



COMMUNITY, HOUSING AND HUMAN  
SERVICES DEPARTMENT  
DAWN KINDER, DIRECTOR  
808 W. SPOKANE FALLS BLVD  
SPOKANE, WA 99201

## FY2017 HUD CONTINUUM OF CARE NEW PROJECT APPLICATION

**Due 11:59 PM Friday, August 18, 2017**

**Late applications will not be accepted.**



### 1. PROGRAM INFORMATION:

|                      |                      |
|----------------------|----------------------|
| <b>Program Name:</b> |                      |
| <b>Program Type:</b> | <b>Please Select</b> |
| <b>Address:</b>      |                      |
| <b>City:</b>         |                      |
| <b>Zip:</b>          |                      |

### Certification and Acknowledgment

I certify, on behalf of my agency, that I have reviewed and confirmed all information and data in this application are accurate and true.

---

Executive Director Signature

Print Name

Date

## 2. EXPERIENCE OF APPLICANT AND OTHER PARTNERS

### Project Subrecipient *(if applicable)*

|  |  |
|--|--|
| Organization Name:   | <input type="text"/>                       |
| *Organization Type:  | <input type="text" value="Please Select"/> |
| If "Other" specify:  | <input type="text"/>                       |
| Employer or Tax Identification Number:   | <input type="text"/>                       |
| Organizational DUNS:   | <input type="text"/>                       |
| Physical Address:  | <input type="text"/>                       |
| City:  | <input type="text"/>                       |
| State:   | <input type="text"/>                       |
| Zip Code:  | <input type="text"/>                       |
| Is the subrecipient a Faith-Based Organization?  | <input type="text" value="Please Select"/> |
| Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? | <input type="text" value="Please Select"/> |
| CoC Budget request:  | <input type="text"/>                       |
| Contact Person:  | <input type="text"/>                       |
| Name:  | <input type="text"/>                       |
| Title:   | <input type="text"/>                       |
| E-mail Address:  | <input type="text"/>                       |
| Phone Number:  | <input type="text"/>                       |

*\*Documentation of the subrecipient's nonprofit status is required with the submission of this application.*

**1. Describe your agency's experience in effectively utilizing federal funds and performing the activities proposed in the Notice of Funding Availability for the 2017 Continuum of Care Program Competition FR-6100-N-25, given funding and time limitations (750 word limit).**

**2. Describe your agency's experience in leveraging other Federal, State, local, and private sector funds (450 word limit).**

**3. Describe your agency's basic organization and management structure. Include evidence of internal and external coordination and adequate financial accounting system (450 word limit).**

**4. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by your agency? Please Select**

**If yes, describe the unresolved monitoring or audit findings (450 word limit).**

### 3. PROJECT DESCRIPTION

| 1. Project Component Type: Please Select                            |  |
|---|--|
| Component Type  | Description  |
| PH-PSH: <i>Permanent Housing – Permanent Supportive Housing</i>     | Long-term housing and services for chronically homeless participants as defined in 24 CFR 578.3  |
| PH-RRH: <i>Permanent Housing – Rapid Rehousing</i>                  | Short- to medium-term rental assistance and services for homeless households with children coming directly from the streets or emergency shelters                          |
| Joint TH-RRH: <i>Joint Transitional Housing and Rapid Rehousing</i> | Two existing program components—transitional housing and permanent housing—rapid rehousing—in a single project to serve individuals and families experiencing homelessness |

#### 2. Is Energy Star used at one or more of the proposed properties? Please Select

Select “Yes” if the project incorporates energy-efficiency measures in the design, construction, rehabilitation, and operation of the project. Project applicants that select “Yes” routinely replace older obsolete products and appliances (e.g. lighting, domestic hot water heaters, furnaces, boilers, air conditioning units, refrigerators, clothes washers and dishwashers) with Energy Star-labeled products when replacing existing products is more cost-effective than repair and/or the appliance is no longer in operating condition.

