Before Starting the Exhibit 2 (Project) Application

This is the 2010 Exhibit 2 application required to be submitted for requesting funding for the Supportive Housing Program, Shelter Plus Care Program, and Section 8 Moderate Rehabilitation of Single Room Occupancy Program. HUD strongly encourages ALL applicants to review the following information BEFORE beginning the application.

Training resources are available online at: www.hudhre.info/esnaps
- Training modules are available to help complete or update the Exhibit 2 application, including attaching required forms.
- The HUD HRE Virtual Help Desk is available for submitting technical and policy questions directly to HUD.
- Guidance is available on obtaining a DUN and Bradstreet DUNS Number, and completing, updating or renewing CCR registration.

Things to Remember
- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program for specific application and program requirements.
 - All applicants¿new and returning¿must complete the SF-424 in e-snaps for 2010 before submitting the Exhibit 2 application.
 - Renewal applications - carefully review and update all 2010 Exhibit 2 applications that include data from the 2009 application. Questions may have been changed or removed, and the imported information may or may not be relevant.
- The Exhibit 2 application for first-time renewal and new projects must not include data imported from the 2009 competition.
- The total budget request for all renewal applications under SHP must be consistent with the total amounts listed on the CoC's 2010 SHP Grant Inventory
 Worksheet -- except for renewal projects reduced or eliminated through the CoC's HHN reallocation process.
- The number of S+C units requested for each unit size in the project must be consistent with the number of units indicated on the CoC's 2010 S+C Grant Inventory Worksheet, as approved by HUD.
- HUD will announce the 2010 conditional awards for renewal applications within 30-60 days of the closing of the CoC competition. Conditional awards for new applications will be announced after HUD has completed the project threshold review and the scoring of the CoC applications.
- Use the instructions at the top of each form of the Exhibit 2 application to help complete the questions on that form.
 - The total budget request for each new project created through the CoC's HHN reallocation process must not exceed the amount transferred from the renewal projects. HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the reallocation requirements. Applicants are strongly encouraged to double-check with the CoC Lead Agency to confirm total budget amounts.

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Project Information - Page 1

Instructions:

The selections made on this form will determine the remaining forms that must be completed with this application.

 1. Expiring Grant Number (no input required) - this field will populate with the grant number from the 2009 project that has been imported. This field can not be edited.

 2. CoC Number and Name (required) - select the appropriate Continuum of Care (CoC) name and number from the drop-down menu.

 3. Project Name (no input required) - this field will populate in a read-only format for all applications. Return to the applicant project listing to update the name of the project.

 4. Project Type (required) - indicate whether the project is eligible for new or renewal funds during the current competition. Renewal projects 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.

 5. Program Type (required) - select one of the three HUD homeless assistance programs that appropriately identifies the competitive program under which the application should be funded and operated - Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (Section 8 SRO).

 6. Component Type (required) - each homeless assistance program features several components to help homeless people achieve independence. Select the one component that appropriately identifies the application being submitted.

 7. In which state is the project located (required) - of the available states listed, select the state(s) in which the project is located. For new projects indicate the expected state location(s). The selected state(s) will be used to populate the available geography codes on the next form (Project Information - Page 2) of this application.

 8. In which Congressional District(s) is the project located (required) - of the available congressional districts listed, select the district(s) in which the project is located. For new projects indicate the district(s) for proposed location(s). The selected district(s) will be used to send correspondence to the appropriate Congressional Representative(s).

 9. Project Description (required) - in the last field on this form, provide a general description of the project. The description must include a response to the program requirements under which the project will operate. The description must also include information on the homeless needs that are addressed by the project, the type of housing that will be provided, and the target population that the project will serve. Completion of this field is required of all new and renewal projects.

 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 2009 application submission, if applicable. Please verify the accuracy of all populated fields.

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1. Expiring Grant Number   OR0082B0E050802

Field will appear blank unless populated with imported 2009 data.

