

## Before Starting the Project Application

HUD strongly encourages ALL project applicants to review the following information BEFORE beginning the application.

### Things to Remember

- Download and review the detailed instructions within the document on the left menu of this application. Resources are also available online at [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps), to help successfully complete the application.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD through the HUD HRE Virtual Help Desk, which is accessible online at [www.hudhre.info/helpdesk](http://www.hudhre.info/helpdesk).
- Project applicants are required to have a Data Universal Numbering System (DUNS) number, and an active registration in the Central Contractor Registration (CCR), in order to apply for funding under the CoC competition. For more information see the FY2011 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY2011 CoC NOFA and the FY2011 General Section should be read carefully, and all requirements and criteria met.
- All applicants, new and returning, must complete the applicant profile in e-snaps for FY2011 before submitting the Exhibit 2 application.
- Renewal applications - carefully review and update application, if it includes data from the FY2010 application. Questions may have been changed, removed, or added, and the imported information may or may not be relevant.
- For S+C projects requesting renewal funding, the number of units requested for each unit size in the project must be consistent with the number of units indicated on the CoC's FY2011 S+C Grant Inventory Worksheet, as approved by HUD.
- For SHP projects requesting renewal funding, the total budget request must be consistent with the annual renewal amount (ARA) listed on the CoC's FY2011 SHP Grant Inventory Worksheet. If the ARA is reduced or eliminated through the CoC's HHN reallocation process, the budget request must be reflected accordingly.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the program and application requirements.

## 1A. Application Type

### Instructions:

1. Type of Submission - This field is populated the Application option, and cannot be changed.
2. Type of Application: (required) - Select 'New Project' or 'Renewal Project' to indicate whether the project is eligible for new or renewal funds during the current competition. Renewal project applications 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. All other applications are defined as new projects.
3. Date Received - No action needed. This field is automatically populated with the date on which the application is submitted. The date populated cannot be edited.
4. Applicant Identifier - Leave this field blank.
- 5a. Federal Entity Identifier - Leave this field blank.
- 5b. Federal Award Identifier: (required) - This field may populate with the grant number for the 2010 project that is imported. This field will be blank for any first time renewal application. The correct expiring grant number must be entered. Leave the field blank for all new funding applications.
6. Date Received by State - Leave this field blank.
7. State Application Identifier - Leave this field blank.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

### 1. Type of Submission:

2. Type of Application: New Project

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/17/2011

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

(e.g., expiring grant number)

6. Date Received by State:

7. State Application Identifier:

## 1B. Legal Applicant

**Instructions:**

8. Applicant Information - The applicant information populated on this form comes from the Applicant Profile, and must reflect the information for the applicant organization that can legal request homeless assistance funding from HUD.

a. Legal Name - The legal name of the applicant organization is populated on this form from the Applicant Profile. It is important that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained online at - <http://esnaps.hudhre.info>.

b. Employer/Taxpayer Number (EIN/TIN) - The EIN/TIN for the applicant organization is populated on this form from the Applicant Profile.

c. Organizational DUNS - The DUNS number for the applicant organization is populated on this form from the Applicant Profile. Information on obtaining a DUNS number may be obtained online at - <http://www.dnb.com>.

d. Address - The physical address of the applicant organization is populated on this form from the Applicant Profile.

e. Organizational Unit - If applicable, the department and division of the applicant organization is populated on this form from the Applicant Profile.

f. Name and contact information of person to be contacted on matters involving this applicant - The alternate point of contact for the applicant organization is populated on this form from the Applicant Profile. This person may or may not be the authorized representative.

Additional Resources:  
 Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**8. Applicant**

**a. Legal Name:** Thurman Brisben Homeless Shelter, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 54-1647219

	<b>c. Organizational DUNS:</b>	807058714	PL US 4	
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**d. Address**

**Street 1:** 471 Central Rd

**Street 2:**

**City:** Fredericksburg

**County:**

**State:** Virginia

**Country:** United States

**Zip / Postal Code:** 22401

**e. Organizational Unit (optional)**

**Department Name:**

**Division Name:**

**f. Name and contact information of person to  
be  
contacted on matters involving this  
application**

**Prefix:** Ms.

**First Name:** Bunny

**Middle Name:**

**Last Name:** Melzer

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Thurman Brisben Homeless Shelter, Inc.

**Telephone Number:** (540) 899-9860

**Extension:**

**Fax Number:** (540) 899-8914

**Email:** bmelzer@brisbencenter.org

## 1C. Application Details

### Instructions:

9. Type of Applicant : (required) - This field is populated from the e-snaps Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

10. Name Of Federal Agency - field populated with the Department of Housing and Urban Development. The field cannot be edited.