#### 3. Does this project use one or more properties that have been conveyed through the Title V process?: Please Select

Title V of the McKinney-Vento Act allows unused, underutilized, excess, or surplus Federal properties to be used by homeless services providers for the purpose of assisting homeless persons. Select ‘Yes’ or ‘No’ to indicate whether or not the project will include one or more properties that have been or will be conveyed through the Title V process.

#### 4. Provide a description that addresses the entire scope of the proposed project. If project applying for is a housing first project (see section 8 below), demonstrate the agency’s experience in operating a successful housing first program, clearly describe a program design that meets the definition of Housing First (see section 8), and include a description of how the Housing First model is utilized (limit 1000 words). If needed, attach additional sheets.

The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

**5. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work (limit 500 words).**

*Attach a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2017 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.*

**6. Will your project participate in the CoC Coordinated Entry process?: Please Select**

**7. Please identify the specific population focus (Select ALL that apply)**

- |                    |                          |                  |                          |
|--------------------|--------------------------|------------------|--------------------------|
| Chronic Homeless:  | <input type="checkbox"/> | Substance Abuse: | <input type="checkbox"/> |
| Veterans:          | <input type="checkbox"/> | Mental Illness:  | <input type="checkbox"/> |
| Youth (under 25):  | <input type="checkbox"/> | HIV/AIDS:        | <input type="checkbox"/> |
| Families:          | <input type="checkbox"/> | Other:           | <input type="checkbox"/> |
| Domestic Violence: | <input type="checkbox"/> |                  |                          |

**8. Housing First**

**8a. Will the project quickly move participants into permanent housing?: Please Select**

**8b. Does the project ensure that participants are not screened 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.**

- |  |                          |
|--|--------------------------|
| Having too little or little income   | <input type="checkbox"/> |
| Active or history of substance abuse   | <input type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions   | <input type="checkbox"/> |
| History of domestic violence (e.g. lack of protective order, period of separation from abuser, or law enforcement involvement) | <input type="checkbox"/> |
| None of the above  | <input type="checkbox"/> |

**8c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

- |  |                          |
|--|--------------------------|
| Failure to participate in support services | <input type="checkbox"/> |
| Failure to make progress on service plan   | <input type="checkbox"/> |

- Loss of income or failure to improve income
- Being a victim of domestic violence
- Any activity not covered in a lease agreement typically found in the project's geographic area
- None of the above

**9. Will the project follow a "Housing First" approach?: Please Select**

*The "Housing First" model is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent supportive housing without preconditions or barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. For more information about Housing First in PSH go to: <https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/>.*

**10. Will the project provide: PSH, RRH or Joint TH-RRH? Please Select:**

**10a. If PSH is selected in question 10, indicate whether the project is 100% Dedicated or DedicatedPLUS: Please Select**

**11. If PSH is selected in question 10, are you requesting to support a project that is currently operating and is the same component type as the expansion grant is requesting?**

**11a. Is this a project expansion application?**

**11b. If requesting an expansion, identify the existing project grant number: WAO**

**11c. Reason for expansion request:  
Please Select**

**11d. Provide a brief explanation for the reason for expansion. Include the current level of persons served, number of beds, number of units. Clearly outline the specific number of persons served, number of beds/units increased by, how the facility will be improved, and/or the nonrenewable funding source, amount, reason no longer renewable. (as applicable)**

**12. Will the project request costs under the rental assistance budget line item? Please Select**

*If applying for rental assistance, select 'Yes.' Project applicants will select the type of rental assistance (Project-based Rental Assistance (PRA), Sponsor-based Rental Assistance (SRA), Tenant-based Rental Assistance (TRA)) in Part 7, Budget Information. Project applicants not applying for rental assistance should select 'No.' If applying for the Joint TH-RRH component, you are required to select TRA under the RRH portion.*

**12a. If yes, Describe the method for determining the type, amount, and duration of rental assistance that participants can receive (limit 350 words).**

**13. Will the project request costs under the leasing budget line item?**

**14. Will participants be required to live in a particular structure, unit or locality, at some point during the period of participation? : Please Select**

