Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections REQUIRES SUBMISSION:
- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1A-1 CoC Name and Number: VA-521 - Virginia Balance of State CoC

1A-2 Collaborative Applicant Name: Commonwealth of Virginia-Virginia Department of Housing and Community Development

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1B-1 How often does the CoC conduct meetings of the full CoC membership?	Bi-Monthly
1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation?	Bi-Monthly
IB-3 Does the CoC include membership of a homeless or formerly homeless person?	Yes
1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply.	Volunteer, Organizational employee, Community Advocate

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Balance of State Board (Steering Committee)	Setting overall direction and leadership of the process; making all formal decisions of the CoC; strategic planning and goal setting; approving the selection of the Monitoring and Selection Committee; establishing priorities for and making decisions about the allocation of COC resources; receiving reports and recommendations from sub-committees and ad-hoc task groups; and guiding the annual CoC Consolidated Application	Monthly	DHCD, HOPE Interagency council on homelessness, Lenowisco local planning group, Cumberland Plateau, Housing Partnership for the New River Valley, and Foothills Housing Network (others not listed due to space limits)
1C-1.2	HMIS, Data, and Performance Committee	Overall management and training of the HMIS system, including the reviewing and assessment of HMIS policies and procedures; the developing, assessment, and monitoring of performance measures by different program type and CoC as a system; reviewing the quarterly data quality, point-in-time, and demographic reports; assessing the roles and responsibilities of the HMIS system, as well as reviewing how the system is working and functioning on a provider level; and organizing the annual Point-in-Time count/Housing Inventory and ensuring data is collected and submitted accurately.	Quarterly	Lenowisco local planning group, Homeward, Foothills Housing Network, and DHCD
1C-1.3	Uniformed/Coordinated System Committee	The development of the uniformed/coordinated assessment form; quarterly assessment of the uniformed/coordinated assessment form; and the development of a system to track information collected for the assessment of needs in each community.	Quarterly	Lenowisco local planning group, Homeward, Foothills Housing Network, and DHCD

1C-1.4	Services Coordinating Committee	The development and annual assessment of the Balance of State Common Standards-policies and procedures; the assessment of discharge planning including those discharged from corrections, mental health institutions, hospitals, or aging out of foster care; the assessment of current gaps in services; and the engagement and accessing of other mainstream resources (veterans, DV, DSS, etc.).	Quarterly	HOPE Interagency council on homelessness, Foothills Housing Network, Northern Neck/Middle Peninsula Partnership, Housing Partnership for the New River Valley, and DHCD
1C-1.5	Monitoring and Selection Committee	Evaluating the renewal projects; reviewing, scoring, and ranking of new CoC projects that will be submitted during the annual CoC competition; and assessing, monitoring, and evaluating of compliance and performance of ESG and state funded balance of state projects	Quarterly	Housing Partnership for the New River Valley, Northern Neck/Middle Peninsula Partnership, Crater local planning group, Western Piedmont Better Housing Coalition, Heartland local planning group, and DHCD

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommitees, and workgroups.
(limit 750 characters)

As a result of the recent merger of 3 CoCs, the Balance of State (BOS) CoC is now comprised of 12 local planning groups (LPGs) that literally span from the eastern most point to the western most point of the state – over 500 miles and in excess of 9 hours driving time. Given the vast expanse, each LPG ensures that all appropriate local partners are represented. As administrator of the CoC, DHCD ensures all LPGs are represented on CoC-wide committees, subcommittees and workgroups. Further, DHCD plays an integral role in the state's Homeless Coordinating Council (functions as an interagency council) and ensures the BoS aligns with state and federal goals to reduce homelessness the number, duration, and rates of recidivism.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)

Funding priorities were established by the CoC Board. These priorities were based on input sessions and HUD 2013 priorities. New applications were solicited through a pre-applications process. All new applications received by the deadline were reviewed and all eligible projects were included in the selection process. Ineligible new projects were notified. Both eligible new projects and renewal projects were reviewed by the Ranking Committee and ranked based on overall performance and CoC priorities. Based on this process reallocations were made from two underperforming/low priority renewal projects to high priority new projects. Reallocated projects received notification and were given an opportunity to appeal the decision.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)

The CoC is organized into 12 local planning groups. For the purposes of reporting and project performance measures each local planning group is required to submit both CoC (planning group) outcomes and project/grantee performance measure data. Results are made available to planning groups. Emphasis is placed on community-based results:
• Decrease the number of individuals and households experiencing homelessness
• Decrease the length of homelessness
• Decrease the number of households returning to homelessness

Specific project/grantee performance measures include:
• Indicators that projects/grantees are fully participating the local coordinated assessment system
• Indicators that projects/grantees are focused either preventing imminent homelessness and/or quickly returning households to permanent housing

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)

The CoC developed and issued broadly a RFP for new projects (rapid re-housing or permanent supportive housing) in the form of a pre-application. The pre-application was open to any experienced non-profit or local government entity targeting homeless assistance within the Balance of State (including the additional 19 localities resulting from the merger of three Virginia CoCs with the Balance of State CoC effective July 2013). As a result 11 pre-applications were received. This included seven pre-applications from five entities that had not previously received funds from prior Homeless Assistance Grant competitions.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.	01/15/2014
1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?	
1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?	Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)

NA

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?	No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

NA

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1E-1 Did the CoC submit the 2013 HIC data in the HDX by April 30, 2013? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The HMIS Data and Performance Committee (which includes representation from all local planning groups) is responsible for ensuring that all HUD funded organizations are trained and fully utilizing HMIS. The group is also tasked with providing input, oversight, and guidance in the development of HMIS policies and procedures and ensuring that HMIS meets or exceeds all federal and applicable regulations. The group developed, revised, and approved the HMIS data quality plan and is in the process of reviewing other plans to make sure that they are compliant with all HUD guidance.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

Data Quality plan: A data quality plan was developed in 2013 with the input of HMIS users and the HMIS Committee.

Privacy plan: The HMIS policies and procedures address privacy and are currently being reviewed by the HMIS committee.

Security plan: The HMIS policies and procedures address security and are currently being reviewed by the HMIS committee.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).

Service Point

2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).	Bowman
2A-6 Does the CoC plan to change the HMIS software within the next 18 months?	No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Regional (multiple CoCs)

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) VA-521 - Virginia Balance of State CoC, VA-513 Harrisonburg, Winchester/Western Virginia CoC, VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$141,301
ESG	$6,097
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$147,398

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	$0
County	$0
State	$220,000
State and Local - Total Amount	$220,000

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$10,000
Private - Total Amount	$10,000

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$3,250
Other - Total Amount	$3,250

2B-3.6 Total Budget for Operating Year	$380,648

2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

*** Emergency shelter**	76-85%
*** Safe Haven (SH) beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) beds**	76-85%
*** Rapid Re-Housing (RRH) beds**	86%+
*** Permanent Supportive Housing (PSH) beds**	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Quarterly

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

HUD's HIC for the VA-521 does not correspond to the Rapid Re-housing and Permanant Supportive Housing bed coverage above. The HMIS lead agency provided revised calculations based on the appropriate methodology. The difference in calculation is based on rental assistance as compared to units/beds.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

Not applicable.

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	36
Transitional Housing	7
Safe Haven	0
Permanent Supportive Housing	18
Rapid Re-housing	3

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	2%
Social security number	2%
Date of birth	3%
Ethnicity	2%
Race	2%
Gender	2%
Veteran status	2%
Disabling condition	4%
Residence prior to program entry	2%
Zip Code of last permanent address	3%
Housing status	4%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HMIS data is used to generate APRs for providers that use HMIS throughout the year (depending on their grant cycle). In addition, the HMIS lead agency provides HMIS data and PIT analysis to the the localities required to complete the Consolidated Plan.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Quarterly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)

The HMIS Committee provides oversight for HMIS, including data quality. The HMIS lead worked with these CoC representatives to develop and approve a data quality plan. When data quality problems are identified through quarterly reporting, any organizations that seem to have specific challenges are offered short training sessions designed to address their specific problems. In addition to this targeted training, the HMIS lead has developed webinars to address specific problems (e.g., reading the APR) and has others planned to deal with common data quality issues such as creating a household. HMIS users attend regular refresher training, and the fact that data from HMIS is in common use means that data quality problems are identified and dealt with quickly.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Quarterly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

*** Measuring the performance of participating housing and service providers**	Quarterly
*** Using data for program management**	Monthly
*** Integration of HMIS data with data from mainstream resources**	Never
*** Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)**	Quarterly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Information about the importance of accurately capturing client entry and exit dates appears on page four of the HMIS policies and procedures.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/24/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		100%	90%	80%
Transitional Housing		100%	90%	85%
Safe Havens				

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

The CoC (total of 69 localities), experienced a 23 percent decrease (2012 - 2013). Please note, three Virginia CoCs (an additional 19 localities) merged with the BOS CoC since the 2013 point-in-time count. This 2012-2013 comparison includes PIT data from all CoC included in the merger.