11. Catalog Of Federal Domestic Assistance Number/Title: (required) - select the applicable program type - SHP, S+C, or SRO. The selection will automatically populate the CFDA number field on this form, and will drive the list of components available on form 3A. Project Detail of this application.

12. Funding Opportunity Number/Title - This field will automatically populate with the funding opportunity number and title of the opportunity under which assistance is requested, as found in this year's Federal Register announcement.

13. Competition Identification Number/Title - Leave this field blank.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

**If "Other" please specify:**

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** SHP

**CFDA Number:** 14.235

**12. Funding Opportunity Number:** FR-5500-N-34

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

### Instructions:

14. Areas Affected By Project: (required) - select the state(s) in which the proposed project will operate and serve homeless persons. The state(s) selected will determine the list of geographic areas and congressional districts displayed elsewhere in this application.

15. Descriptive Title of Applicant's Project: field populates the 2011 project name from the Project form. Return to the Project form, to make changes to the name.

16. Congressional District(s):

a. Applicant: This field is populated from the e-snaps Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

b. Project: (required) - Select the congressional district(s) in which the project operates. For new project, select the district(s) in which the project is expected to operate.

17. Proposed Project Start and End Dates: (required) - indicate the operating start and end date for the project. For new project application, indicate the estimated operating start and end date of the project.

18. Estimated Funding: Leave these fields blank.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

**14. Area(s) affected by the project (state(s) only):** Virginia  
(for multiple selections hold CTRL+Key)

**15. Descriptive Title of Applicant's Project:** FISH Program

**16. Congressional District(s):**

**a. Applicant:** VA-001

**b. Project:** VA-001

(for multiple selections hold CTRL+Key)

**17. Proposed Project**

**a. Start Date:** 02/01/2012

**b. End Date:** 01/31/2013

**18. Estimated Funding (\$)**

- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. TOTAL:**

## 1E. Compliance

### Instructions:

19. Is Application Subject to Review By State Executive Order 12372 Process? (required) - Select the appropriate box that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

If "YES" is selected enter the date this application was made available to the State for review.

20. Is the Applicant Delinquent on any Federal Debt? (required) - Select the appropriate box that applies to the Applicant applying for homeless assistance funding. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "YES" is selected include an explanation in the space provided on this screen.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** c. Program is not covered by E.O. 12372.

**If "YES", enter the date this application was made available to the State for review:**

**20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

# 1F. Declaration

## Instructions:

I Agree: (required) - Select the check next to 'I Agree' to (1) certify to the statements contained in the list of certifications\*\*, (2) certify that the statements herein are true, complete, and accurate to the best of my knowledge, (3) certify that the required assurances\*\* are provided, and (4) agree to comply with any resulting terms if I accept an award. Any false, fictitious, or fraudulent statements or claims may subject the authorized representative and the applicant organization to criminal, civil, or administrative penalties .(U.S. Code, Title 218, Section 1001)

\*\*The list of certifications and assurances are contained in the CoC NOFA and in the e-snaps Applicant Profile.

21. Authorized Representative: The information for the authorized representative is populated from the Applicant Profile. A copy of the governing body's authorization for this person to sign this application as the official representative must be on file in the applicant's office.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE:

## 21. Authorized Representative

Prefix: Ms.

First Name: Bunny

Middle Name:

Last Name: Melzer

Suffix:

Title: Executive Director

Telephone Number: (540) 899-9860  
(Format: 123-456-7890)

Fax Number: (540) 899-8914  
(Format: 123-456-7890)

**Email:** bmelzer@brisbencenter.org

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/17/2011

## 2A. Project Sponsor(s)

**This form lists the sponsor organization(s) for the project. To add a sponsor, select the  icon. To view or update sponsor information already listed, select the view  option.**

Organization	Type
This list contains no items	

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

### **Instructions:**

The specific narratives that must be provided will vary based on the project type, program type, and component type.

Knowledge and experience : (required) - Describe why the applicant, sponsor, and partner organizations (i.e., developers, key contractors, and subcontractors, service providers) are the appropriate entities to receive funding by documenting their experience and expertise in: 1) working with the target population(s); 2) developing and implementing appropriate systems, services, and residential property construction and rehabilitation, if applicable; and 3) addressing the target population's identified housing and supportive services needs. Include in the description any previous work of a similar nature and for the proposed project population.

Unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG : (required) - select Yes or No to indicate whether or not the sponsor has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the sponsor organization is either a direct grantee or a sponsor.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

### **1. Describe the experience of the applicant, sponsor, and partners, as it relates to working with homeless persons and the project's target population.**

Thurman Brisben Center (TBC) is an 80-bed, 90-day high demand programmatic residential homeless shelter that has served the homeless and the at-risk population of Virginia's Planning District 16 for over 20 years. Planning District 16 is comprised of the City of Fredericksburg and the Counties of Caroline, King George, Spotsylvania and Stafford. Beyond basic shelter, TBC has numerous prevention programs available to the public, such as GED, Job Preparedness, Earned Income Tax Credit filing assistance, basic medical care, youth resiliency groups, parenting classes, computer training and more. In addition TBC has been providing direct financial assistance for the last two years as a sub-grantee of the Homeless Prevention and Rapid Re-Housing grant. TBC works closely with all five jurisdictions in PD 16 Social Service Departments and school's homeless liaisons.

