasets/fmr/fmrs/docsys.html?data=fmr15)**)** | **Total Units Requested** | **Total Annual Budget Requested** | **Total Budget Requested** |
| Click here to enter text. | Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. |

**Rental Assistance Budget**

|  |  |  |
| --- | --- | --- |
| **Unit Size** | **Number of Units****(Applicant)** | **Total Request (Applicant)** |
| **SR0** | Click here to enter text. units |  |
| **0 Bedroom** | Click here to enter text. units |  |
| **1 Bedroom** | Click here to enter text. units |  |
| **2 Bedroom** | Click here to enter text. units |  |
| **3 Bedroom** | Click here to enter text. units |  |
| **4 Bedroom** | Click here to enter text. units |  |
| **5 Bedroom** | Click here to enter text. units |  |
| **Totals Units and Annual Assistance Requested** | Click here to enter text. units | $ Click here to enter text. |
| **Grant Term** |  | Choose an item. |
| **Total Request for Grant Term** |  | $ Click here to enter text. |

1. **Administration Budget (see** [**CoC Interim Rule 578.59**](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf) **for detailed description)**

May use up to 10% for payment of administrative costs related to planning and execution of CoC activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Eligible Costs** | **CoC Request Year 1** | **CoC Request Year 2** | **CoC Request Year 3** | **Total** |
| 1. General management, oversight, and coordination
 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 1. Training of CoC requirements (2%)
 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 1. Environmental Review (1%)
 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 1. Indirect Costs
 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total Administration Budget** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Annual Request** |  |  |  | $ Click here to enter text. |
| **Term** |  |  |  | Choose an item. |
| **Total Request** |  |  |  | $ Click here to enter text. |

1. **Sources of Match/Leverage**

**The following list summarizes the funds that will be used as Match or Leverage for the project. Please describe the 25% match and other leveraging resources secured for the project. The goal is 100% leveraging.**

**Summary for Match**

|  |  |
| --- | --- |
| **Total Value of Cash Commitments:** | $ Click here to enter text. |
| **Total Value of In-Kind Commitments:** | $ Click here to enter text. |
| **Total Value of All Commitments:** | $ Click here to enter text. |

**Summary for Leverage**

|  |  |
| --- | --- |
| **Total Value of Cash Commitments:** | $ Click here to enter text. |
| **Total Value of In-Kind Commitments:** | $ Click here to enter text. |
| **Total Value of All Commitments:** | $ Click here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Match/Leverage** | **Type** **(Cash/ In-Kind)** | **Source****(Private/ Gov’t)** | **Contributor** | **Date of Commitment** | **Value of Commitments** |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  Click here to enter text. | $ Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |

1. **Summary Budget**

**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 (Applicant)** |
| **1a. Leased Units** | $ Click here to enter text. |
| **1b. Leased Structures** | $ Click here to enter text. |
| **2. Rental Assistance** | $ Click here to enter text. |
| 1. **Supportive Services**
 | $ Click here to enter text. |
| 1. **Operating**
 | $ Click here to enter text. |
| 1. **HMIS**
 | $ Click here to enter text. |
| **Subtotal Costs Requested** | $ Click here to enter text. |
| 1. **Admin**

**(up to 10%)** | $ Click here to enter text. |
| 1. **Total Assistance**

**(plus Admin Requested)** | $ Click here to enter text. |
| 1. **Cash Match**
 | $ Click here to enter text. |
| 1. **In-Kind Match**
 | $ Click here to enter text. |
| 1. **Total Match**
 | $ Click here to enter text. |
| 1. **Total Budget**
 | $ Click here to enter text. |

1. **Performance from most recent APR: (To be completed by renewal projects only)**

|  |  |  |
| --- | --- | --- |
| a. | Click here to enter text.% | of program participants have employment income. |
| b. | Click here to enter text.% | of transitional housing clients moved to permanent housing over a 12 month period |
| c. | Click here to enter text.% | of participants in permanent housing remain for 6 months or longer. |
| d. | Click here to enter text.% | of program participants obtained [mainstream benefits](http://usich.gov/plan_objective/accessing_mainstream_benefits) at program exit |

1. **Please attach a budget report generated from eLOCCS detailing the authorized, disbursed, and balance amounts of this project.**
2. **Signature By Authorized Official**

*I have read the Continuum of Care Interim Rule,* [*Federal Register Vol.77, No. 147. Published July 31, 2012. 24 CFR Part 578*](http://www.gpo.gov/fdsys/pkg/FR-2012-07-31/pdf/FR-2012-07-31.pdf) *also the* [*FY2015 CoC Program NOFA*](https://www.hudexchange.info/resource/4688/fy-2015-coc-program-nofa/) *(Both documents available at* [*msboscoc.wordpress.com*](https://msboscoc.wordpress.com/)*.)*

|  |
| --- |
| Click here to enter text. |
| Name (Please Print) |
|  |
|  |
| Signature |
|  |
| Click here to enter a date. |
| Date |