*Select 'Yes' or 'No' to indicate whether participants will be required to live in a specific place determined by the project applicant at any point. PH projects may require clients to live in a particular structure for the first year and in a defined geographical area for the entire term of stay in the program. This allowance applies to TRA projects when it is necessary for the coordination of supportive services; however, TRA projects must still operate in a way that provides for tenant choice according to 24 CFR 578.51(c).*

**14a. If yes, explain how and why the project will implement this requirement (limit 350 words).**

**15. Will more than 16 persons live in one structure?:**

**15a. If Yes to question 15, Describe the local market conditions that necessitate a project of this size (limit 350 words).**

**15b. If Yes to question 15, Describe how the project will be integrated into the neighborhood (limit 350 words).**

**16. Will the project use an existing homeless facility or incorporate activities provided by the existing project? Please Select**

*Expansion includes: increasing the number of homeless persons served, providing additional supportive services to homeless persons, bringing existing facilities up to state/local government health and safety standards, and replacing the loss of nonrenewable funding (private, federal, other excluding state/local government). Expansion*

*is not applicable if a brand new population is being served (e.g. existing project serves chronically homeless individuals with chronic substance, new project will serve chronically homeless young mothers), or a brand new effort is being undertaken (i.e. new methodology, theory of change, program model, geographic location, etc.), outside of the scope of an already existing project. It is also important to clearly note that an expansion project cannot serve existing participants (i.e. persons currently being served by the existing project).*

#### **4. SERVICES FOR PARTICIPANTS**

##### **1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Please Select**

*All projects serving children and youth up to the age guaranteed public educational services by state and local law must respond “Yes” or “No” to this questions. Please note that it is the responsibility of the project applicant to understand the age limits and available public educational resources in the project’s service area.*

##### **1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services as appropriate? Please Select**

*All projects serving children and youth up to the age guaranteed public educational services by state and local law must respond “Yes” or “No” to this questions. Please note that it is the responsibility of the project applicant to understand the age limits and available public educational resources in the project’s service area.*

##### **1c. If you answered no to 1a or 1b Describe the reason(s) for non-compliance with educational laws as indicated in responses to 1a and/or 1b above, and the corrective action to be taken prior to grant agreement execution (limit 350 words).**

Project applicants not in compliance with Federal education assurances must provide an adequate description of the reason(s) for noncompliance and a corrective action plan.

##### **2. Describe how participants will be assisted to obtain and remain in permanent housing (limit 450 words).**

*Describe plans to move participants from the streets, emergency shelters, and safe havens into permanent housing, as well as plans to ensure that participants stabilize in permanent housing. A good response will acknowledge the needs of the target population and include plans to address those needs through current and proposed case management activities, and the availability and accessibility of supportive services through primary health services, mental health services, educational services, employment services, life skills, and/or child care services. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.*

##### **3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently (limit 350 words).**

*Address the needs of the target population, the required supportive services, the availability and accessibility of those supportive services, and any coordination with other homeless services providers and mainstream systems.*



Describe how service delivery directly leads to participant employment; how service delivery leads directly to participants accessing SSI, SSDI, or other mainstream services; and how the requested funds contribute to participants becoming more independent

**4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.**

*This list identifies ALL of the supportive services that are provided to participants in the PH-PSH project by the project applicant, subrecipient, partner organization or non-partner organization. The project applicant should complete each row of drop down menus for all supportive services that will be provided to participants. The selections made here should reflect the supportive services provided to all project participants for the entire project funded under the CoC Program, not just those supportive services that may be requested in the PH-PSH project application. If more than one Provider, mode of Access, or Frequency is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.*

*The list presented is both exclusive and exhaustive according to 24 CFR 578.53. Only the activities listed will be considered eligible activities with respect to the Project Application. Project applicants must complete the drop down menus for at least one service/row.*

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

**5. Please identify whether the project will include the following activities:**

**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Please Select**

**5b. Use of a single application form for four or more mainstream programs? Please Select**

**5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?**

**6. Will project participants have access to SSI? SSDI technical assistance provided by the applicant, a subrecipient or partner agency? Please Select**

