

**FY2023 Continuum of Care**

**New Project Application (E-snaps)**

The Department of Housing and Urban Development (HUD) requires that applications for the CoC Funding Competition are submitted in E-snaps, a web-based portal. While HUD provides thorough step-by-step instructions, E-snaps is not an intuitive tool and can be challenging to a new user.

In an attempt to make the CoC Competition less overwhelming for new applicants, the CoC Board has decided to allow agencies to submit an alternative application format provided below. This application is designed to resemble the E-snaps format and should be submitted by the competition deadline of **Noon on August 29, 2023**. Agencies can still choose to complete the application in E-snaps directly to meet this deadline. Agencies that choose to complete the alternative application below must **also** complete and submit the application in E-snaps by September 11, 2023 at Noon in order to be considered for funding. Please note that the application below is based on the FY22 E-snaps application because HUD has not released the FY23 applications yet. There may be some changes in the FY23 application, but that does not affect what agencies submit in this alternative application.

Each year, HUD provides detailed instructions on how to complete the application. Whether completing the application below or submitting directly in E-snaps, please be sure to read the [Application Detailed Instructions](https://www.hud.gov/sites/dfiles/CPD/documents/CoC/FY-2022-New-Application-Detailed-Instructions.pdf). Consulting the instructions is necessary for successful completion of the application. The instructions linked here are for the FY22 competition and are provided to give you an idea of the process. When entering into E-snaps, make sure to refer to the FY23 instructions, which will be posted [here](https://www.hud.gov/program_offices/comm_planning/coc/competition) once HUD makes them available.

In addition to completing the application below or the application in e-snaps, agencies must complete the New Project Application – Supplemental Questions and submit to hsc@cityofmadison.com by **Noon on August 29, 2023**.

**Late or incomplete applications will not be considered. Please do not wait until the deadline to submit the application. No grace period will be granted.** If you have questions, please contact Torrie Kopp Mueller, tkoppmueller@cityofmadison.com or call 608-266-6254/

**Part 1: HUD Forms and Certifications**

Please complete all of the HUD forms linked below and submit with your application.

[SF-424 Application Form](https://www.faa.gov/sites/faa.gov/files/SF424-ARP-2023_0.pdf)

[SF-424 Instructions](https://www.rd.usda.gov/files/SF-424-Instructions.pdf)

[HUD 2880 Form & Instructions](https://www.hud.gov/sites/dfiles/OCHCO/documents/2880.pdf)

[HUD 50070 Form](HUD%2050070)

[SF-LLL Form & Instructions](https://www.state.gov/wp-content/uploads/2019/01/Certification-Regarding-Lobbying.pdf) (Disclosure of Lobbying Activities)

[SF-424B](https://www2.ed.gov/fund/grant/apply/appforms/sf424b.pdf) (Assurances – Non-construction programs)

[SF-424D](https://www.epa.gov/sites/default/files/2020-06/documents/sf424d-v1.1_fill-sign.pdf) (Assurances – Construction programs)

**Part 2: Subrecipient and Recipient Information and Experience**

**2A. Project Sub-recipients**

If no sub-recipients, please leave blank.

Please list all sub-recipient organizations for the project that will perform part, or all of the activities included in the application. Please attach a copy of the sub-recipient(s) nonprofit documentation. If more than 3 sub-recipients, please attach additional information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Sub-recipient 1 | Sub-recipient 2 | Sub-recipient 3 |
| Organization Name |  |  |  |
| Organization Type |  |  |  |
| Employer or Tax Identification Number |  |  |  |
| Organization’s Physical Address |  |  |  |
| Organization’s Congressional District(s) |  |  |  |
| Is the subrecipient a faith-based organization? |  |  |  |
| Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? |  |  |  |
| Expected Subaward amount |  |  |  |
| Contact Person |  |  |  |

**2B. Experience of Applicant, Subrecipient(s), and Other Partners**

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.
2. Describe your organization’s (and subreicpient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.
3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.
4. Are there any unresolved HUD monitoring or OIG findings for any HUD grants (including ESG) under your organization? \_\_\_\_Yes \_\_\_\_No

4a. If yes, describe the unresolved monitoring or audit findings.

**Part 3: Project Information**

**3A. Project Detail**

1. CoC Number and Name: WI-503 – Madison/Dane County CoC
2. Collaborative Applicant Name: City of Madison
3. Project Name:
4. Project Status: Standard
5. Component Type: \_\_\_PH (Permanent Housing) \_\_\_Joint TH and PH-RRH (Joint Transitional Housing and Permanent Housing- Rapid Rehousing)

5a. Select the type of PH project: \_\_\_PSH (Permanent Supportive Housing) \_\_\_RRH (Rapid Rehousing)

1. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?