The significant decrease is attributed to an overall increase in rapid re-housing resources including direct homeless assistance and service provider training and certification through the National Alliance to End Homelessness. In addition, the state of Virginia administered additional resources through the CoC lead agency for permanent supportive housing. Both of these increased resources contributed to the overall decrease in homelessness in the CoC.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

2H-2 If other, provide a detailed description. (limit 750 characters)

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

The CoC provides training and technical assistance to agencies and local planning groups in preparation for the 2013 PIT. This includes a webinar, instruction, and technical assistance where needed. Each shelter agency (seasonal, emergency, and transitional) within the 12 local CoC planning groups collected data for the night of the count. This is done through survey and/or HMIS. Data is aggregated at the agency level and submitted to the local planning group PIT coordinator where data quality is reviewed. Each local planning PIT coordinator submits the PIT data and surveys to the CoC lead agency. Data quality checks are performed at the CoC level against HMIS, housing inventory, and survey data. The CoC lead agency aggregates all data for the 12 local planning of the CoC.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	X
Interviews:	X
Non-HMIS client level information:	X
Other:	

2I-2 If other, provide a detailed description. (limit 750 characters)

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

The CoC provided a PIT training webinar to local planning groups and agencies and detailed instructions about the survey, methodology, and specific guidance on homeless and sub-population definitions. Individuals in shelter completed the two-page survey with assistance from shelter staff. The survey data was compared with the HMIS sub-population data to ensure accuracy.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

Training:	X
Follow-up	X
HMIS:	X
Non-HMIS de-duplication :	X
Other:	

2J-2 If other, provide a detailed description. (limit 750 characters)

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

The CoC provided webinar training and instructions to shelters, agencies, and local planning groups outlining data collection methodology one month prior to the PIT. HUD homeless and sub-population definitions were included in the instructions. A designated PIT Coordinator for each planning group assisted in verifying data quality and providing technical assistance to shelters in their Balance of State planning group. Homeless individuals completed a two-page survey form with the assistance from shelter staff and shelter agencies completed a bed count form. Non-HMIS shelter providers verified data with the local PIT coordinator for accuracy. HMIS Shelter providers verified data with the HMIS lead, Homeward, for accuracy. Homeward compiled all survey data and cross referenced with the aggregated bed count data.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2K-1 Indicate the date of the most recent unsheltered point-in-time count:	01/24/2013
2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?	Not Applicable
2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX:	04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change.
(limit 750 characters)

There is a 34 percent decrease from 2012 to 2013 based on the point-in-time counts. The decrease is attributable to additional state resources being available for permanent supportive housing including the Housing Trust Fund and funding targeted to permanent supportive housing. Please note, the state homeless plan targets an overall increase in the number of permanent supportive housing beds.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	
Other:	

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

The CoC provided agencies, local planning groups, and volunteers training and technical assistance in preparation for the 2013 PIT. This training included a webinar, instructions, definitions, and technical assistance. Local communities conducted the unsheltered count typically on the morning following the designated night and determined where individuals slept the previous night. The CoC used a two-page survey to collect data and determine homelessness. A few planning groups used a service based count, usually hosting a luncheon and service fair, to collect data for the unsheltered individuals and families.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	X
"Blitz" count:	
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Other:	

2N-2 If other, provide a detailed description. (limit 750 characters)

2N-3 For each method selected, including other, describe how the method was used to reduce the occurance of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to recieve credit for any selection, it must be described here. (limit 750 characters)

All local planning groups and volunteers were provided webinar training and instructions a month prior to the PIT count. The PIT coordinator of the local planning group organized all those participating in count to ensure count was conducted for the same night and reminders were sent weekly prior to the count. The CoC collected the location of survey, date of birth, and gender of unsheltered homeless persons through the survey form and cross references them to prevent duplication. The PIT coordinator also organized those canvassing the unsheltered to ensure coverage was sufficient and not duplicated.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		0	2	2
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	25	66	68	98
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		0	2	2
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		3	0	0

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)

The BOS will increase the number of PSH beds available for CH persons through multiple approaches. The 2 Canterbury Commons renewal projects will increase the PSH beds by prioritizing the CH for beds that become available through turnover. All other CoC-funded PSH beds are currently dedicated for CH persons. If funded, 3 new CH PSH beds will be created through reallocation. The first strategy in Virginia's homeless plan is to increase the number of PSH beds statewide. The number of PSH beds in the BOS increased 32.8% from 2010 to 2013. State funding specific to PSH and the Housing Trust Fund (HTF) will aid in this effort. Through these sources 25 additional units will be developed within the next 2 yrs. Another HTF grant awarded predevelopment funding for 40 CH units in the BOS. We continue to make significant progress toward this goal. The number of CH in the 2013 PIT was 83 – a 29% decrease from 2010.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)

The first strategy in Virginia's homeless plan is to increase the number of PSH units in the Commonwealth. The Services and Funding Committee of the state Homeless Coordinating Council (interagency council) is charged with the execution of specific action steps to effectively implement this strategy. The Department of Housing and Community Development (DHCD) chairs this committee and also administers the Balance of State CoC. As such, we ensure alignment of the BOS with the state plan. In addition, the BOS Monitoring and Selection Committee ensures projects align with HUD strategies and goals.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	21	60	90
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	18	52	78
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	86%	87%	87%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The CoC will continue to facilitate the coordination among service providers and mainstream resources to help clients obtain and maintain permanent housing. The Commonwealth and the VA Coalition to End Homelessness work in close partnership with the National Alliance to End Homelessness to provide training and technical assistance to CoCs/local planning groups throughout the state. Through this Freddie Mac Foundation funded initiative the Alliance has conducted webinars related to accessing mainstream resources. The CoC will collaborate with other state agencies including but not limited to the Virginia Department of Veterans Services and the Virginia Department of Behavioral Health to explore available resources for support services. Support services is an eligible activity for the Homeless Reduction Grant portion of the state funded Housing Trust Fund. As such PSH projects lacking the resources to provide appropriate services may apply for up to $100,000 in grant funding.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The Services and Funding Committee of the state Homeless Coordinating Council (interagency council) is responsible to ensure that housing stability is achieved and maintained on a statewide basis. The Virginia Department of Housing and Community Development chairs this committee and also administers the Balance of State CoC. In that role, we ensure alignment of the BOS with the state plan. In addition, the Balance of State Services Committee works to ensure access to appropriate services in the BOS. The HMIS, Data and Performance Committee of the BOS is responsible to assess performance on a quarterly basis and the Monitoring and Selection Committee evaluates new and renewal projects which includes a performance review.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 177

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	10%	20%	25%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	10%	20%	25%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	47	26.55	**%**
Unemployment Insurance	4	2.26	**%**
SSI	12	6.78	**%**

SSDI	9	5.08	**%**
Veteran's disability	3	1.69	**%**
Private disability insurance	0		**%**
Worker's compensation	1	0.56	**%**
TANF or equivalent	5	2.82	**%**
General Assistance	0		**%**
Retirement (Social Security)	0		**%**
Veteran's pension	3	1.69	**%**
Pension from former job	1	0.56	**%**
Child support	2	1.13	**%**
Alimony (Spousal support)	0		**%**
Other Source	3	1.69	**%**
No sources	85	48.02	**%**

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)

The CoC will continue to facilitate the coordination among service providers and mainstream resources to help clients obtain and maintain permanent housing. The Commonwealth and the VA Coalition to End Homelessness work in close partnership with the National Alliance to provide training and technical assistance to CoCs/local planning groups throughout the state. Through this Freddie Mac Foundation funded initiative the Alliance has conducted webinars related to accessing mainstream resources and continues to provide technical assistance. The Services and Funding Committee of the state Homeless Coordinating Council works to ensure homeless clients are accessing non-employment income sources. The Departments of Social Services (DSS), Veteran’s Services (DVS) and Behavioral Health (DBHDS) are active members of this committee which is chaired by the Dept. of Housing and Community Development (DHCD). The DBHDS will continue to provide SOAR training throughout the state.