### **2. Describe the experience of the applicant, sponsor, and partners, as it relates to timely construction or rehabilitation (if applicable).**

N/A

### **3. Describe the experience of the applicant, sponsor, and partners, as it relates to leasing units, administering rental assistance, providing supportive services, and implementing a HMIS, as applicable to the proposed project.**

Thurman Brisben Center (TBC) is a sub-grantee of the HPRP, receiving \$727,000 for rental assistance and rapid re-housing, which has been active since 2009. Prior to that, TBC facilitated a small transitional program where property was rented to house three or four men in a unit for up to two years. TBC was the first active participant in its Continuum's HMIS program. The Executive Director of TBC was on the initial committee to review, select and implement which HMIS program was used.

**4. Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG?** No

(If yes, click on the "Save" button below to explain findings)

### 3A. Project Detail

#### Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application. The selections made on this form will determine the remaining forms that must be completed with this application.

1. Expiring Grant Number: field populates with the expiring grant number entered as the "Federal Award Identifier" on form 1A. Application Type of this application.
2. CoC Number and Name: (required) - select the appropriate Continuum of Care (CoC) number and name. The selected CoC will receive the application and determine whether or not to include it with the CoC application submission to HUD.
3. Project Name: field populates the 2011 project name from the Project form. Return to the Project form, to make changes to the name.
4. Project Type: field populates the project type (new or renewal), as selected on form 1A. Application Type of this application.
5. Program Type: field populates the program type -- Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (SRO), as selected on form 1C. Application Details of this application.
6. Component Type: (required) - select the one component that appropriately identifies the project. The list of available components will depend on the program type selected.
7. Energy star: (required) - select Yes or No to indicate whether or not energy star is being (or will be) used at one or more of the properties that will receive assistance using the requested funds.
8. Title V: (required) - select Yes or No to indicate whether or not one or more of the project properties has been conveyed under Title V.
9. Services in connection with another TH or PH project: select Yes or No to indicate whether or not the project is providing (or will provide) supportive services to participants in another permanent housing or transitional housing project.
10. Innovative SHP: (required) - select Yes or No to indicate whether or not the proposed project is to be considered under the Innovative Supportive Housing component. If yes, indicate in the project description (on form 2B of this application) how the project represents a distinctively different approach when viewed within its geographic area, is a sensible model for others, and can be replicated elsewhere. An applicant should not propose a project under this component unless a compelling case is made that these criteria can be met.

Additional resources:  
 Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

#### 1. Expiring Grant Number

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2. CoC Number and Name** VA-514 - Fredericksburg/Spotsylvania, Stafford Counties CoC

**3. Project Name** FISH Program

**4. Project Type** New Project

**5. Program Type** SHP  
Content depends on "CFDA Number" selection

**6. Component Type** PH  
Content depends on "Program Type" selection

**7. Is Energy Star used at one or more of the properties within this project?** No

**8. Does this project include one or more Title V properties?** No

**9. Is the project providing services to participants in another PH or TH project?** No

**10. Is the proposed project submitted for consideration under the Innovative Supportive Housing component?** No

## 3B. Project Description

**Instructions:**

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

**ALL PROJECTS**

1. Project Description: (required) - provide a description of the project that is complete and concise. The description must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). In cases where the proposed project is expanding an existing facility, service, or HMIS system, document, when applicable, how the requested funds will supplement existing services and resources, increase participants served, or increase the capacity of the CoC's HMIS (if applicable). The narrative is expected to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term requested in this application. The description should be consistent with and make reference to other parts of this application. Applicants are encouraged to review the detail instructions available on the left menu, as well applicable program regulations and desk guides available online at <http://esnaps.hudhre.info>.

**RENEWAL SHP PROJECTS ONLY**

2. Was the original project awarded funding for acquisition, new construction, or rehabilitation? (required) - select Yes or No to indicate whether or not the project previously received SHP funds under the CoC competition for acquisition, new construction, or rehabilitation.

**NEW PROJECTS ONLY**

2. Description of rehabilitation, acquisition, and new construction activities: (required) - describe the proposed rehabilitation and new construction activities for the project site(s). The description must detail the entire scope of the development activities, including the portion of activities funded and not funded through this application. If persons currently occupy building(s) to be rehabilitated, describe the planned relocation effort for these persons. Also describe the role of the applicant, sponsor, and other project partners, and the estimated timeframe for completing development.