\_\_\_\_Yes \_\_\_\_No

1. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? \_\_\_\_Yes \_\_\_\_No

7a. List all expiring project(s) involved in the transition. Please include: full grant number, operating start date, expiration data and component type.

7b. Provide a description that addresses the scope of the proposed transition during the first year of operation.

1. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? \_\_\_\_Yes \_\_\_\_No
2. *PSH & Joint TH-RRH Only* - Will this project include replacement reserves in the Operating budget? \_\_\_\_Yes \_\_\_\_No

**3B. Description**

1. Provide a description that addresses the entire scope of the proposed project.
2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
| A | B | C | D |
| Begin hiring staff or expending funds |  |  |  |  |
| Being program participant enrollment |  |  |  |  |
| Program participants occupy leased or rental assistance unites or structure(s), or supportive services begin |  |  |  |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity |  |  |  |  |
| Closing on purchase of land, structure(s), or execution of structure lease *(PSH Only)* |  |  |  |  |
| Start rehabilitation *(PSH Only)* |  |  |  |  |
| Complete rehabilitation *(PSH Only)* |  |  |  |  |
| Start new construction *(PSH Only)* |  |  |  |  |
| Complete new construction *(PSH Only)* |  |  |  |  |

2a. *PSH Only* - If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

1. Check the appropriate box(s) if this project will have a specific subpopulation focus. Select ALL that apply.

[ ]  N/A – Project serves all subpopulations

[ ]  Veterans

[ ]  Youth (under 25)

[ ]  Families

[ ]  Domestic Violence

[ ]  Substance Abuse

[ ]  Mental Illness

[ ]  HIV/AIDS

[ ]  Chronic Homelessness

[ ]  Other

1. Will your project participate in the CoC’s Coordinated Entry (CE) process *or* recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD’s minimum requirements? \_\_\_\_Yes \_\_\_\_No
2. Housing First

5a. Will the project quickly move participants into permanent housing? \_\_\_\_Yes \_\_\_\_No

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

[ ]  Having too little or little income

[ ]  Active or history of substance use

[ ]  Having a criminal record with exceptions for state-mandated restrictions

[ ]  History of victimization (e.g. domestic violence, sexual assault, childhood abuse)

[ ]  None of the above

5c. Will the project prevent program prevent participant termination for the following reasons? Select all that apply.

[ ]  Failure to participate in supportive services

[ ]  Failure to make progress on service plan

[ ]  Loss of income or failure to improve income

[ ]  Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area

[ ]  None of the above

5d. Will the project follow a “Housing First” approach? \_\_\_\_Yes \_\_\_\_No

1. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? \_\_\_\_Yes \_\_\_\_No

6a. If yes, explain how and why the project will implement this requirement.

1. Will more than 16 persons live in a single structure? \_\_\_\_ Yes \_\_\_\_ No

7a. If yes, describe the local market conditions that necessitate a project of this size.

7b. If yes, describe how the project will be integrated into the neighborhood.

1. *PSH Only* – Is this project 100% Dedicated or DedicatedPLUS?

\_\_\_\_100% Dedicated \_\_\_\_DedicatedPLUS

**3C. Project Expansion Information**

1. Is this a “Project Expansion” of an eligible renewal project? \_\_\_Yes \_\_\_No

*If no, continue to part 4. If yes, continue with the questions below.*

1a. Eligible Renewal Grant PIN:

1b. Eligible Renewal Grant Project Name:

1. Will this expansion project increase the number of program participants? \_\_\_Yes \_\_\_No

*If yes complete questions 2a and 2b.*

2a. Currently approved renewal numbers

 Number of persons: \_\_\_\_

 Number of units: \_\_\_\_

 Number of beds: \_\_\_\_

2b. New effort: New Requested Numbers to Add (from this “Stand-alone New” project application)

 Number of additional persons:\_\_\_\_

 Number of additional units:\_\_\_\_

 Number of additional beds:\_\_\_\_

1. Will this expansion project provide additional supportive services to program participants? \_\_\_Yes \_\_\_No *If yes, complete question 3a.*

3a. Indicate how the project will provide additional supporetive services to program participants.

1. Will this expansion project bring existing facilities up to government health or safety standards? \_\_\_Yes \_\_\_No *If yes, complete question 4a.*

4a. Describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards.