3A-3.5 Describe the CoC’s two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

The issue of employment is critical in achieving housing stability. To help address this, the Services and Funding Committee of the state Homeless Coordinating Council (interagency council) formed a workgroup specific to this issue in late 2013, the Work Force Development workgroup. The workgroup is chaired by the VA Coalition to End Homelessness and includes representatives from several state agencies including but not limited to the Virginia Employment Commission, Department of Veterans Services and Virginia DHCD which administers the BOS. The workgroup is collaborating with private consultants to design training that will assist providers in working with employers to encourage the hiring of homeless and formerly homeless individuals. This training will be conducted throughout the state over the next two years.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The Services and Funding Committee of the state Homeless Coordinating Council (interagency council) is responsible to ensure connection to opportunities (either employment or non-employment) that will increase project participant income. The Work Force Development workgroup will concentrate specifically on employment opportunities. The Department of Housing and Community Development (DHCD) chairs the Services and Funding Committee and is a member of the workgroup. DHCD will ensure these opportunities are available to the BOS. The BOS Services Committee is responsible to ensure this objective is met.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 177

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	50%	60%	65%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	75	42.37 %
MEDICAID health insurance	7	3.95 %
MEDICARE health insurance	2	1.13 %
State children's health insurance	0	%
WIC	5	2.82 %

VA medical services	3	1.69	%
TANF child care services	1	0.56	%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	0		%
Other Source	0		%
No sources	88	49.72	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The state Homeless Coordinating Council (interagency council) is working across secretariats and agencies to eliminate barriers to mainstream benefits and resources. Health and Human Services' CommonHelp portal is an on-line system that allows clients to apply for multiple benefits simultaneously and remotely. Case managers will assist clients with CommonHelp or use a single application form for multiple mainstream programs. Case managers will systematically assist participants in completing applications for mainstream benefits and systematically follow-up to ensure benefits are received. Providers will supply transportation to clients to attend mainstream benefit appointments, employment training and jobs.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The state Homeless Coordinating Council will work to eliminate the barriers to mainstream resources and the BOS Services Committee will be responsible for ensuring case managers receive appropriate training and are carrying out the functions necessary to meet this objective. The lead agency, DHCD is conducting meetings with local DSS offices to improve coordination with CoC local planning groups.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	50	50
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	81	97	106
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	98	118	129

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g.., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

The second strategy of the state homeless plan is to support Rapid Rehousing for individuals and families. Virginia is working in partnership with the National Alliance to End Homelessness and the Virginia Coalition to End Homelessness through a Freddie Mac Foundation funded initiative to reduce family homelessness through RRH. The state and CoC have made significant progress to that end with family homelessness decreasing 17% statewide between 2010 and 2013 and 35% in the BOS. DHCD, CoC lead and administrator of state and federal homeless funding, incentivizes RRH with ESG and the state funded homeless funding through a competitive CoC-based application. Since 2011, the number of BOS organizations providing RRH has increased from 0 to 14. DHCD has shifted state resources to RRH. Currently, 65% of state funding and 49% of ESG is dedicated to RRH activities. DHCD will continue these efforts in the next 2 yrs. to meet this objective.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The Services and Funding Committee of the state Homeless Coordinating Council is responsible to implement the steps associated with the second strategy of the homeless plan which is to increase RRH. The Department of Housing and Community Development chairs the committee and is the CoC lead. The BOS Services Committee is responsible to ensure best practice models of service in the CoC. The Freddie Mac Foundation funded initiative continues through December 2014. As a result DHCD will be working closely with the National Alliance to continue the efforts to rapidly rehouse families in VA and provide technical assistance to CoCs and providers to better implement this best practice model and continue the momentum.

**3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable.
(limit 1000 characters)**

Program participants must be "literally homeless" as defined by HUD. Participants meeting this criterion are pre-screened over the phone. All pre-screened participants, where appropriate will receive referrals to address any immediate housing crisis. Within 48 hours each participant will receive an initial housing barriers assessment. Service referrals are made and housing assistance is provided. Assistance includes were appropriate housing location services. The level of assistance provided is based on program participant need and ability to pay. Assistance is limited to meeting an immediate need (obtaining permanent housing). Additional assistance beyond the immediate need of obtaining housing is based on a case by case basis. This is again based on meeting the immediate needs and program participant's ability to pay. All assisted participants must be recertified as meeting eligibility requirements (income and need) every three months. All households seeking assistance not meeting minimum eligibility requirements receive appropriate referrals for services/assistance.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)

Rapid rehousing providers are required to provide case management at least once per month in projects funded through the CoC, ESG or state funded programs. In addition, DHCD requires that ESG and state funded RRH programs recertify participants every three months to receive financial assistance in an effort to ensure we are providing the least amount of assistance necessary to maintain housing stability which in turn allows more people in need to be served.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)

It is standard practice for rapid re-housing providers to provide quarterly follow up to all program participants receiving rapid re-housing assistance. Providers may provide up to 24 months of follow up and ongoing case management (based on program participant need) to help prevent returns to homelessness.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-1.1a If other, please explain.
(limit 750 characters)

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

The fifth strategy of the state homeless plan is to “evaluate, develop and ensure implementation of statewide, pre-discharge policies for the foster care system, hospitals, mental health facilities and correctional facilities”. To improve discharge policies and procedures for foster care, DSS developed a pre-discharge protocol that requires all youth have a discharge plan that: specifies an appropriate housing arrangement, guarantees access to supportive services and connects them to education. Legislation in the 2013 GA Session allows youth being released from DJJ to opt into foster care if they were in the custody of DSS prior to commitment. Foster care policy that integrates housing options for the older foster care population has been developed.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Because this is such a critical issue the state Homeless Coordinating Council recently formed a new committee to focus solely on foster care and youth: the Interagency Partnership to End Youth Homelessness. This committee is responsible to ensure youth are not being discharged into homelessness and will identify interventions that will improve outcomes for youth in transition especially as it relates to housing stability. It is comprised of representatives from the: Departments of Social Services, Housing and Community Development, Education, Medical Assistance Services, Juvenile Justice, Criminal Justice Services, and Aging and Rehab Services; Office of Comprehensive Services; Supreme Court of VA; VA Commonwealth University; VA Poverty Law Center; CASA; Great Expectations; Voices for VA's Youth; St. Joseph's Villa; and, United Methodist Family Services. DHCD is a member of the IPEYH and the BOS lead and therefore ensures appropriate discharge planning is in place.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-2.1a If other, please explain. (limit 750 characters)

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Currently, publicly funded hospitals report the number of people being discharged into shelters. In order to get the complete picture of those moving from health care institutions to shelters, similar numbers are needed from private hospitals. The coordinating council has begun to explore strategies for building relationships between CoC groups and private hospitals to identify effective methods for collecting and reporting this data. Additional actions of the coordinating council include continuous and periodic educational programs for hospital discharge planners and homeless service providers about community resources (to include services offered by the Veterans Affairs and VA Dept. of Veteran's Services) available for individuals experiencing homelessness. The state requests that hospitals identify people with prior military service. DHCD works with local planning groups to build relationships with local discharging facilities.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The Discharge Committee of the state Homeless Coordinating Council (interagency council) is responsible to ensure persons are not discharged into homelessness. It is comprised of representatives from: the Departments of Veteran Services; Criminal Justice Services; Behavioral Health and Developmental Services; Social Services; Aging and Rehabilitative Services; Corrections; and, Juvenile Justice; as well as, Homeward (Richmond's CoC lead), the Virginia Coalition to End Homelessness, Fairfax County, Chesterfield County, Hampton-Newport News Community Services Board, Virginia Hospital Association, Sentara, and John Randolph Medical Center. As an integral part of the state Homeless Coordinating Council and the BOS lead, DHCD requires where appropriate that local planning groups collaborate with local health facilities to ensure persons are not released into homelessness. DHCD and the BOS Services Committee help facilitate this process in the local planning groups.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-3.1a If other, please explain.
(limit 750 characters)

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

In addition to the efforts outlined above for discharge from health facilities, the state Homeless Coordinating Council is working with the Association of Community Services Boards and the Virginia Hospital Association to ensure discharge planners are addressing housing stability with patients. Currently, publicly funded hospitals report the number of people being discharged into homelessness but the complete picture is unknown because similar data is needed from private hospitals and mental health facilities. The state requests that facilities identify persons with prior military service. The coordinating council has begun to explore strategies for building relationships between CoC groups and private mental health facilities to identify effective methods for collecting and reporting these numbers. DHCD works with local planning groups to build relationships with local discharging facilities.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

The Discharge Committee of the state Homeless Coordinating Council (interagency council) is responsible to ensure persons are not discharged into homelessness. It is comprised of representatives from: the Departments of Veteran Services; Criminal Justice Services; Behavioral Health and Developmental Services; Social Services; Aging and Rehabilitative Services; Corrections; and, Juvenile Justice; as well as, Homeward (Richmond's CoC lead), the Virginia Coalition to End Homelessness, Fairfax County, Chesterfield County, Hampton-Newport News Community Services Board, Virginia Hospital Association, Sentara, and John Randolph Medical Center. As an integral part of the state Homeless Coordinating Council and the BOS lead, DHCD requires where appropriate that local planning groups collaborate with local mental health facilities to ensure persons are not released into homelessness. DHCD and the BOS Services Committee help facilitate this process in the local planning groups.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-4.1a If other, please explain. (limit 750 characters)