**NEW SHP-HMIS ONLY**

2. HMIS Need: (required) - Describe how needs assessment, resource allocation and service coordination will be improved through the new or expanded HMIS project.  
3. State/Federal Funding Overlap: (required) - Demonstrate that HUD funds for this project will not replace state or local government funds.

**NEW SHP-TH PROJECTS ONLY**

3. Maximum length of stay: (required) - indicate the maximum allowable length of occupancy for persons participating in the project.

**NEW SHP-PH ONLY**

3. More than 16 persons living in one structure: (required) - select Yes or No to indicate if more than 16 persons reside (or will reside) in any one of the structures assisted with SHP funds requested through this application. If there are more than 16 people, then an explanation is required as to how local market conditions necessitate this size, and how neighborhood integration can be achieved for the residents. For more information on the 16-person limit, see Section 424(c) of the McKinney-Vento Act.

**NEW S+C-TRA ONLY**

3. Housing selection: (required) - select Yes or No to indicate whether or not participants are required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation.

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

**1. Provide a description of the project that addresses its entire scope, including the needs of the community/target population.**

Thurman Brisben Center's FISH (Fostering Independence through Self-Sufficient Housing) Program seeks to coordinate services that are available to individuals and families who are homeless to establish permanency in housing by temporarily supplementing financial assistance. Participants will include young adults who have aged out of the foster care system or who have voluntarily removed themselves from services previously utilized through foster care and have no alternative housing, or unaccompanied youth with no housing but attending school. A second target population is homeless families with children, both chronic and not chronic.

The FISH program will be a hands on program that seeks to, through the utilization of a Case Manager, guide individuals to overcome the barriers and obstacles that are currently in place that are preventing the participant from obtaining and maintaining permanent housing. The FISH program will work on a tri-level theory with each level progressively working to allow the participant to become self sufficient and live independently. The participant may be a consumer of TBCs residential component during the first and second stage, or may be living in a group home or juvenile detention center. The Case Manager will coordinate tutoring, mentoring, transportation, and all other individual needs for school aged homeless persons to establish a core base for continued growth.

The FISH program will supplement the participant's rent and utilities for a specified period of time. Assistance will decrease over time as the participant's responsibilities and abilities increase. At the end of the final stage, the participant will assume one hundred percent responsibility and will continue to lead a fulfilling and independent life as the foundation has been laid to support a strong and thriving structure.

As the only year-round residential shelter, TBC works closely with the homeless liaisons in the schools in Planning District 16. At any given time, there are from three to six homeless youth over the age of 18, but still in school, living at the shelter. The schools and TBC work together to ensure homeless youth are educated. According to Pew Charitable Trusts "Kids are Waiting" campaign, 22.5% of Virginia's foster care children age out and a full 10% age out with no permanent housing available.

**2. Describe the rehabilitation proposed for the property and the responsibilities that the applicant and other project partners will have in operating and maintaining the property.**

N/A

**3. Will more than 16 persons live in one structure** No

(If yes, click on the "Save" button below to enter additional information.)

## 3C. Project Expansion Information

**Instructions:**

Complete all fields on this form to indicate whether or not the proposed project expands an existing project scope, and describe the expanding activities.

Expanding an existing housing facility or supportive service: (required) - select Yes or No to indicate whether or not the proposed project establishes new services for existing project, or increases the capacity of HMIS activities, or increases the number of people served by funding additional units at new site(s) or at existing site(s) not currently within the scope of the existing project. If Yes, provide a description of the specific expansion activities.

- One or more of the following five(5) activities may constitute an expansion project:
- Bring existing facilities up to state or local government health and safety standards
  - Replace the loss of nonrenewable funding
  - Increase HMIS capacity and/or functionality
  - Increase the number of homeless persons served
  - Provide additional supportive services to homeless persons

Additional resources:  
 Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info/training>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>  
[www.hud.gov/offices/cpd/about/staff/fodirectors](http://www.hud.gov/offices/cpd/about/staff/fodirectors)

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** Yes

(Click the "Save" button to identify and describe all expanding activities.)

**Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details.** Increase the number of homeless persons served, Provide additional supportive services to homeless persons

**Increase number of homeless persons served**

**Indicate how the project is proposing to "increase the number of homeless persons served."**

Current level of effort	
# of persons served at a point-in-time	32
# of units	8
# of bedrooms	8
# of beds	32
<b>New Effort</b>	
# of additional persons served at a point in time that this project will provide	22
# of additional units this project will provide	12
# of additional bedrooms this project will provide	18

Current level of effort	
# of additional beds this project will provide	22

**Additional supportive services to homeless persons**

**Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."** Increase number of and/or expand variety of supportive services provided, Increase frequency and/or intensity of supportive services

**Describe the reason for the supportive service increase indicated above.**

Presently TBC's aftercare program, SITES (Securing Independence through Exchanging Services) is the primary source of continued follow-up once a consumer moves from shelter to permanent housing. In addition, TBCs present shelter component is only for 90 days. Little can be accomplished in the way of financial and/or general education to improve employment in 90 days. This project will provide long term assistance with in-depth case management ensuring barriers are fully removed and participants can remain independent.