**6a. If yes, indicate the last SOAR training date for the staff person providing the technical assistance\_\_\_\_\_.**

**Housing Type and Location**

|  |   |                      |
|--|---|----------------------|
| 1. Housing Type:   |   | <b>Please Select</b> |
| 2.a. Units:  | <i>Indicate the maximum number of units available for project participants at the selected housing site</i> |                      |
| 2b. Beds:  | <i>Indicate the maximum number of beds available for project participants at the selected housing site</i>  |                      |
| <b>Beds for the Chronically Homeless</b>   |   |                      |
| How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?  |   |                      |
| How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?  |   |                      |
| How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2015 operating year?           |   |                      |
| How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2015 operating year? |   |                      |
| Address:   |   |                      |
| City, State, Zip   |   |                      |

**Housing Type and Location  
(Transitional Housing Only under Joint TH-RRH)**

|  |   |                      |
|--|---|----------------------|
| 1. Housing Type:   |   | <b>Please Select</b> |
| 2.a. Units:  | <i>Indicate the maximum number of units available for project participants at the selected housing site</i> |                      |
| 2b. Beds:  | <i>Indicate the maximum number of beds available for project participants at the selected housing site</i>  |                      |
| <b>Beds for the Chronically Homeless</b>   |   |                      |
| How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?  |   |                      |
| How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?  |   |                      |
| How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2015 operating year?           |   |                      |
| How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2015 operating year? |   |                      |
| Address:   |   |                      |

|                  |  |
|------------------|--|
| City, State, Zip |  |
|------------------|--|

## 5. PROJECT PARTICIPANTS – HOUSEHOLDS

| Households                          | Households with at Least One Adult and One Child            | Adult Households without Children            | Households with Only Children            | Total |
|-------------------------------------|---|--|--|-------|
| Total Number of Households          |   |  |  |       |
| 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                  |   |  |  |       |
| Adults ages 18-24                   |   |  |  |       |
| Accompanied Children under age 18   |   |  |  |       |
| Unaccompanied Children under age 18 |   |  |  |       |
| <b>Total Persons</b>                |   |  |  |       |

### 5a. Project Participants – Subpopulations

#### *Persons in Households with at Least One Adult and One Child*

| Characteristics       | Chronic Homeless Non-Veterans | Chronic Homeless Veterans | Non-Chronic 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    |                               |                           |                               |                         |                       |                       |                              |                     |                          |  |
| Adults ages 18-24     |                               |                           |                               |                         |                       |                       |                              |                     |                          |  |
| Children under age 18 |                               |                           |                               |                         |                       |                       |                              |                     |                          |  |
| <b>Total Persons</b>  |                               |                           |                               |                         |                       |                       |                              |                     |                          |  |

#### *Persons in Households with Children*

| Characteristics    | Chronic Homeless Non-Veterans | Chronic Homeless Veterans | Non-Chronic 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 |                               |                           |                               |                         |                       |                       |                              |                     |                          |  |
| Adults ages 18-    |                               |                           |                               |                         |                       |                       |                              |                     |                          |  |

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

|                      |  |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|--|
| <b>Total Persons</b> |  |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|--|

**Persons in Households with only Children**

| Characteristics                     | Chronic Homeless Non-Veterans | Chronic Homeless Veterans | Non-Chronic 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   |                               |                           |                               |                         |                       |                       |                              |                     |                          |  |
| Unaccompanied Children under age 18 |                               |                           |                               |                         |                       |                       |                              |                     |                          |  |
| <b>Total Persons</b>                |                               |                           |                               |                         |                       |                       |                              |                     |                          |  |

**5b. Outreach for Participants**

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

- Directly from the street or other locations not meant for human habitation.
- Directly from emergency shelters.
- Directly from safe havens.
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing
- Persons fleeing domestic violence (or attempting to flee and including human trafficking, victims of sexual assault, stalking, and dating violence)
- Directly from transitional housing
- Persons receiving services through the Department of Veterans Affairs (VA)-funded homeless assistance programs.
- Total of above percentages (total should equal 100%)**

**2. If the total is less than 100 percent, identify how the persons meet HUD’s definition of homeless and the project type eligibility requirements. (limit 350 words).**