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

An executive order was issued in 2010 focusing on Prisoner Re-entry. Ensuring offenders have a housing plan was one strategy to addressing barriers ex-offenders face when reentering the community. The Department of Corrections (DOC) addressed this issue and reduced the number of prisoners being released without a housing plan by 73%. The DOC led the state's coordinating council's Discharge Committee and implemented a pre-discharge protocol that requires all inmates have a discharge plan that: specifies an appropriate housing arrangement; identifies prior military service; includes a mandatory re-entry program; and connects them to support services. The state recommends that regional and local jails follow this protocol. Persons discharged from correctional facilities routinely go to friends and family as well as "second chance" programs throughout the state that offer housing and employment, along with support services, to help persons transition successfully back into society.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The Discharge Committee of the state Homeless Coordinating Council (interagency council) is responsible to ensure persons are not discharged into homelessness. It is comprised of representatives from: the Departments of Veteran Services; Criminal Justice Services; Behavioral Health and Developmental Services; Social Services; Aging and Rehabilitative Services; Corrections; and, Juvenile Justice; as well as, Homeward (Richmond's CoC lead), the Virginia Coalition to End Homelessness, Fairfax County, Chesterfield County, Hampton-Newport News Community Services Board, Virginia Hospital Association, Sentara, and John Randolph Medical Center. As an integral part of the state Homeless Coordinating Council and the BOS lead, DHCD is are responsible to ensure persons are not discharged into homelessness. The BOS Services Committee also works to ensure persons are not discharged into homelessness.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The CoC strategic plan and the Virginia Consolidated Plan have overlapping goals to reduce the number of households experience homelessness and to increase the number of special needs housing units (specifically the number of permanent supportive housing units targeting chronic homelessness).

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The CoC lead agency (DHCD) administers more than $15 million (annually) in state and federal homeless assistance funding including ESG. DHCD conducts annual input sessions with ESG recipients and subrecipients across the Commonwealth of Virginia. Feedback gathered through these sessions is used to allocate ESG funding. In addition all homeless assistance funding administered through DHCD is allocated through a CoC-based process whereby Virginia CoCs and Balance of State local planning groups submit reports (outcome and performance) for the purpose of evaluating subrecipient and CoC/local planning group performance.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

Through a competitive application process, DHCD encourages rapid re-housing, and to a lesser degree, prevention, with ESG funding. Currently, the breakdown for ESG funding is 49 percent rapid rehousing, 29 percent prevention and the remainder to shelter operations, HMIS and administrative costs. Going forward, DHCD plans to disallow prevention with ESG funding since there are state funds to address this activity. Also, DHCD has shifted significant state resources to RRH through the competitive application process. Currently, approximately 64 percent of state funding has moved from shelter operations to RRH activities over the last four years. The move to RRH and prevention is the second strategy of the state homeless plan. DHCD administers all state funding (including the state's ESG allocation) dedicated to homeless efforts. As lead, DHCD has implemented this strategy in the BOS as well as statewide.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

In alignment with "Opening Doors", DHCD (BOS lead) cites reduction in the number of persons who become homeless as one of the three major objectives (and criteria) for the state's (federal and state) homeless funding. One of the strategies used to address this has been a more focused effort to target those most likely to become homeless with state and federal (ESG) prevention resources through diversion strategies. As a part of a collaborative partnership, the National Alliance has conducted training for prevention providers in these diversion techniques. DHCD is now requiring that funding be applied for on the community level (CoC or BOS local planning group). Scoring criteria include CoC/local planning group strategies to ensure this criterion is met.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

DHCD, BOS lead and administrator of all state and federal funding (including HOPWA) for homeless services requires that all funding be applied for on a community level (CoCs/local planning groups). Scoring criteria include local coordination and alignment with state and federal goals. Applicants are required to submit a community level "spending plan" (developed by the Alliance) that shows how all resources are used in the community. As an integral part of the state's coordinating council, DHCD coordinates with other state agencies to include (but not limited to) DVS, DOC, DSS, DBDS as well as the state's housing finance agency, VHDA. In addition, the council includes representatives from BOS local planning groups, other CoCs and VCEH. Committee membership includes greater representation from the private sector. As a part of the partnership with VCEH and the Alliance, the Commonwealth is working locally with private funders to encourage alignment of funding with state and federal goals. In adddition, the Coordinating Council is working with DSS to encourage use of TANF diversionary funds for RRH.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

There are only a few PHAs operating in the CoC's geographic area. One is the statewide housing authority (VHDA)that is a member of the State Homeless Coordinating Council. VHDA administers Housing Choice vouchers in rural localities. In addition, VHDA participates in statewide needs assessments and planning specific to affordable housing. There are three small PHAs operating in the Balance of State CoC. These entities are members of the Balance of State CoC planning groups. One of the small PHAs is a project sponsor for two CoC-funded projects that provide permanent supportive housing.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

DHCD, the CoC lead agency, prohibits policies that exclude individual and families because of stabilization barriers. This is monitored by the CoC Monitoring and Selection committee and DHCD's Homeless and Special Needs Housing Unit staff. In part, monitoring includes the review of planning group and service provider policies and procedures. When barriers to assistance or exclusionary practices are found DHCD staff provide technical assistance and follow up to eliminate these practices. Where barriers or exclusionary practices persist planning groups and/or providers will receive an "out of compliance status". Local planning groups and/or providers with outstanding monitoring findings or an "out of compliance" status are not eligible for any of the more than $15 million (annual) in homeless service funding administered through DHCD.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

All four CoC-funded permanent supportive housing projects are operated with a housing first approach. One of these projects was initially funded as a transitional housing project. This project was adapted to better meet the need of the CoC to a permanent supportive housing project targeting chronic homelessness effective 2012.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The CoC covers 69 localities across the state and is organized into 12 local planning groups based on geography. The Balance of State CoC planning groups and all DHCD homeless services grantees must utilize a local centralized or coordinated assessment system. These centralized or coordinated assessment system must:

• Provide coordinated program participant intakes, assessments, and referrals
• Cover the CoC or planning group geographic area
• Provide easy access for individuals and families seeking housing or services
• Provide a comprehensive and standardized assessment tool

Each centralized or coordinated assessment system must have in place written standards for determining program eligibility, prioritization, and level of assistance. Each system must conduct regular evaluations to determine overall system effectiveness for process improvement measures. DHCD, the lead agency for the Balance of State CoC, evaluates each planning group's written policy and standards and assesses overall implementation.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

Local planning groups, DHCD grantees, and CoC-funded project sponsors must comply with all applicable fair housing and civil rights requirements. In addition, grantees must make known that assistance and services are available to all on a nondiscriminatory basis and ensure that all citizens have equal access to information about the assistance and equal access to the financial assistance and services provided under this program. Among other things, this means that each grantee must take reasonable steps to ensure meaningful access to programs to persons with limited English proficiency (LEP), pursuant to Title VI of the Civil Rights Act of 1964.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

DHCD, the CoC lead agency requires that all agencies work in partnership with the Project Hope liaison in the school system and that there is documented collaboration between the education system and the homeless services programs. During on-site monitoring visits case management staff are required to provide a detailed description of how families are assisted with accessing services. There is also a dedicated state funding source, the Child Service Coordination Grant (CSCG) provided to several agencies in the Balance of State CoC to ensure that all children in homeless services are effectively connected to necessary and appropriate educational, health, mental health, and support services. Project Hope serves on the state Coordinating Council's Interagency Partnership to End Youth Homelessness.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

DHCD, the CoC lead agency requires that all agencies work in partnership with the Project Hope liaison in the school system and that there is documented collaboration between the education system and the homeless services programs. During on-site monitoring visits case management staff are required to provide a detailed description of how families are assisted with accessing services. There is also a dedicated state funding source, the Child Service Coordination Grant (CSCG) provided to several agencies in the Balance of State CoC to ensure that all children in homeless services are effectively connected to necessary and appropriate educational, health, mental health, and support services. Project Hope serves on the state Coordinating Council's Interagency Partnership to End Youth Homelessness.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

Local planning groups, DHCD grantees, and CoC-funded project sponsors are prohibited based on their agreement with DHCD from denying access to shelter or permanent housing based on the age of a child. DHCD monitors for compliance with this requirement.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

All homeless assistance funding administered through DHCD is allocated through a CoC-based process whereby Virginia CoCs and Balance of State local planning groups submit reports from HMIS(outcome and performance)for the purpose of evaluating subrecipient and CoC/local planning group performance. The evaluation includes monitoring for outcomes specifically related to the goal of reducing the number of households that return to homelessness.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?	No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?	No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