2. CoC Number and Name   OR-505 - Oregon Balance of State CoC

3. Project Name   Clatsop SHP Transitional Housing

4. Project Type   Renewal Project

5. Program Type
Content depends on "Project Type" selection   SHP

6. Component Type
Content depends on "Program Type" selection   TH

7. In which state is the project located?
(for multiple state selections hold CTRL+Key)   Oregon

8. In which Congressional District(s) is the project located?
(for multiple selections hold CTRL + Key)   OR-001

9. Provide a general description of the project. The description must identify the target population and address the specific service and housing activities, including any housing development activities. (Max 3000 characters)

This is a transitional housing project for homeless families with children. There will be case management services focusing on employment, becoming self sufficient, education, mental health services (as needed), budgeting, and establishing a positive rental history to progress towards permanent housing.

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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 Project Information - Page 1.

NEW PROJECTS:
1. 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:
1a. 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.

1b. 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.

NEW AND RENEWAL PROJECTS:
A response to the following fields is required by both new and renewal projects - 2. Grant term (required) - the available terms will vary depending on the project and program types; 3. Use of energy star (required); 4. Serving persons in a rural area (required) - refer to the 2010 CoC NOFA for the definition of a rural area and a list of the counties that qualify;5. Located on land previously owned by the military (required); and 6. Select the geographic code(s) that will be primarily served by the project (required) - all projects must identify the specific geographic code(s) that will be served by this project.

7. 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. Renewal projects may indicate only those activities listed on the 2010 SHP GIW.

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 2009 application submission, if applicable. Please verify the accuracy of all populated fields.

1b. Were one or more projects consolidated with this project?   No

2. Grant Term   1 Year

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

3. Does the project use Energy Star?   Yes

4. Is the project serving persons in a rural area?   Yes

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Refer to the 2010 CoC NOFA for the definition of a rural area and a list of the counties that qualify.

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

6. Select the geographic code(s) for area(s) served by the project, at the time of application. For new projects, select the code(s) for the area(s) that will be served. (for multiple selections hold CTRL + Key)　419007 Clatsop County

Leasing　| X |

Supportive Services　| X |

Operations　| |

HMIS　| |

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Project Sponsor Information

Instructions:

1. 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.

2. Organization Name (required) - enter or update the legal name of the organization that will serve as the project sponsor.

3. Organization Type (required) - enter or update the type of business organization of the project sponsor.

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

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

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

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

8. City (required) - enter the location city.

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

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

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

12. Prior Federal Grant Recipient (required) - select the appropriate answer that applies to the sponsor organization for this project.

13. Identify source documentation for sponsor's nonprofit status (required for nonprofit sponsors) - select from the dropdown menu the documentation that supports the sponsor's nonprofit status. The documentation indicated must be attached and submitted with the application.

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 2009 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify the accuracy of all populated fields.

1. Is the project applicant the same as the   Yes
                    project sponsor?

(If yes click on the "Save" button to auto-fill the fields below)

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2. Organization Name   Clatsop Community Action

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

If "Other" specify:

4. DUNS Number Format: xxxxxxxxx or xxxxxxxxxxxxx	805608192	PLUS 4	

5. Tax ID or EIN
Format: 12-3456789   93-1010260

6. Street Address 1   364 9th Street

7. Street Address 2

8. City   Astoria

9. State   Oregon

10. Zip Code
Format: 12345 or 12345-1234   97103

11. Is the sponsor a Faith-Based Organization?   No

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Project Sponsor Contact Information

Instructions:

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

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

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

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

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

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

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

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

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

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

     11. Fax Number (required) 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 2009 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify the accuracy of all populated fields.

1. Prefix	Mr.
2. First Name	George
3. Middle Name	
4. Last Name	Sabol
5. Suffix	
6. Title	Executive Director
7. E-mail Address	gsabol@ccaservices.org
8. Confirm E-mail Address	gsabol@ccaservices.org
9. Phone Number Format: 123-456-7890	503-325-1400
10. Extension	102

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11. Fax Number 503-325-1153
Format: 123-456-7890

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Type and Scale of Housing

The following list summarizes each type of housing configuration in the project. To add a housing type to the list, click on the icon below. To view or update a housing type already listed, click on the icon below.