**3. Describe the outreach plan to bring these homeless participants into the project (limit 350 words).**

**4 Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs? Please Select**

## 6. STANDARD PERFORMANCE MEASURES

### 1. Specify the universe and target for the housing measure.

| PSH Housing Measure   | Target (#) | Universe (#) | Target (%) |
|---|------------|--------------|------------|
| Persons remaining in permanent housing at the end of the operating year or exiting to permanent housing destinations (per data element 3.12 of the 2016 HMIS Data Standards) during the operating year. |            |              |            |

| RRH Housing Measure  | Target (#) | Universe (#) | Target (%) |
|--|------------|--------------|------------|
| Persons exiting to permanent housing destinations (per data element 3.12 of the 2016 HMIS Data Standards) during the operating year. |            |              |            |
| Persons who were placed in permanent housing within 30 days of entry into project.   |            |              |            |

### 2. Choose one income-related performance measure from below, and specify the universe and target numbers 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 |            |              |            |
| <b>- OR -</b>  |            |              |            |
| Adults who maintained or increased their earned income as of the end of the operating year or project year.                  |            |              |            |

## 7. FUNDING REQUEST

Please identify the funding being requested through this application, applicants may select more than one funding source. Please review 24 CFR Part 578 Subpart D, for more information regarding funding requests ([https://www.onecpd.info/resources/documents/CoCProgramInterimRule\\_FormattedVersion.pdf](https://www.onecpd.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf)).

- 1. Is it feasible for the project to be under grant agreement by September 30, 2018?**

**Please Select**
- 2. Does this project propose to allocate funds according to an indirect cost rate?**

**Please Select**

3. Select the costs for which funding is being requested.

- Leasing:
- Rental Assistance:
- Support Services:
- Operating Costs:

**7a. Leasing / Rental Assistance**

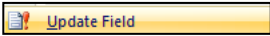
4. Is applying for rental assistance please identify the type Please Select

***Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.*

**Leased / Rental Assistance Units Annual Budget**

| Size of Units:                                      | Number of units      | FMR     | Months | Total request        |
|---|----------------------|---------|--------|----------------------|
| SRO:  | <input type="text"/> | \$350   | 12     | <input type="text"/> |
| 0 Bedroom (4)                                       | <input type="text"/> | \$467   | 12     | <input type="text"/> |
| 1 Bedroom(6)  | <input type="text"/> | \$571   | 12     | <input type="text"/> |
| 2 Bedroom (8)                                       | <input type="text"/> | \$773   | 12     | <input type="text"/> |
| 3 Bedroom (10)                                      | <input type="text"/> | \$1,105 | 12     | <input type="text"/> |
| 4 Bedroom (12)                                      | <input type="text"/> | \$1,254 | 12     | <input type="text"/> |
| 5 Bedroom (14)                                      | <input type="text"/> | \$1,442 | 12     | <input type="text"/> |
| 6 Bedroom (16)                                      | <input type="text"/> | \$1,630 | 12     | <input type="text"/> |
| 7 Bedroom (18)                                      | <input type="text"/> | \$1,818 | 12     | <input type="text"/> |
| 8 Bedroom (20)                                      | <input type="text"/> | \$2,006 | 12     | <input type="text"/> |
| 9 Bedroom (22)                                      | <input type="text"/> | \$2,195 | 12     | <input type="text"/> |
| <b>Total units and annual assistance requested:</b> | <input type="text"/> |         |        | <input type="text"/> |

**!!!IMPORTANT!!!**

After entering the total number of units, right click in the total request cell and select the **Update Field** option . This will update your total request. Be sure to select the **Update Field** option every time a new number is entered into the table. For questions, please contact Rebekah Hollwedel at 625-6321.