DHCD has aligned state and federal homeless assistance funding with the strategies of Opening Doors. State and BOS resources are focused on ending chronic and family homelessness. As a result, the BOS unsheltered count reduced by 34% since 2012 and family homelessness reduced by 35% since 2010. These successes can be attributed to increased resources for RRH and PSH and an increase in the number of PSH units. Training and technical assistance focused on ending family homelessness was provided through a partnership between the Alliance, DHCD, the VA Coalition to End Homelessness, and the Freddie Mac Foundation. Local planning groups and service providers participated in rapid re-housing workshops and learning collaboratives. In 2014 statewide performance clinics will be held to improve data critical for planning and ongoing efforts to maximize effective use of limited resources. The BOS prioritized new PH projects for the 2013 application. Support services only and TH projects were reallocated to meet this high priority need and to align with federal goals and Opening Doors.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

In partnership with the National Alliance to End Homelessness and the Virginia Coalition to End Homelessness, the commonwealth has made significant progress in this arena. This Freddie Mac Foundation funded initiative to reduce family homelessness through RRH has been extremely successful. Family homelessness has reduced 17% statewide since 2010 and 35% in the BOS. Activities include workshops around RRH, webinars, community and organizational change grants, learning collaboratives, a pilot to work with providers to house high barrier families and a 100 day RRH challenge that resulted in housing 545 families (statewide) from October 17, 2013 to January 24, 2014. These efforts have been statewide to include the BOS and will through 2014.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)

DHCD, the CoC lead agency, staff participates on the Domestic Violence Action Alliance stakeholders' team, the Virginia Domestic Violence Action Team, and the Governor's Response and Prevention Taskforce. This participation involves working with other state government and non-profit agencies on solutions to prevent and end domestic violence. Funds for domestic violence prevention and shelter services are provided to agencies within the Balance of State CoC by the Virginia Department of Social Services, the Virginia Department of Criminal Justice, ESG and State General funds by the Department of Housing and Community Development. Services include short term shelter, court advocacy and violence prevention.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)

DHCD (BOS lead) is a memeber of the newly formed Interagency Partnership to End Youth Homelessness (IPEYH) that is a part of the state Homeless Coordinating Council. The statewide PIT, as well as the BOS PIT specifically, does not show a large number of unaccompanied youth. That said, it is likely that there are youth falling through the cracks. The IPEYH was established to address these issues, particularly for youth 18 - 24, and ensure knowledge of and coordination of all resources available throughout the state.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)

The CoC includes 69 rural localities with an overall low percentage and number (20 percent or 141) of unsheltered homeless individuals. These individuals are thinly dispersed across a significantly widespread geography.

Each CoC planning group coordinates with the local sheriff's department, local DSS, and other mainstream resources to increase awareness and outreach to unsheltered individuals and families within the CoC.

As a result of these efforts and an increase in the availability of permanent supportive housing resources the number of unsheltered has reduced significantly since 2012 (from 215 to 141 individuals). This represents a 34 percent reduction in the number of unsheltered homeless individuals.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)

Efforts to address veteran homelessness have increased greatly over the last year. DVS hired two staff positions specific to veterans housing. The state's coordinating council is working closely with DVS to ensure issues related to accessing housing for veterans are effectively addressed. The state's coordinating council is also working in conjunction with the National Alliance's partnership with Home Depot on the "Never Another Homeless Veteran" campaign. DVS is working with providers targeting veterans to implement best practice models such as PSH and RRH and to more effectively access programs such as VASH, SSVF, HVRP, HCHV, HVSEP, CWT, and VA Wounded Warrier program. The veteran's hospitals have incorporated housing stability into intake surveys. The regional VISN has conducted two forums in Virginia that assembled stakeholders on the federal, state, local and private levels. Virginia's homeless services funding does not discriminate based on veteran discharge status.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?	Yes
3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?	Yes

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)

The CoC includes 69 rural localities with an overall low percentage and number (20 percent or 141) of unsheltered homeless individuals. These individuals are thinly dispersed across a significantly widespread geography. In these rural localities rapid re-housing plays a critical role in reducing family homelessness.

The number of unsheltered has reduced significantly since 2012 (from 215 to 141 individuals). This represents a 34 percent reduction in the number of unsheltered homeless individuals.

In addition, a new PSH project for chronic homeless will be submited as well a new units produced through the state's Housing Trust Fund.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?	Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
$173,782				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
Project Employment	VA0073L3F091205	SSO	$71,690	Regular
Project Hope	VA0074L3F091205	TH	$51,239	Regular
Flagler Housing R...	VA0209L3F091200	SSO	$50,853	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	Project Employment
Grant Number of Eliminated Project:	VA0073L3F091205
Eliminated Project Component Type:	SSO
Eliminated Project Annual Renewal Amount:	$71,690

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

The Urban League of Greater Richmond's Project Employment supportive services only project was assessed for performance, productivity and ranked based on the identified HUD priorities. Discussion was held by the six member panel on whether this project was appropriate for the limited housing funding, since the focus of this project was not housing. The group unanimously voted to defund this project and fund a new project in tier one that would end family homelessness in the same community.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	Project Hope
Grant Number of Eliminated Project:	VA0074L3F091205
Eliminated Project Component Type:	TH
Eliminated Project Annual Renewal Amount:	$51,239

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

The Balance of State ranking committee reviewed all renewal and new applications. Salvation Army of Petersburg's Project Hope was assessed for performance, productivity and ranked based on the identified HUD priorities. Discussion was held by the six member panel on the rate of exits to permanent housing (50 percent). The panel determined that the project was not effective in ending homelessness. The group unanimously voted to defund this project and fund a new project in tier one that would end family homelessness in the same community.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	Flagler Housing Resource Center Coordinated Intake
Grant Number of Eliminated Project:	VA0209L3F091200
Eliminated Project Component Type:	SSO
Eliminated Project Annual Renewal Amount:	$50,853

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

At the request of the project sponsor this project funding was reallocated consistent with the CoC's priorities to other higher priority projects.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
$40,577					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
Balance of State ...	VA0086L3F211205	$172,183	$141,301	$30,882	Regular
Cantebury Commons...	VA0076L3F101205	$43,526	$38,654	$4,872	Regular
Cantebury Commons...	VA0075L3F101205	$43,356	$38,533	$4,823	Regular

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Balance of State HMIS Renewal
Grant Number of Reduced Project:	VA0086L3F211205
Reduced Project Current Annual Renewal Amount:	$172,183
Amount Retained for Project:	$141,301
Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)	$30,882

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

DHCD, the project sponsor opted to absorb the five percent reduction in the ARD.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Cantebury Commons Waynesboro
Grant Number of Reduced Project:	VA0076L3F101205
Reduced Project Current Annual Renewal Amount:	$43,526
Amount Retained for Project:	$38,654
Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)	$4,872

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

This project was reduced at the request of the project sponsor based on actual expenditures.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Cantebury Commons Staunton
Grant Number of Reduced Project:	VA0075L3F101205
Reduced Project Current Annual Renewal Amount:	$43,356
Amount Retained for Project:	$38,533
Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)	$4,823

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

This project was reduced at the request of the project sponsor based on actual expenditures.

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$214,358				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
5	Housing Reso...	PH	$183,476	Regular
7	Bristol Scat...	PH	$30,882	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing):	5
Proposed New Project Name:	Housing Resource Center -RRH
Component Type:	PH
Amount Requested for New Project:	$183,476

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing):	7
Proposed New Project Name:	Bristol Scattered Site PSH Project
Component Type:	PH
Amount Requested for New Project:	$30,882

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	$214,359
Amount requested for new project(s):	$214,358
Remaining Reallocation Balance:	$1

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The lead agency, DHCD, collects CoC and grantee specific outcomes and performance measures through a web-based system and conducts desk and onsite monitoring of planning groups and grantees. Overall planning groups and grantees are evaluated based on the following goals:
• Decrease the number of homeless
• Shorten the length of homelessness
• Reduce the number returning to homelessness

Local planning groups and grantees are also evaluated on the following standards:
• Policies and procedures that support goals and remove barriers to housing
• Coordinated assessment systems implementation
• Homeless data quality

DHCD administers state and federal resources (more than $15 million annually). These resources are allocated based on compliance with these reporting requirements, and performance on goals and standards.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The goals of the state homeless plan align with the HUD established goals. The Data Committee of the state Homeless Coordinating Council established detailed measures that align with HUD's performance measures. DHCD has aligned its goals and performance measures to those established by HUD. Scoring criteria for the competitive application for DHCD funding (state and federal) include alignment with state and federal goals. Through the partnership with the National Alliance, Virginia Coalition to End Homelessness and commonwealth, project recipients and service providers have received training and technical assistance focused on best practice models and performance measurements. In 2014, the partnership efforts will revolve around data and performance clinics that will assist communities to repurpose and reallocate programs to end homelessness. The BOS HMIS, Data and Performance committee ensures that these techniques are implemented in the BOS CoC.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