Housing Type	Units	Bedrooms	Beds
Scattered-site apartments (...	2	4	6

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Type and Scale of Housing Detail

Instructions:

1. Housing type (required) - select or update the appropriate housing type from the drop-down menu. Refer to the detailed instructions document for a definition of each housing type.

   2. Units (required) - enter or update the total number of units available at a point-in-time in the selected housing type and used for housing project participants.

   3. Bedrooms (required) - enter or update the total number of bedrooms available at a point-in-time in the selected housing type and used for housing project participants.

   4. Beds (required) - enter or update the total number of beds available at a point-in-time in the selected housing type and used for housing project participants.

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

The information entered into the form fields below should record the number of units, bedrooms, and beds for each housing type in the project.

1. Housing Type: Scattered-site apartments (including efficiencies)

Total for Selected Housing Type

2. Units: 2

3. Bedrooms: 4

4. Beds: 6

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Project Participants - Households with Dependent Children

Instructions:

1. Total number of households - (required) enter or update the total number of households served at a point in time.

2. Disabled adults - (in this row) enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

3. Non-disabled adults - (in this row) enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

4. Disabled children - (in this row) enter the total number of participant children with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

5. Non-disabled children - (in this row) enter the total number of participant children without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse and DV victims).

6. Total persons - (calculated row) all fields are automatically calculated.

7. Total number of adults - (calculated row) all fields are automatically calculated.

8. Total number of children - (calculated row) all fields are automatically calculated.

Additional Resources: Point in time - PIT (definition) a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. This count is based on the applicant's estimate at the time of application, for a new grant. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

Instructions - Subpopulations:

Chronically Homeless - must be disabled adults in households with or without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill - are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse - may not constitute a disability on its own

Veterans - must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS - are all considered disabled (so no entry allowed in non-disabled)

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1. Total Number of Households	2						
	Total Persons	**Chronically Homeless**	**Severely Mentally Ill**	**Chronic Substance Abuse**	**Veterans**	**Persons with HIV/AIDS**	**Victims of Domestic Violence**
2. Disabled Adults	1	1	0	0	0	0	0
3. Non-Disabled Adults	2			1			1
4. Disabled Children	0	0	0			0	0
5. Non-Disabled Children	4						0
6. Total Persons (click on "Save" to auto-calculate)	7	1	0	1	0	0	1
7. Total Number of Adults (click on "Save" to auto-calculate)	3						
8. Total Number of Children (click on "Save" to auto-calculate)	4						

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Project Participants - Households without Dependent Children

Instructions:

1. Total number of households - (required) enter the total number of households with or served at a point in time.

2. Disabled adults - (in this row) enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

3. Non-disabled adults - (in this row) enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

4. Disabled unaccompanied youth - (in this row) enter the total number of unaccompanied youth with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

5. Non-disabled unaccompanied youth - (in this row) enter the total number of unaccompanied youth without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, and DV victims).

6. Total persons - (calculated row) all fields are automatically calculated.

7. Total number of adults - (calculated row) all fields are automatically calculated.

8. Total number of unaccompanied youth - (calculated row) all fields are automatically calculated.

Additional Resources:
 Point in time - PIT (definition) a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. This count is based on the applicant's estimate at the time of application, for a new grant. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.
 http://www.hudhre.info/index.cfm?do=vieweHomelessAndHousingProgramInfo
 http://esnaps.hudhre.info/training

Instructions - Subpopulations:

  Chronically Homeless must be disabled adults in households with or without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).

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1. Total Number of Households	0						
	Total Persons	**Chronically Homeless**	**Severely Mentally Ill**	**Chronic Substance Abuse**	**Veterans**	**Persons with HIV/AIDS**	**Victims of Domestic Violence**
2. Disabled Adults	0	0	0	0	0	0	0
3. Non-Disabled Adults	0						0
4. Disabled Unaccompanied Youth			0			0	
5. Non-Disabled Unaccompanied Youth	0						0
6. Total Persons (click on "Save" to auto-calculate)	0	0	0	0	0	0	0
7. Total Number of Adults (click on "Save" to auto-calculate)	0						
8. Total Number of Unaccompanied Youth (click on "Save" to auto-calculate)	0						

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Supportive Services for Participants

Instructions:

1. Policies and practices consistent with the educational laws (required) - select Yes or No from the dropdown menu to denote if the
applicant/sponsor has policies consistent with educational laws, including the
McKinney-Vento Act, relating to the provision of educational and related
services to individuals and families experiencing homelessness.