## 4A. Supportive Services for Participants

### Instructions:

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. Project policies and practices are consistent with the educational laws: (required) - select Yes or No to indicate whether or not the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with educational laws, including the McKinney-Vento Act.

2. Designated staff person to ensure that the children in the project are enrolled in school and receive educational services, as appropriate: (required) - select Yes or No to indicate whether or not the project 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. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution, if 'No' has been selected for either questions 1 or 2.

### NEW PROJECTS ONLY

4. Obtain and remain in permanent housing: (required) - 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.

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

6. Specify the frequency of supportive services to be provided to project participants: (required) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) of each basic supportive service provided to participants. Basic supportive services include: 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, and transportation.

Specify Other(s): (optional) - enter up to 3 additional supportive services applicable to the proposed project, and enter the frequency of those additional services.

7. Accessibility of community amenities: (required) - 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:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

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

**2. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** Yes

**3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution.**

N/A

**4. Describe how participants will be assisted to obtain and remain in permanent housing.**

Upon entry to the program, the participant will work with the Case Manager for a detailed assessment, to include financial, educational, housing needs, health, social development, and transportation needs. The participant will contract to meet with the Case Manager weekly to start and less often as barriers are addressed. The Case Manager will assist the participant in finding adequate housing. The lease will be in the participant's name, although TBC will assist with rental payments on a sliding scale until the participant is capable of taking 100% responsibility. Upon graduating from the program, the Case Manager will remain in contact with the participant for 18 months and will assist if new challenges arise.

**5. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.**

The initial assessment will determine if a participant is unemployed or underemployed. Once determined, the Case Manager will identify barriers to increasing employment and/or income. The participant and Case Manager will work on such skills as budgeting and ways to make money "stretch", establishing a checking and savings account and how to properly write checks and balance a checkbook, and on understanding the "credit crunch" and the dangers of abusing credit, what making minimum payments on credit cards will result in over time as well of the ramifications of utilizing paycheck loans and car title loans.

Social development will also be assessed and participants will be referred to specific professionals in accordance to their need or development level to ensure independence. The Case Manager will assist with SSI and SSDI applications as appropriate.

**6. Specify the frequency of supportive services to be provided to project participants.**

Supportive Services	Select frequency
Outreach	Monthly
Case Management	Weekly
Life Skills	Weekly
Job Training	Daily
Alcohol and Drug Abuse Services	Weekly

<b>Mental Health and Counseling</b>
<b>HIV/AIDS Services</b>
<b>Health/Home Health Services</b>
<b>Education and Instruction</b>
<b>Employment Services</b>
<b>Child Care</b>
<b>Transportation</b>
<b>Other (Specify Below)</b>
<b>Other (Specify Below)</b>
<b>Other (Specify Below)</b>

Weekly
Does not apply
Does not apply
Weekly
Monthly
Does not apply
Does not apply

--

--

--

**7. How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project?** Yes, very accessible

## 4B. Housing Type and Scale

**This list summarizes each housing site in the project. To add a housing site to the list, click the add icon. To view or update a housing site already listed, select the appropriate view icon.**

Housing Type	Units	Bedrooms	Beds
Scattered-site apartments (...)	12	26	26

## 4B. Housing Type and Scale Detail

### Instructions:

1. Housing type: (required) - select or update the proposed housing type. Refer to the detailed instructions document for a definition of each housing type.
2. Indicate the maximum number of units, bedrooms, and beds available for project participants at the selected housing site.
  - a. Total units: (required) - enter or update the maximum number of units available for housing project participants at the selected housing type.
  - b. Total bedrooms: (required) - enter or update the maximum number of bedrooms available for housing project participants at the selected housing type.
  - c. Total beds: (required) - enter or update the maximum number of bedrooms available for housing project participants at the selected housing type.
3. Geographic areas: (required) - indicate the geographic location(s) of the selected housing type.

Additional resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

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

**2. Indicate the maximum number of units, bedrooms, and beds available for project participants at the selected housing site.**

**a. Units:** 12


**b. Bedrooms:** 26

**c. Beds:** 26

**3. Select the geographic area(s) associated with the selected housing type. For new projects, select the area(s) expected to be served.** 519179 Stafford County, 510612  
FREDERICKSBURG, 519033 Caroline County,  
519193 Westmoreland County, 519099 King  
George County, 519177 Spotsylvania County

**(for multiple selections hold CTRL+Key)**

## 4C. Project Location(s)

The list summarizes the location of each site in the project. To add a location, select the  icon. To view or update a location already listed, select the view  option.