**Part 4: Housing and Services**

**4A. Supportive Services for Program Participants**

1. Describe how program participants will be assisted to obtain and remain in permanent housing.
2. Describe the specific plan to coordinate and integrate with other mainstream heal, social services, and employment programs for which program participants may be eligible.
3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

|  |  |  |
| --- | --- | --- |
|  | Provider | Frequency |
| Supportive Services | Choose an item. | Choose an item. |
| 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 & Job Training | Choose an item. | Choose an item. |
| Food  | Choose an item. | Choose an item. |
| Housing Search & 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. |
| Outpatient Health Services | Choose an item. | Choose an item. |
| Outreach Services | Choose an item. | Choose an item. |
| Substance Abuse Treatment Services | Choose an item. | Choose an item. |
| Transportation | Choose an item. | Choose an item. |
| Utility Deposits | Choose an item. | Choose an item. |

Identify whether the project includes the following activities:

1. Transportation assistance to program participants to attend mainstream benefit appointments, employment training or jobs? \_\_\_\_Yes \_\_\_\_No
2. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? \_\_\_\_Yes \_\_\_\_No
3. Will program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? \_\_\_\_Yes \_\_\_\_No

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? \_\_\_\_ Yes \_\_\_\_No

**4B. Housing Type and Location – PSH & RRH Projects**

Total Units: \_\_\_\_\_\_ Total Beds:\_\_\_\_\_

Housing Type:

\_\_\_Barracks # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Dormitory # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Shared housing # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Single room occupancy (SRO) units # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Clustered apartments # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Scattered-site apartments (including efficiencies) # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Single family homes/townhouses/duplexes # of units:\_\_\_\_ # of beds: \_\_\_

In the application in E-snaps, you will need to list the address for units, if you know it. If you don’t know it, you will use the administrative office address. You will also be required to enter a geographic code. This will be Madison and/or Dane County.

**4B. Housing Type and Location – Joint TH-RRH Projects**

|  |  |  |  |
| --- | --- | --- | --- |
|  | TH | RRH | Total |
| Total Units |  |  |  |
| Total Beds |  |  |  |

Does the TH portion of the project have private rooms per household? \_\_\_Yes \_\_\_No

What is the funding source for these units & beds? \_\_\_CoC \_\_\_ESG \_\_\_Section 8 \_\_\_HUD-VASH

\_\_\_Mixed Funding \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transitional Housing - Housing Type:

\_\_\_Barracks # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Dormitory # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Shared housing # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Single room occupancy (SRO) units # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Clustered apartments # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Scattered-site apartments (including efficiencies) # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Single family homes/townhouses/duplexes # of units:\_\_\_\_ # of beds: \_\_\_

Rapid Rehousing - Housing Type:

\_\_\_Barracks # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Dormitory # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Shared housing # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Single room occupancy (SRO) units # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Clustered apartments # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Scattered-site apartments (including efficiencies) # of units:\_\_\_\_ # of beds: \_\_\_

\_\_\_Single family homes/townhouses/duplexes # of units:\_\_\_\_ # of beds: \_\_\_

In the application in E-snaps, you will need to list the address for units, if you know it. If you don’t know it, you will use the administrative office address. You will also be required to enter a geographic code. This will be Madison and/or Dane County.

**Part 5: Program Participants**

**5A. Program Participants – Persons and Households**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Households** | **Household with at Least One Adult & One Child** | **Adult Households without children** | **Households with Only Children** | **Total** |
| **Total Number of Households** |  |  |  |  |
| **Characteristics** |  |  |  |  |
| **Persons over age 24** |  |  | **NA** |  |
| **Persons ages 18-24** |  |  | **NA** |  |
| **Accompanied Children under age 18** |  | **NA** |  |  |
| **Unaccompanied Children under age 18** |  | **NA** |  |  |
| **Total Persons** |  |  |  |  |

**5B. Program Participants – Subpopulations**

|  |  |  |
| --- | --- | --- |
| **Persons in Households with at Least One Adult and One Child** |  |  |
| Characteristics |  | CH (Not Veteran) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Mentally Ill | DV | Physical Disability  | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
| Persons over age 24 |  |  |  |  |  |  |  |  |  |  |  |
| Persons 18-24 |  |  |  |  |  |  |  |  |  |  |  |
| Children under age 18 |  |  | **NA** | **NA** |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Persons in Households without Children** |
| Characteristics |  | CH (Not Veteran) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Mentally Ill | DV | Physical Disability  | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
| Persons over age 24 |  |  |  |  |  |  |  |  |  |  |  |
| Persons 18-24 |  |  |  |  |  |  |  |  |  |  |  |
| Children under age 18 |  |  |  |  |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Persons in Households with Only Children** |
| Characteristics |  | CH (Not Veteran) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Mentally Ill | DV | Physical Disability  | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
| Accompanied Children under age 18 |  |  | **NA** | **NA** |  |  |  |  |  |  |  |
| Unaccompanied Children under age 18 |  |  | **NA** | **NA** |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |  |  |

**Part 6: Budgets**

**6A. Funding Request**

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? \_\_\_Yes \_\_\_No
2. What type of CoC funding is this project applying for in this CoC Competition?