2. Designated staff person to ensure the homeless children receive educational needs
(required) - select Yes or No from the dropdown menu to
denote if the applicant/sponsor has a designated staff person responsible for
ensuring that children are enrolled in school and connected to the appropriate
services within the community, including early childhood education programs
such as Head Start, Part C of the Individuals with Disabilities Education Act,
and McKinney-Vento education services.

3. Obtain and remain in permanent housing (required for new projects) - describe the supportive
services that will be provided to help project participants locate and stabilize in permanent
housing, access mainstream resources, and/or obtain employment.

4. Maximizing employment, income, and independent living (required for new projects) -
describe the supportive services that will be provided to help project participants locate
employment and access mainstream resources for independent living.

5a. Supportive Services (no input required) - lists each basic supportive service (outreach,
case management, life skills, job training, alcohol and drug abuse services, mental health and
counseling, HIV/AIDS services, health/home health services, education and instruction,
employment services, child care, transportation. and other) that may be provided to participants.

5b. Frequency (required for new projects) - select the frequency (daily, weekly, bi-weekly,
monthly, bi-monthly, quarterly, does not apply) at which each basic supportive service is
provided to participants.

6. Accessibility of community amenities (required for new projects) - select the level of
accessibility of basic community amenities for project participants. Basic community amenities
should be accessible to participants via walking, public transportation, driving, or transportation
provided by the project.

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

**The information entered into the form fields below should record the
capacity of the project to provide supportive services or access to
services that participants require.**

**1. For projects serving families, does the
applicant/sponsor have policies and practices
that are consistent with, and do not restrict
the exercise of rights provided by the
education subtitle of the McKinney-Vento Act,
and other laws relating to the provision of
educational and related services to
individuals and families experiencing
homelessness?**   Yes

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2. For projects serving families, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services?   Yes

Outreach for Participants

Instructions:

1. Where homeless participants are coming from (required) - enter or update the percentage (%) related to the places from which homeless participants are coming (streets, emergency shelters, safe havens, or transitional housing who came directly from the streets, emergency shelter, or safe haven).

Total of above percentages (calculated) - the percentages entered will sum in the Total of above percentages field.

2. If total is less than 100% - indicate the other places from which homeless persons enter the project, in the text box provided.

3. Outreach plan (required for new projects) - describe how the applicant/sponsor plans to bring homeless persons into the project.

4. Contingency plan (required for new projects) - describe the contingency plan that the applicant/sponsor will implement if the project experiences difficulty in meeting the Bonus requirements to serve exclusively homeless and disabled individuals and families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

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

Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please verify the accuracy of all populated fields.

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.

50%	**Persons who came from the street or other locations not meant for human habitation.**
50%	**Person who came from Emergency Shelters.**
	Persons who came from Safe Havens.
	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	**Total of above percentages**

2. If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.

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Standard Performance Measures

Instructions:

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. All applicants are required to set a housing stability goal and to select at least one other performance measure on which the grantee will report performance in the Annual Performance Report (APR). The ¿Universe¿ column specifies the total number of persons about whom the measure is expected to be reported. In the ¿Target #¿ column, applicants should specify the number of applicable clients (e.g., the number of persons for whom the goal is relevant) who are expected to achieve the measure within the operating year. The system will calculate a percentage in the "Target %" column. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be ¿80%¿.

1. Specify the universe and target numbers for the following required performance measure(s).
Click 'Save' to calculate the target percent (%).

Housing Measure	Universe (#)	Target (#)	Target (%)
a. Persons remaining in permanent housing as of the end of the operating year.	0	0	0%
b. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.	2	1	50%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.
Click 'Save' to calculate the target percent (%).

Housing Measure	Universe (#)	Target (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.	3	3	100%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

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Additional Performance Measures

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).