DHCD works very closely with the BOS local planning groups to increase capacity of the individual service providers as well as the communities as a whole. DHCD provides training and technical assistance regarding best practice models such as RRH and the impact to communities. DHCD attends local planning group meetings and has worked with boards to promote the transformation of the homeless services system in Virginia. Through the partnership between the National Alliance, the Virginia Coalition to End Homelessness and the commonwealth, training and technical assistance have been provided regarding the community wide spending plan, coordinated assessment as well as the RRH model. The BOS Services Coordinating, and Monitoring and Selection committees play critical roles in increasing capacity for providers in the BOS.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)

Reducing the length of time individuals and families are homeless is one of the objectives and criteria of the DHCD funding (state and federal) allocated through a competitive application process. Intensive training on rapid rehousing has been provided by the National Alliance over the last two years as a part of the partnership initiative between the National Alliance, the VA Coalition to End Homelessness and the commonwealth. In particular the learning collaboratives focused on reducing the length of time in homelessness. The Alliance also initiated a RRH certification in VA that uses this criterion as a requirement of certification. In 2014, efforts of this partnership will focus on data and performance clinics which will help to further identify how this goal may be met. As BOS lead, DHCD ensures the initiative activities are available statewide to include the BOS local planning groups. The BOS Services Coordinating, and Monitoring and Selection committees play critical roles in helping providers meet this objective.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)

A decrease in the returns to homelessness is the third objective of the DHCD homeless services funding (state and federal) that is allocated through a competitive application process. To help meet this objective DHCD has provided training and technical assistance to CoC service providers and local planning groups as a whole. The technical assistance includes working to help providers ensure the appropriate level of housing focused case management is available to clients. The Alliance also provided training and technical assistance as a part of the learning collaboratives by focusing on the retooling of positions within provider agencies and CoCs/local planning groups. Training and technical assistance to this end has been and will be available statewide to include the BOS. The BOS Services Coordinating, and Monitoring and Selection committees play critical roles in helping providers meet this objective.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)

Each CoC planning group coordinates with the local sheriff's department, local DSS, schools, and other mainstream resources to increase awareness and outreach to homeless individuals and families within the CoC. Planning groups also are required where possible to include homeless individuals in planning.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting $200,000 or more in funding?	No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?	No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

*** Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.**	85%
*** Homeless assistance providers use a single application form for four or more mainstream programs.**	80%
*** Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.**	80%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 09/20/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)

CoCs/local planning groups have a number of resources available under ACA to secure healthcare. There is a Cover Virginia call center (1-855-242-8282) or a website (www.coverva.org). Both will help the citizen determine which programs they might be eligible for and guide the application process. The call center can take applications by phone. Citizens can apply on-line via www.commonhelp.virginia.gov. Applications submitted through this “door” will be processed for Medicaid and enrolled if eligible. If the citizen is not Medicaid eligible, the application is automatically transferred to www.healthcare.gov. Citizens may also work with a “navigator" through the Poverty Law Center or Advanced Patient Advocacy. DHCD (BOS lead) will work with projects and service providers in the local planning groups to ensure they are helping clients access these resources. While Virginia has not expanded Medicaid, it is a top priority of the new administration.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)

The 2013 CoC application process prioritized permanent supportive housing for chronically homeless and rapid re-housing for families. These prioritizations included the evaluation and ranking of 2013 renewals and new projects. The CoC disallowed new services-only applications. Renewal projects were encouraged to reduce any services request to zero where possible and to no more than 20 percent of the total request as a last resort. As a result services-only renewals were reallocated to CoC permanent housing. DHCD administers more than $15 million in other homeless assistance funding where services are allowable expenses. CoCs/local planning groups are required to complete a spending plan to ensure local resources are effectively leveraged. In addition, the state Housing Trust Fund allows PSH services.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	02/03/2014
CoC Governance Agreement	No	CoC Charter	01/30/2014
CoC-HMIS Governance Agreement	No	HMIS Policies and...	01/30/2014
CoC Rating and Review Document	No	Rating and Review...	01/30/2014
CoCs Process for Making Cuts	No	Ranking and revie...	01/30/2014
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	Final GIW	01/30/2014
FY2013 Rank (from Project Listing)	No	Ranking Results	01/30/2014
Other	No	BOS HMIS Lead Age...	02/02/2014
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	Public Input	01/30/2014

Attachment Details

Document Description: Certification of Consistency

Attachment Details

Document Description: CoC Charter

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description: Rating and Review Documentation

Attachment Details

Document Description: Ranking and review Process

Attachment Details

Document Description:

Attachment Details

Document Description: Final GIW

Attachment Details

Document Description: Ranking Results

Attachment Details

Document Description: BOS HMIS Lead Agency Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Public Input

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/24/2014
1C. Committees	02/03/2014
1D. Project Review	01/31/2014
1E. Housing Inventory	01/24/2014
2A. HMIS Implementation	01/31/2014
2B. HMIS Funding Sources	02/03/2014
2C. HMIS Beds	01/31/2014
2D. HMIS Data Quality	01/31/2014
2E. HMIS Data Usage	01/29/2014
2F. HMIS Policies and Procedures	01/31/2014
2G. Sheltered PIT	01/31/2014
2H. Sheltered Data - Methods	02/03/2014
2I. Sheltered Data - Collection	01/24/2014
2J. Sheltered Data - Quality	02/03/2014
2K. Unsheltered PIT	02/03/2014
2L. Unsheltered Data - Methods	01/27/2014
2M. Unsheltered Data - Coverage	01/27/2014
2N. Unsheltered Data - Quality	02/03/2014
Objective 1	01/31/2014
Objective 2	02/03/2014
Objective 3	02/03/2014
Objective 4	02/03/2014
Objective 5	02/03/2014
3B. CoC Discharge Planning: Foster Care	02/03/2014
3B. CoC Discharge Planning: Health Care	02/03/2014

3B. CoC Discharge Planning: Mental Health	02/03/2014
3B. CoC Discharge Planning: Corrections	02/03/2014
3C. CoC Coordination	02/03/2014
3D. Strategic Plan Goals	02/03/2014
3E. Reallocation	02/03/2014
3F. Grant(s) Eliminated	02/03/2014
3G. Grant(s) Reduced	02/03/2014
3H. New Project(s)	01/27/2014
3I. Balance Summary	No Input Required
4A. Project Performance	02/03/2014
4B. Employment Policy	01/31/2014
4C. Resources	02/03/2014
Attachments	02/03/2014
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.
(Type or clearly print the following information:)

Applicant Name: Department of Housing and Community Development

Project Name: Balance of State CoC - Collaborative Application

Location of the Project: Virginia

Name of the Federal Program to which the applicant is applying: Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William C. Shelton

Title: Director

Signature: Bill Shelton

Date: January 31, 2014

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.
(Type or clearly print the following information:)

Applicant Name: HOPE, Inc.

Project Name: FY 13 - 14 HOPE PSH Renewal

Location of the Project: Wytheville, Virginia

Name of the Federal Program to which the applicant is applying: Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William C. Shelton

Title: Director

Signature: Bill Shelton

Date: January 31, 2014

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.
(Type or clearly print the following information:)

Applicant Name: South River Development Corporation

Project Name: Canterbury Commons Staunton

Location of the Project: Staunton, Virginia

Name of the Federal Program to which the applicant is applying: Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William C. Shelton

Title: Director

Signature: Bill Shelton

Date: January 31, 2014

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.
(Type or clearly print the following information:)

Applicant Name: Waynesboro Redevelopment and Housing Authority

Project Name: Canterbury Commons Waynesboro

Location of the Project: Waynesboro, Virginia

Name of the Federal Program to which the applicant is applying: Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William C. Shelton

Title: Director

Signature: Bill Shelton

Date: January 31, 2014

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.
(Type or clearly print the following information:)

Applicant Name: People, Inc.

Project Name: Bristol Permanent Supportive Housing Renewal

Location of the Project: Bristol, Virginia

Name of the Federal Program to which the applicant is applying: Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William C. Shelton

Title: Director

Signature: Bill Shelton

Date: January 31, 2014

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.
(Type or clearly print the following information:)

Applicant Name: St. Joseph's Villa

Project Name: Housing Resource Center - RRH

Location of the Project: Petersburg, Virginia

Name of the Federal Program to which the applicant is applying: Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William C. Shelton

Title: Director

Signature: Bill Shelton

Date: January 31, 2014

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.
(Type or clearly print the following information:)

Applicant Name: Department of Housing and Community Development

Project Name: Balance of State Merged HMIS Renewal

Location of the Project: Virginia

Name of the Federal Program to which the applicant is applying: Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William C. Shelton

Title: Director

Signature: Bill Shelton

Date: January 31, 2014

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.
(Type or clearly print the following information:)

Applicant Name: People, Inc.