Location Name	Ownership	Street Address 1	Street Address 2	City	State	Zip
Scattered Site	Lease	unknown	--	unknown	Virginia	--

## 4c. Project Location Detail

### Instructions:

**Location Name:** (required) - identify the name of the location to be supported using requested funds. For new projects, indicate if the expected location of the site. If the location is unknown at the time of application, use this field to indicate such.

**Project Ownership:** (required) - select Own or Lease to indicate whether or not the location is owned or leased by the applicant, sponsor, or a parent organization. For new projects, indicate the expected ownership status of the site. SHP projects are statutorily prohibited from using leasing funds as payment for units or structures owned by the applicant, project sponsor, or a parent organization of either entity.

**Location Address:** (required) - enter the proposed Street Address, City, State, and Zip Code of the proposed property. For new projects, indicate the expected project location, or if the location is unknown, indicate such. However, for SRA projects, the address of each project location is required at the time application. Locations that serve domestic violence victims covered under the VAWA may indicate an administrative office or P.O. Box address.

**Additional resources:**  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**Identify the ownership and location of each site that is (or will be) supported using requested funds.**

<b>Location Name</b>	Scattered Site
<b>Property Ownership</b>	Lease
<b>Street Address 1</b>	unknown
<b>Street Address 2</b>	
<b>City</b>	unknown
<b>State</b>	Virginia
<b>Zip Code</b>	

**Format: (12345 or 12345-1234)**

## 5A. Project Participants - Households with Dependent Children

**Instructions:**

Identify the demographics of each household with children served (or proposed to be served), at a particular point in time (when the project is at full capacity). The numbers entered here must reflect only those households and persons served using the funds requested in this application.

1. Total number of households: (required) - enter the total number of households served (or proposed to be served).

2. Disabled adults: (in this row) - enter the un-duplicated total number of adult persons with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (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 un-duplicated total number of adult persons without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

4. Disabled children: (in this row) - enter the un-duplicated total number of children with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

5. Non-disabled children: (in this row) - enter the un-duplicated total number of children without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

6. Total persons: (calculated row) - the total number of persons within each subpopulation is automatically calculated.

7. Total number of adults: (calculated row) - the total number of adults served (or proposed to be served) is automatically calculated.

8. Total number of children: (calculated row) - the total number of children served (or proposed to be served) is 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. For a new project, this count is based on the applicant's best guess at the time of application. 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.

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

<b>1. Total Number of Households</b>	5						
	<b>Total Persons (unduplicated)</b>	<b>Chronically Homeless</b>	<b>Severely Mentally Ill</b>	<b>Chronic Substance Abuse</b>	<b>Veterans</b>	<b>Persons with HIV/AIDS</b>	<b>Victims of Domestic Violence</b>
<b>2. Disabled Adults</b>	5	2			2		2
<b>3. Non-Disabled Adults</b>	1						
<b>4. Disabled Children</b>	1						

<b>5. Non-Disabled Children</b>	12						
<b>6. Total Persons</b> (click on "Save" to auto-calculate)	19	2	0	0	2	0	2
<b>7. Total Number of Adults</b> (click on "Save" to auto-calculate)	6						
<b>8. Total Number of Children</b> (click on "Save" to auto-calculate)	13						

## 5B. Project Participants - Households without Dependent Children

**Instructions:**

Identify the demographics of each household without children served (or proposed to be served), at a particular point in time (when the project is at full capacity). The numbers entered here must reflect only those households and persons served using the funds requested in this application.

1. Total number of households: (required) - enter the total number of households without children served (or proposed to be served).

2. Disabled adults: (in this row) - enter the un-duplicated total number of adult persons with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (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 un-duplicated total number of adult persons without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

4. Disabled unaccompanied youth: (in this row) - enter the un-duplicated total number of unaccompanied youth with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

5. Non-disabled unaccompanied youth: (in this row) - enter the un-duplicated total number of unaccompanied youth without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

6. Total persons: (calculated row) - the total number of persons within each subpopulation is automatically calculated.

7. Total number of adults: (calculated row) - the total number of adults served (or proposed to be served) is automatically calculated.

8. Total number of unaccompanied youth: (calculated row) - the total number of unaccompanied youth served (or proposed to be served) is 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. For a new project, this count is based on the applicant's best guess at the time of application. 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.