\_\_\_Reallocation \_\_\_CoC Bonus \_\_\_Reallocation + CoC Bonus

\_\_\_DV Bonus *(RRH & Joint TH-RRH Only)*

1. Does this project propose to allocate funds according to an indirect cost rate? \_\_\_Yes \_\_\_No *If yes, complete 3a.*

3a. Complete the indirect cost rate table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Cognizant Agency | Indirect Cost Rate | Direct Cost Base | Date approved or enter “NA” if using 10% de minimis rate |
|  |  % | $ |  |

3b. Has this rate been approved by your cognizant agency? \_\_\_Yes \_\_\_No

*If yes, a copy of the approved indirect cost rate must be submitted.*

3c. Do you plan to use the 10% de minimis rate? \_\_\_Yes \_\_\_No

1. Select a grant term: \_\_\_1 year \_\_\_2 years \_\_\_\_3 years \_\_\_\_4 years \_\_\_\_5 years \_\_\_15 years
2. Select the costs for which funding is requested:

\_\_\_Acquisition/Rehabilitation/New Construction (24 CFR 578.43-47) – *PSH Only*

\_\_\_Leased Units (24 CFR 578.49) *PSH & TH Portion of Joint TH-RRH Only*

\_\_\_Leased Structures (24 CFR 578.49) *PSH & TH Portion of Joint TH-RRH Only*

\_\_\_Rental Assistance (24 CFR 578.51)

\_\_\_Supportive Services (24 CFR 578.53)

\_\_\_Operating (24 CFR 578.55) *PSH & TH Portion of Joint TH-RRH Only*

\_\_\_HMIS (24 CFR 578.57)

1. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13-18 months) \_\_\_Yes \_\_\_No *If yes, complete 6a.*

6a. Inidcate the number of months requested for the initial grant term (13-18 months) \_\_\_\_\_\_\_\_\_\_

**6B. Acquistion/Rehabilitation/New Construction Budget - PSH Only**

|  |  |
| --- | --- |
| Total Acquisition  | $ |
| Total Rehabilitation | $ |
| Total New Construction | $ |
| Total Assistance Requested | $ |

For each structure, please list the name, full address and the cost requested per structure.

**6C. Leased Units Budget - PSH & TH Portion of Joint TH-RRH Only**

|  |  |
| --- | --- |
| Total Annual Assistance Requested | $ |
| Grant Term |  |
| Total Request for Grant Term | $ |
| Total Units |  |

Leased Units Budget Detail

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Size of Units | # of Units X | FMR | HUD Paid Rent  X | 12 months | Total Request |
| SRO |  |  |  | 12 |  |
| 0 Bedroom |  | $1007 |  | 12 |  |
| 1 Bedroom |  | $1183 |  | 12 |  |
| 2 Bedroom |  | $1378 |  | 12 |  |
| 3 Bedroom |  | $1810 |  | 12 |  |
| 4 Bedroom |  | $2041 |  | 12 |  |
| 5 Bedroom |  |  |  | 12 |  |
| 6 Bedroom |  |  |  | 12 |  |
| 7 Bedroom |  |  |  | 12 |  |
| 8 Bedroom |  |  |  | 12 |  |
| 9 Bedroom |  |  |  | 12 |  |
| Total Units & Annual Assistance Requested |  |  |  |  |  |
| Grant Term |  |  |  |  |  |
| Total Request for Grant Term |  |  |  |  |  |

**6D. Leased Structures Budget - PSH & TH Portion of Joint TH-RRH Only**

|  |  |
| --- | --- |
| Total Annual Assistance Requested | $ |
| Grant Term |  |
| Total Request for Grant Term | $ |
| Total Structures |  |

For each structure, please list the name and full address and complete the chart below. Copy the chart if funding is requested for more than one structure.

|  |  |
| --- | --- |
| HUD Paid Rent (per month) | $ |
| 12 months | X 12 |
| Total Assistance Requested | $ |
| Grant Term |  |
| Total Requested for Grant Term | $ |