Project Name: Bristol Scattered Site PSH Project

Location of the Project: Bristol, Virginia

Name of the Federal Program to which the applicant is applying: Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William C. Shelton

Title: Director

Signature: Bill Shelton

Date: January 31, 2014

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.
(Type or clearly print the following information:)

Applicant Name: Department of Housing and Community Development

Project Name: CoC Planning Grant

Location of the Project: Virginia

Name of the Federal Program to which the applicant is applying: Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William C. Shelton

Title: Director

Signature: Bill Shelton

Date: January 31, 2014

Virginia Balance of State Continuum of Care Charter

1. Purpose of the Charter

This Charter sets out the composition, roles, responsibilities and committee structure of the Virginia Balance of State Continuum of Care (CoC)

2. Purpose of Continuum of Care

The Virginia Balance of State Continuum of Care (CoC) is a collaborative and inclusive community-based process for planning and managing homeless assistance resources and services effectively and efficiently to end homelessness in the 51 localities that make up the Balance of State CoC.

The purpose of the CoC is to assist in the coordination, development, and evaluation of services and housing for homeless and at-risk of homeless persons with housing needs through planning, education and advocacy. To achieve this purpose the CoC will seek to:

- Increase access to permanent housing through rapid re-housing and permanent supportive housing
- Identify housing needs of those at risk of facing homelessness
- Evaluate performance of services within the Balance of State through data collection and analysis
- Increase access to other mainstream sources to promote housing stability

3. Organization of the Continuum of Care

The Continuum of Care is comprised of twelve geographically dispersed local planning groups and five primary decision making committees that have various roles and responsibilities. Below is a list of the planning groups and committees.

Planning Groups

- Crater
- Western Piedmont Better Housing Coalition
- Waynesboro/Staunton
- Lenowisco
- Cumberland Plateau
- HOPE Interagency Council on Homelessness
- Housing Partnership for the New River Valley

- Foothills Housing Network
- Southside
- Heartland
- Northern Neck/Middle Peninsula Housing Partnership
- Community Partners of the Eastern Shore

Decision-Making Committees

- Steering Committee
- HMIS, Data, and Performance Committee
- Uniformed/Coordinated Assessment System Committee
- Services Coordinating Committee
- Monitoring and Selection Committee

4. Committee Roles, Responsibilities and Members

a. *Balance of State Steering Committee* - The CoC Steering Committee is the lead decision-making body responsible for planning for the use of US Department of Housing and Urban Development (HUD) HEARTH CoC resources and coordinating these funds with other relevant resources in the jurisdiction.

Specific responsibilities include:

- Overall direction and leadership of the process
- Making all formal decisions of the CoC
- Strategic planning and goal setting
- Approves the selection of the Monitoring and Selection Committee
- Aligning and coordinating CoC and other homeless assistance and mainstream resources
- Establishing priorities for and making decisions about the allocation of COC resources
- Monitoring and evaluating both system wide and individual program performance on established goals
- Receiving reports and recommendations from sub-committees and ad-hoc task groups
- Guides the annual CoC Exhibit 1 Application
- Ensure that all necessary activities (eg. Point-time-count) are being implemented by local planning groups
- Disseminates information to all members of the local planning groups

- Review agendas and minutes from meetings

Members of the CoC Steering Committee include:

- Two representatives designated by each planning group
- One representative from the lead agency/collaborative applicant, Department of Housing and Community Development (DHCD)
- Two consumer representatives (homeless or formerly homeless)

- In total, there are at least 25 seats on the Steering Committee as outlined above
- The representative from DHCD will serve as the Chairman of the Steering Committee
- A Co-Chairman will be appointed from the one of the representative of the local planning groups.
- Terms are two years (exception being representative from DHCD)
- The Steering Committee can add new members by a majority vote of the existing members
- The Steering Committee members must sign a confidentiality policy
- Steering Committee meetings will be held by teleconference on a bi-monthly basis. There will be one meeting held annually at the Governor's Housing Conference.
- The vote of a majority of members present and voting at a meeting at which quorum(51% of membership) is present is enough to constitute an act of the Steering Committee
- Members that fail to participate in regularly scheduled meetings (without an alternative) shall be subject to removal from the Steering Committee by vote of the Committee if they attend less than 75% of meetings.

b. HMIS, Data, and Performance Committee-

Specific responsibilities include:

- Overall management and training of the HMIS system, including the reviewing and assessment of HMIS policies and procedures annually
- The development, assessment, and monitoring of performance measures by different program type and CoC as a system.
- Reviewing the quarterly data quality, point-in-time, and demographic reports
- The assessment of the roles and responsibilities of the HMIS system, as well as reviewing how the system is working and functioning on a provider level.

- The organization of the annual Point-in-Time count/Housing Inventory and ensuring data is collected and submitted accurately

c. *Uniformed/Coordinated Assessment System Committee*

Specific responsibilities include:

- The development of the uniformed/coordinated assessment form
- Quarterly assessment of the uniformed/coordinated assessment form
- The development of a system to track information collected for the assessment of needs in each community

d. *Services Coordinating Committee*

Specific responsibilities include:

- The development and annual assessment of the Balance of State Common Standards-policies and procedures
- The development of written standards for administering assistance
- The assessment of discharge planning including those discharged from corrections, mental health institutions, hospitals, or aging out of foster care
- The assessment of current gaps in services
- The engagement and accessing of other mainstream resources (veterans, dv, DSS, etc.)

e. *Monitoring and Selection Committee*

Specific responsibilities include:

- Annually evaluating the renewal projects
- The reviewing, scoring, and ranking of new CoC projects that will be submitted during the annual CoC competition
- The assessment, monitoring, and evaluating of compliance and performance of ESG and state funded balance of state projects

f. *Ad hoc Work Groups*-These committees will be formed on an ad-hoc basis as needed and decided by the Steering Committee

5. DHCD Role and Responsibilities

The Department of Housing and Community Development is the lead support agency (collaborative applicant) providing staff to the various committees and work groups that constitute the Balance of State CoC and performing a variety of necessary functions such as HMIS administration, performance monitoring, engagement and education of stakeholders and submission of the funding applications.

Specific responsibilities include:

- Staffing of committees
- Produce planning materials
- Coordinate Needs/Gaps Assessments
- Collect and report performance data
- Monitor program performance
- Coordinate resources, integrate activities and facilitate collaboration
- Prepare collaborative application for CoC funds (Exhibit 1)
- Build awareness of CoC related issues
- Recruit Stakeholders
- Manage the HMIS grant

6. Planning Group Responsibilities

Planning groups of the Balance of State must have the following:

- Governance that minimally specifies:
  - Roles and responsibilities
  - Decision-making processes
- Coordinated assessment system

In addition, they adhere to the following requirements:

- Meet at least every other month
- Conduct a sheltered and unsheltered Point-in-Time Count on the day designated by the CoC
- Adhere to the CoC's HMIS Policies and Procedures

7. Homeless Management Information System (HMIS)

DHCD is the primary lead for the Balance of State HMIS system. DHCD will collaborate with Homeward, HMIS sub-recipient, to ensure all HMIS activities are carried out in accordance with the HEARTH Act. All agencies within the Balance of State must comply with HMIS requirements for CoC funding as well as all state homeless service funds (HMIS is a requirement for all non-domestic violence providers accessing these funds.)

HMIS policies and procedures will be reviewed and updated on an annual basis in accordance with HMIS data standards and HEARTH act. The policies and procedures can be accessed at : http://homewardva.org/sites/default/files/pdfs/HCIS/hcis-docs/HCIS_Policies_and_Procedures.pdf

8. Reporting

- Proceedings of all Steering Committee meetings are documented in minutes.
- Minutes of all meeting are circulated and approved at the subsequent meeting
- Resolutions are first put out in draft form (as a "Board Paper") and, once passed, are recorded in the minutes of meetings or a Resolutions Register.

9. Conflicts of Interest

No member of the Primary Decision Making Group (Steering Committee) shall vote upon or participate in the discussion of any matter which shall have a direct financial bearing on the organization that the member represents. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions.

10. Review of Charter

The Steering Committee will review this charter annually to ensure it remains consistent with the CoC's objectives and responsibilities.

Summary of the 2013 Balance of State Continuum of Care

Ranking Committee Review

The Balance of State Continuum of Care (CoC) convened a review panel of community stakeholders to review and assess funding requests for the HUD Continuum of Care Program. The review panel, known as the Ranking Committee is a committee of the Balance of State CoC. The Ranking Committee is tasked in the CoC charter as the entity that is responsible for accepting requests for funding and reviewing requests for consistency with meeting the local goals and priorities for addressing homelessness. The Ranking Committee is staffed by the Department of Housing and Community Development (DHCD), the CoC lead agency. DHCD issues a request for applications, accepts applications on behalf of the Continuum and supports the work of the Ranking Committee in reviewing and ranking applications for funding.