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

<b>1. Total Number of Households</b>	7						
	<b>Total Persons (unduplicated)</b>	<b>Chronically Homeless</b>	<b>Severely Mentally Ill</b>	<b>Chronic Substance Abuse</b>	<b>Veterans</b>	<b>Persons with HIV/AIDS</b>	<b>Victims of Domestic Violence</b>
<b>2. Disabled Adults</b>	6		1	1			1
<b>3. Non-Disabled Adults</b>							

<b>4. Disabled Unaccompanied Youth (under 18)</b>							
<b>5. Non-Disabled Unaccompanied Youth (under 18)</b>	1						
<b>6. Total Persons (click on "Save" to auto-calculate)</b>	7	0	1	1	0	0	1
<b>7. Total Number of Adults (click on "Save" to auto-calculate)</b>	6						
<b>8. Total Number of Unaccompanied Youth (click on "Save" to auto-calculate)</b>	1						

## 5C. Outreach for Participants

### Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

1. Where homeless participants are coming from: (required) - enter the percentage (%) related to the places from which project participants are coming, including: street, 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%: (optional) - 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. Also 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:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

**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 (90 consecutive days or less) in a jail, hospital, or other institution.**

10%	Persons who came from the street or other locations not meant for human habitation.
90%	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 percent, identify the other location(s), and how the persons will meet the HUD homeless definition.**

N/A

**3. Describe the outreach plan to bring these homeless participants into the project.**

DSS and school homeless liaisons will notify TBC as they become aware of a homeless individual attending school or aging out of foster care with no housing options. TBC will provide a short term shelter bed (less than 30 days) until appropriate housing and income can be secured.

Each month, TBC will meet with departments of Social Services and high school homeless liaisons to continue an established relationship. In addition, TBC will notify group homes and juvenile detention centers of the program so they can refer individuals leaving with no housing options.

## 6A. Standard Performance Measures

**Instructions:**

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. Applicants are required to set a housing stability goal and to select at least one income-related 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 for the housing measure.  
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 or exiting to permanent housing (subsidized or unsubsidized) during the operating year.	26	20	77%

**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 (%).**

Income 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.	12	8	67%
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%

## **6B. Additional Performance Measures**

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

## 6B. Additional Performance Measures Detail

### Instructions

Specify the universe that each measure applies to, and the number (#) of applicable clients who are expected to achieve each measure within the operating year, the source where data will be compiled (e.g., data reported in HMIS), method of data collection (e.g., data collected by the intake worker at entry and case managers at exit) proposed to measure results, specific data elements and formula proposed for calculating results, and rationale for why the proposed measure is an appropriate indicator of performance for this project.

### 1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Universe (#)	c. Target (#)	d. Target (%) (Calculated)
Increased level of education	22	15	68%

### 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

The level of education will be increased by participants on a pre and post assessment by the Case Manager. Participants will work toward increasing their level of education such as gaining a GED, finishing high school/college, and specialized training in order to secure/expand employment.

### 3. Specific data elements and formula proposed for calculating results

The participants level of education will be measured according to pre and post levels of involvement. An increase in education will expand opportunities for participants to secure employment and resources that will permit the participant to become self-sufficient. The Case Manager will assist the participant in locating resources available to meet their individual needs.

### 4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

The proposed measure of performance is an appropriate indicator in that basic and continued education is necessary to expand employment opportunities and become an independent and contributing member of society.

# Funding Request

## Instructions:

The fields that must be completed on this form will vary based on the project type, program type, and component type.

1a. Operating by September 30, 2013? (required) - select Yes or No to indicate whether or not the grant agreement will be execute and the project will begin operating by September 30, 2013. Unobligated funds will not be available after September 30, 2013.

### NEW PROJECTS ONLY:

1b. Are special housing funds being requested for this project? (required) - select Yes or No to indicate whether or not the project is requesting funds under the Permanent Housing Bonus funding category. If yes, then the project will be referred to as a new PH Bonus project. Only permanent housing projects are eligible for PH Bonus funds.

2. Is this project using HHN reallocated funds? (required) - select Yes or No to indicate whether the new project is using HHN reallocated funds.

### RENEWAL PROJECTS ONLY:

1b. Is this project a HUD approved consolidation? (required) - select Yes or No to indicate whether or not the project has recently consolidated two or more grants, as approved through HUD's grant amendment process.

1c. Was the original project awarded funding (in part or whole) under a special housing initiative? (required) - indicate whether or not the project previously received funds under one of the following housing initiatives: Samaritan Housing, Chronic Homeless, Permanent Housing Bonus, or Rapid Rehousing Demonstration. If yes, then the project must continue to meet the requirements of the initiative for the life of the project, in order to continue to receive renewal funding under the CoC competition.

2. Has this project been reduced through the HHN reallocation process? (required) - select Yes or No to indicate whether the renewal project is reduced through the HHN reallocation process.

### NEW AND RENEWAL PROJECTS:

3. Grant term: (required) - indicate the number of years for which new or renewal funding is being request. The number of years that can be selected will vary depending on the project type and program type.

4. Select the activities for which funding is being requested: (required for SHP projects only) - 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, operating, and HMIS. Renewal projects may indicate only those activities listed on the 2011 SHP GIW.