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SHP Leasing Budget

The following information summarizes the SHP leasing request for the project.

To add information to this list, click on the icon and enter the requested information.

Summary SHP Leased Budgets $16,440

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SHP Leasing Budget Detail

Instructions:

Name of metropolitan or non-metropolitan fair market rent area (required) - select or update the FMR area in which the project is located. The list is sorted by state abbreviation.

Size of units (populated) - these options are system generated.

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

HUD Paid Rent (required) - for each unit size of new project, enter or update the monthly leasing amount. The amount entered must not exceed the FMR or comparable unit amount for the project, whichever is less. The FMRs are available online at http://www.huduser.org/datasets/fmr.html. For renewal project, the HUD rent amount is the SHP Leasing amount, which must not exceed the amount listed on the Grant Inventory Worksheet. For new projects requesting funds for leasing one or more structure, enter a zero in any one of the fields.

Number of months (populated for new projects) - these fields appear for new projects only and are populated once the required fields have been completed and saved.

Total (calculated) - these fields are totaled once the required fields have been completed and saved.

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

Complete the following fields related to the SHP leasing request.

Metropolitan or non-metropolitan fair market rent area   OR - Clatsop County, OR (4100799999)

	Number of Units/Structures	Funds Requested
Leased Units	2	$16,440
Leased Structures	0	$0

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SHP Supportive Services Budget

Instructions:

Eligible supportive services (populated) - the system populates a list of eligible supportive services for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible activities, which are not listed. Refer to the SHP Desk Guide for details on eligible supportive services activities.

Quantity (required) - enter or update the quantity (eg. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which SHP funding is being requested.

SHP Request (required) - for each grant year, enter or update the amount ($) requested for each activity that is DIRECTLY related to providing supportive services to homeless participants. The SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding ($) requested for each 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 Supportive Service annual budget.

Total SHP Supportive Services Budget (calculated) - the Total Supportive Services Budget will automatically calculate.

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter or update the total amount ($) available per grant year.

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

For each year of the grant term, enter the quantity and total budget request for each supportive service activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget requests for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.

Supportive Services Costs	Quantity (limit 400 characters)	SHP Request Year 1	Total
1. Outreach		$0	$0
2. Case Management	1.9% of FTE	$678	$678
3. Life Skills (outside of case management)		$0	$0
4. Alcohol and Drug Abuse Services		$0	$0
5. Mental Health and Counseling Services		$0	$0
6. HIV/AIDS Services		$0	$0
7. Health Related and Home Health Services		$0	$0
8. Education and Instruction		$0	$0
9. Employment Services		$0	$0
10. Child Care		$0	$0
11. Transportation		$0	$0

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13. Other (must specify)			
		$0	$0
		$0	$0
		$0	$0
14. Total SHP dollars requested		$678	$678
15.Cash Match		$170	$170
16.Total SHP Supportive Services Budget		$848	$848
17.Other resources (cash and in-kind)		$0	$0

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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	$16,440		$16,440
6. Supportive Services From Supportive Services Budget Chart	$678	$170	$848
7. Operations From Operating Budget Chart	$0		$0
8. HMIS From HMIS Budget Chart	$0	$0	$0
9. SHP Request (Subtotal lines 4-8)	$17,118		
10. Administrative Costs (Up to 5% of line 9)	$833		
	Total SHP Request (Total lines 9 and 10)	**Total Cash Match**	**Total Budget (Total SHP Request + Total Cash Match)**
	$17,951	$170	$18,121

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Attachments

Instructions

Logic Model - A template for the logic model can be downloaded from the documents menu (see left hand side of screen), modified, saved and uploaded here for the Exhibit 2 submission.

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.

Rural Worksheet - Complete and attach the Rural worksheet located under the 'Reference Room' section of the esnaps training site - http://esnaps.hudhre.info

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.

Document Type	Required?	Document Description	Date Attached
Logic Model	Yes	Clatsop Community...	10/27/2010
PHA Certification Letter	No		
Rural Housing Units Worksheet	No		
Sponsor Nonprofit Documentation	No		

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Attachment Details

Document Description: Clatsop Community Action Logic Model

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

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