**6E. Rental Assistance Budget**

|  |  |
| --- | --- |
| Total Request for Grant Term | $ |
| Total Units |  |

Type of Rental Assistance:

 [ ]  Project-based rental assistance (PRA)

 [ ]  Tenant-based rental assistance (TRA)

 [ ]  Sponsor-based rental assistance (SRA)

Rental Assistance Budget Detail

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Size of Units | # of Units X | FMR X | 12 months = | Total Request |
| SRO |  |  | 12 |  |
| 0 Bedroom |  | $1007 | 12 |  |
| 1 Bedroom |  | $1183 | 12 |  |
| 2 Bedroom |  | $1378 | 12 |  |
| 3 Bedroom |  | $1810 | 12 |  |
| 4 Bedroom |  | $2041 | 12 |  |
| 5 Bedroom |  |  | 12 |  |
| 6 Bedroom |  |  | 12 |  |
| 7 Bedroom |  |  | 12 |  |
| 8 Bedroom |  |  | 12 |  |
| 9 Bedroom |  |  | 12 |  |
| Total Units & Annual Assistance Requested |  |  |  |  |
| Grant Term |  |  |  |  |
| Total Request for Grant Term |  |  |  |  |

**6F. Supportive Services Budget**

|  |  |  |
| --- | --- | --- |
| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Amount Requested |
| Assessment of Service Needs |  |  |
| Assistance with Moving Costs |  |  |
| Case Management |  |  |
| Child Care |  |  |
| Education Services |  |  |
| Employment Assistance |  |  |
| Food |  |  |
| Housing/Counseling Services |  |  |
| Legal Services |  |  |
| Life Skills |  |  |
| Mental Health Services |  |  |
| Outpatient Health Services |  |  |
| Outreach Services |  |  |
| Substance Abuse Treatment Services |  |  |
| Transportation |  |  |
| Utility Deposits |  |  |
| Operating Costs |  |  |
| Total Annual Assistance Requested |  |  |
| Grant Term |  |  |
| Total Request for Grant Term |  |  |

**6G. Operating Budget - PSH & TH Portion of Joint TH-RRH Only**

|  |  |  |
| --- | --- | --- |
| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
| Maintenance/Repair |  |  |
| Property Taxes & Insurance |  |  |
| Replacement Reserve |  |  |
| Building Security |  |  |
| Electricity, Gas, and Water |  |  |
| Furniture |  |  |
| Equipment (lease, buy) |  |  |
| Total Annual Assistance Requested |  |  |
| Grant Term |  |  |
| Total Request for Grant Term |  |  |

**6H. HMIS Budget**

|  |  |  |
| --- | --- | --- |
| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
| Equipment |  |  |
| Software |  |  |
| Services |  |  |
| Personnel |  |  |
| Space & Operations |  |  |
| Total Annual Assistance Requested |  |  |
| Grant Term |  |  |
| Total Request for Grant Term |  |  |

**6I. Sources of Match**

|  |  |
| --- | --- |
| Total Amount of Cash Commitments | $ |
| Total Amount of In-Kind Commitments | $ |
| Total Amount of All Commitments | $ |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? \_\_\_Yes \_\_\_No *If yes, complete 1a and 1b.*

1a. Briefly describe the source of the program income.

1b. Estimate the amount of program income that will be used as Match for this project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Type of Commitment | Source | Name of Source | Amount of Written Commitment |
| Match Source 1 | Choose an item. | Choose an item. |  |  |
| Match Source 2 | Choose an item. | Choose an item. |  |  |
| Match Source 3 | Choose an item. | Choose an item. |  |  |
| Match Source 4 | Choose an item. | Choose an item. |  |  |
| Match Source 5 | Choose an item. | Choose an item. |  |  |

**6J. Summary Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Costs** | **Annual Assistance Requested** | **Grant Term** | **Total Assistance Requested for Grant Term** |
| **Acquisition** |  |  |  |
| **Rehabilitation** |  |  |  |
| **New Construction** |  |  |  |
| **Leased Units** |  |  |  |
| **Leased Structures** |  |  |  |
| **Rental Assistance** |  |  |  |
| **Supportive Services** |  |  |  |
| **Operating** |  |  |  |
| **HMIS** |  |  |  |
| **Sub-total Costs Requested** |  |  |  |
| **Admin (up to 10%)** |  |  |  |
| **Total Assistance plus Admin Requested** |  |  |  |
| **Cash Match** |  |  |  |
| **In-kind Match** |  |  |  |
| **Total Match** |  |  |  |
| **Total Budget** |  |  |  |