**7b. Supportive Services Budget (please see the instructions directly below this table for more guidance).**

**1. A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

| Eligible Costs:                        | Quantity Description<br><i>(max 400 characters)</i> | Annual Assistance<br>Requested |
|--|---|--------------------------------|
| 1. Assessment of Service Needs         | <input type="text"/>                                | <input type="text"/>           |
| 2. Assistance with Moving Cost         | <input type="text"/>                                | <input type="text"/>           |
| 3. Case Management                     | <input type="text"/>                                | <input type="text"/>           |
| 4. Child Care                          | <input type="text"/>                                | <input type="text"/>           |
| 5. Education Services                  | <input type="text"/>                                | <input type="text"/>           |
| 6. Employment Assistance               | <input type="text"/>                                | <input type="text"/>           |
| 7. Food                                | <input type="text"/>                                | <input type="text"/>           |
| 8. Housing/Counseling Services         | <input type="text"/>                                | <input type="text"/>           |
| 9. Legal Services                      | <input type="text"/>                                | <input type="text"/>           |
| 10. Life Skills                        | <input type="text"/>                                | <input type="text"/>           |
| 11. Mental Health Services             | <input type="text"/>                                | <input type="text"/>           |
| 12. Outpatient Health Services         | <input type="text"/>                                | <input type="text"/>           |
| 13. Outreach Services                  | <input type="text"/>                                | <input type="text"/>           |
| 14. Substance Abuse Treatment Services | <input type="text"/>                                | <input type="text"/>           |
| 15. Transportation                     | <input type="text"/>                                | <input type="text"/>           |
| 16. Utility Deposits                   | <input type="text"/>                                | <input type="text"/>           |
| 17. Operating Costs                    | <input type="text"/>                                | <input type="text"/>           |
| <b>Total Request for Grant Term</b>    |   | <input type="text"/>           |

***Support Services Budget Table Instructions:***

*Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.*



**Eligible Costs:** The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

**Quantity AND Description:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

**Grant Term:** This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**7c. Operating (please see the instructions directly below this table for more guidance).**

**1. A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

| Eligible Costs:                     | Quantity Description<br><i>(max 400 characters)</i> | Annual Assistance<br>Requested |
|-------------------------------------|---|--------------------------------|
| 1. Maintenance/Repair               | <input type="text"/>                                | <input type="text"/>           |
| 2. Property Taxes and Insurance     | <input type="text"/>                                | <input type="text"/>           |
| 3. Replacement Reserve              | <input type="text"/>                                | <input type="text"/>           |
| 4. Building Security                | <input type="text"/>                                | <input type="text"/>           |
| 5. Electricity, Gas, and Water      | <input type="text"/>                                | <input type="text"/>           |
| 6. Furniture                        | <input type="text"/>                                | <input type="text"/>           |
| 7. Equipment (lease, buy)           | <input type="text"/>                                | <input type="text"/>           |
| <b>Total Request for Grant Term</b> |   | <input type="text"/>           |

**Operating Budget Table Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

**Eligible Costs:** The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

**Quantity AND Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

**Grant Term:** This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

## 7e. Summary Budget

| Eligible Costs                                | Total Assistance Requested |
|---|----------------------------|
| Leased Units:                                 | <input type="text"/>       |
| Rental Assistance:                            | <input type="text"/>       |
| Supportive Services:                          | <input type="text"/>       |
| Operating:                                    | <input type="text"/>       |
| Sub-total Costs Requested:                    | <input type="text"/>       |
| Admin:  | <input type="text"/>       |
| <b>Total Assistance Plus Admin Requested:</b> | <input type="text"/>       |
| Cash Match:                                   | <input type="text"/>       |
| In-Kind Match:                                | <input type="text"/>       |
| *Total Match:                                 | <input type="text"/>       |
| <b>Total Budget:</b>                          | <input type="text"/>       |

*\*\*\*Please note that additional information may be required.*

## 8. ATTACHMENTS REQUIRED

### **Subrecipient NonProfit Documentation**

**HUD Form 2880- Applicant / Receipt Disclosure Update Report dated between 7/28/17 – 8/18/17**

**City of Spokane CHHS Applicant Pre-Award Risk Assessment (or proof of submission in 2017).**

**Proposed Project Policies and Procedures, including client forms (if available).**

*If these are not available at time of submission, you are required to attach a proposed timeline for drafting and submitting Project Policies and Procedures.*