Additional resources:

<http://esnaps.hudhre.info>

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

**1a. Is it feasible for the project to begin operating/under grant agreement by September 30, 2013? Yes**

**1b. Are special housing funds being requested for this project?** No

(If Yes, click the 'Save' button to identify the project as a PH Bonus.)

**2. Is this project using HHN reallocated funds?** No

**3. Grant Term:** 1 Year

**4. Select the activities for which funding is being requested:**

Acquisition	<input type="checkbox"/>
New Construction	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>
Leasing	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

## 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** \$29,400

## 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:

Application Detailed Instructions (on left menu)

<http://www.hudhre.info>

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

**Metropolitan or non-metropolitan fair market rent area** VA - Richmond, VA HUD Metro FMR Area (5100799999)

Unit Size	Number of Units	HUD Paid Rent	Number of Months	Total Rent (per unit size)
SRO			12	\$0
0 Bedroom			12	\$0
1 Bedroom			12	\$0
2 Bedroom	10	\$200	12	\$24,000
3 Bedroom	2	\$225	12	\$5,400
4 Bedroom			12	\$0
5 Bedroom			12	\$0
6 Bedroom			12	\$0
7 Bedroom			12	\$0
8 Bedroom			12	\$0
<b>Totals</b>	12			\$29,400

**Enter the appropriate values in the "Number of Units" and "HUD Paid Rent" fields, before clicking on the "Save" button to auto-populate the "Number of Months" and "Total Rent" columns.**

## Leased Structures Budget

The following information summarizes the SHP funds being requested for one or more structures leased for operating the project.

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

Structure Name	Paid Amount	Number of Months	Total
This list contains no items			

## Supportive Services Budget

**Instructions:**

For each year of the grant term, enter the quantity and total budget request for each supportive services cost. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

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:  
 Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Supportive Services Costs	Quantity (limit 400 characters)	SHP Request Year 1	Total
1. Outreach			\$0
2. Case Management	1 FTE Case Manager Salary + benefits	\$5,654	\$5,654
3. Life Skills (outside of case management)			\$0
4. Alcohol and Drug Abuse Services			\$0
5. Mental Health and Counseling Services			\$0
6. HIV/AIDS Services			\$0
7. Health Related and Home Health Services			\$0
8. Education and Instruction			\$0
9. Employment Services			\$0
10. Child Care			\$0
11. Transportation			\$0

<b>13. Other (must specify )</b>			
			\$0
			\$0
			\$0
<b>14. Total SHP dollars requested</b>		\$5,654	\$5,654
<b>15. Cash Match</b>		\$1,885	\$1,885
<b>16. Total SHP Supportive Services Budget</b>		\$7,539	\$7,539
<b>17. Other resources (cash and in-kind)</b>		\$27,995	\$27,995

## 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	\$29,400		\$29,400
6. Supportive Services From Supportive Services Budget Chart	\$5,654	\$1,885	\$7,539
7. Operations From Operating Budget Chart	\$0		\$0
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$35,054		
10. Administrative Costs (Up to 5% of line 9)	\$1,750		
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$36,804	\$1,885	\$38,689

## Project Leveraging

The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, click on the icon below. To view or update a leveraging source already listed, click on the icon below.

**Total value of written commitment** \$25,000

Contributor	Source	Date of Commitment	Value of Commitments
Rappahannock Unit...	Private	09/24/2011	\$25,000

## Project Leveraging Detail

### Instructions:

Leveraged resources - if a written commitment is not in-hand at the time of application, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Contribution: (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

2. Name of Contributor: (required) - enter the name of the contribution.

3. Type of source: (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicant identifies NSP funds as a source of leveraging for one or more projects.

4. Date of written commitment: (required) - enter the date of the written contribution.

5. Value of written commitment: (required) - enter the total dollar value of the contribution.

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

- 1. Type of Contribution** Cash
- 2. Name the Source of the Contribution** Rappahannock United Way
- 3. Type of Source** Private
- 4. Date of Written Commitment** 09/24/2011
- 5. Value of Written Commitments** \$25,000

## 8A. Attachment(s)

### Instructions

1. Sponsor 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.

2. 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. Applicant is authorized to act on behalf of the PHA.

3. Other Attachment(s) - Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

Document Type	Required?	Document Description	Date Attached
1. Sponsor Nonprofit Documentation	No		
2. PHA Certification Letter	No		
3. Other Attachment	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **8B. Certification**

### **A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:**

#### **Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for S+C:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For SHP Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. For S+C Only. Supportive Services.**

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

**D. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

**Name of Authorized Certifying Official** Bunny Melzer

**Date:** 10/17/2011

**Title:** Executive Director

**Applicant Organization:** Thurman Brisben Homeless Shelter, Inc.

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

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