The Ranking Committee meets to review applications and to determine how effective the proposed work is in addressing community priorities to end homelessness and in meeting the needs of those experiencing homelessness. DHCD works in partnership with the Ranking Committee by providing staffing support and managing the application solicitation and review process.

DHCD published the Virginia Balance of State HUD Continuum of Care Rapid Re-housing/Permanent Supportive Housing Pre-Application in August, 2013 for new permanent housing funds.

Upon receipt of the pre-applications, DHCD staff reviewed the pre-applications denying any request that contained ineligible activities and inviting all agencies with eligible activities to apply via eSnaps.

A Steering Committee Conference call was held on December 16, 2013 to discuss the pre-applications, the HUD CoC application process, the funding priorities, the application timeline and to solicit members for the Ranking Committee.

The Steering Committee agreed to use the HUD funding priorities as identified in the 2013 NOFA. Here is the list of priorities adopted and subsequently used by the Ranking Committee:

a. Renewals, RRH and PSH
b. New PSH projects funded with reallocation serving 100% chronically homeless
c. New RRH projects funded with reallocation serving families with children
d. Renewals transitional
e. CoC planning costs
f. HMIS renewals
g. Renewals SSO

The Selection/Ranking Committee's decisions made during the January 7th Ranking Session reflect the HUD priorities. Member in attendance were: Joni Tables (Western Piedmont Better Housing Coalition), Sharon Harrup (Heartland), Valerie Liggins (Crater), Joshua Gemerek (Northern Neck Middle Peninsula Housing Partnership), Lisa Yost (Housing Partnership for the New River Valley) and Monica Spradlin (DHCD). Nichele Carver facilitated the ranking session and Kathy Robertson, Associate Director of the Homeless and Special Needs Housing Unit, observed the process.

The Ranking Committee process for making funding decisions

Ranking committee members

Joni Tables (Western Piedmont Better Housing Coalition)
Sharon Harrup (Heartland)
Valerie Liggins (Crater)
Joshua Gemerek (Northern Neck Middle Peninsula Housing Partnership)
Lisa Yost (Housing Partnership for the New River Valley)
Monica Spradlin (DHCD)

Process facilitated by Nichele Carver

Process overseen by Kathy Robertson

The Ranking Committee first reviewed all voluntary reallocation requests and agreed to accept them as noted.

Each member read the applications and participated in discussions about each new and renewal project presented.

Next the committee used the HUD identified priorities below to begin deciding which projects would be in the HUD application, since there was not enough money to fund all renewal and new projects.

a. Renewals, RRH and PSH
b. New PSH projects funded with reallocation serving 100% chronically homeless
c. New RRH projects funded with reallocation serving families with children
d. Renewals transitional
e. CoC planning costs
f. HMIS renewals
g. Renewals SSO

The committee reviewed HUD monitoring letters, expenditure rates and annual performance reports to make the final ranking decision.

There was a lengthy discussion regarding how many new families would be able to be rapidly re-housed and how many new permanent supportive housing units would be added to the housing inventory in the CoC with the reallocated funds.

The ranking committee's final ranking was presented to the BoS Steering committee one week later and the Steering Committee agreed to accept the project rankings put forth by the committee. Immediately following the Steering Committee's acceptance the agencies that were not included in the ranking were contacted via phone on January 15, 2014 and then a follow-up email detailing the phone conversation and the decision by the Ranking committee was sent on both January 16 and 17, 2014. The appeals process was on the website and communicated to the both agencies.

2013 Balance of State CoC Competition Funding Decisions

Type	Project Name	Total Annual Renewal Allocation (ARA)	Amount Requested-Tier 1 via ESNAPS	Amount Requested via ESNAPS-Tier 2	RC Comments
PSH - Renewal	FY 13 -14 HOPE PSH Renewal	$159,154	$159,154		N/A
PSH - Renewal	Canterbury Commons Staunton	$43,356	$38,533		The request submitted by the applicant is 8.9% less than the ARA. The applicant also agreed to prioritize chronically homeless individuals as beds become available.
PSH - Renewal	Canterbury Commons Waynesboro	$43,526	$38,654		The request submitted by the applicant is 8.9% less than the ARA. The applicant also agreed to prioritize chronically homeless individuals as beds become available.
PSH - Renewal	Bristol Permanent Supportive Housing Renewal	$25,645	$25,645		N/A
RRH - New	Housing Resource Center - RRH	$0	$183,476		This is the first and only RRH project in the BoS CoC application.
HMIS - Renewal	Balance of State Merged HMIS Renewal	$172,183	$141,301		The applicant requested to reduce the grant by the 5%, the overall reduction of the CoC's Annual Renewal Demand
PSH – New	Bristol Scattered Site PSH Project	$0		$30,882	N/A

CoC Planning - New	CoC Project Planning	$0		$36,870	The RC has placed CoC Planning in Tier as the instructed in the application. The RC sees value in a well-coordinated CoC planning process.
TH – Renewal	Project Hope	$51,239			The RC recommended not funding this project due to the lower priority of the activity type. Funding from this project has been reallocated to new PSH/RRH projects.
SSO – Renewal	Project Employment	$71,690			The RC recommended not funding this project due to the lower priority of the activity type. Funding from this project has been reallocated to new PSH/RRH projects.
SSO – Renewal	Flagler Housing Resource Center Coordinated Intake	$50,853			Applicant did not submit an application, voluntarily relinquished funding for the purpose of reallocation to new PSH/RRH projects.
	Total		**$586,763**	**$30,882 plus the CoC planning grant**	

Virginia Balance of State Homeless Management Information System Lead Agency

MEMORANDUM OF UNDERSTANDING
between
Homeward and
Balance of State Continuum of Care

I. PURPOSE AND BACKGROUND

The purpose of this Memorandum of Understanding (MoU) is to confirm agreements between Virginia's Balance of State (BoS) Continuum of Care (CoC) as acknowledged by the U.S. Department of Housing and Urban Development and Homeward, related to management of the BOS Homeless Management Information System (BoS HMIS). This MoU establishes Homeward as the BoS HMIS Lead Agency for the each BoS Local Planning Group (LPG, defines general understandings, and defines the roles and specific responsibilities of each party relating to key aspects of the governance and operation of the HMIS Project.

HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care (CoC) and Emergency Solutions Grant program (ESG) funding. BoS HMIS is essential to efforts to coordinate client services and inform community planning and public policy. Through BoS HMIS, homeless individuals benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through BoS HMIS is critical to the preparation of a periodic accounting of homelessness in individual LPGs and the Balance of the State, including required HUD reporting. The parties to this MoU recognize that thorough and accurate capture and analysis of data about homeless services and individuals is necessary to service and systems planning, effective resource allocation, and advocacy, and thus, share a mutual interest in successfully implementing and operating BoS HMIS.

II. DURATION

Except as provided in Section VIII (Termination), the duration of this MoU shall be from January 1, 2014 through December 31, 2014. While it is anticipated that this MoU will be renewed annually for periods of one year thereafter, the parties will revise and affirmatively agree to the terms of this relationship annually. The process of this review is intended to ensure the continued relevance of the terms to the parties and to ensure continued consistency and compliance with HUD regulation.

III. GOVERNANCE AND PARTICIPATION

1. CoC Governance

The CoC is the lead planning group for HUD-funded efforts to end homelessness and for implementing and operating a homeless CoC system. As such and per HUD policy, the CoC is responsible for BoS HMIS Project oversight and implementation, which encompasses planning, administration, software selection, and reviewing and approving of all policies, procedures, and data management plans governing Contributing BoS HMIS Organizations (described below). The CoC's oversight and governance responsibilities are carried out by the statewide BoS HMIS, Data and Performance Committee.

Contributing HMIS Organizations ("CHO") is a HUD term used in U.S. Department of Housing and Urban Development Homeless Management Information System (HMIS) Data and Technical Standards Final Notice for an organization that operates a project that contributes data to an HMIS.

For purposes of this MOU a CHO is equivalent to a "Participating HMIS Agency" which is a legal entity responsible for one or more "Participating HMIS Programs" that is licensed to use the BoS HMIS.

A CHO/Participating HMIS Agency is defined as an organization (inclusive of the BoS HMIS Lead) that operates a provider program and a program-level, BoS HMIS-compliant system (described below), whether or not it is a member of the CoC, and that contributes Protected Personal Information or other client-level data to the BoS HMIS. Participating HMIS Agencies must enter into Participation Agreement MOUs in order to contribute such data to the BoS HMIS. The authority to enter into Participation Agreement MOUs with Participating HMIS Agencies for the purposes of ensuring compliance with all applicable HUD and CoC HMIS Project requirements, including the operation of a program-level BoS HMIS-compliant system, rests with the HMIS Lead Agency.

2. Program-level HMIS-compliant System

A program-level HMIS-compliant system is defined as a client management information system operated by a provider program that allows the provider program to collect the minimum required data elements and to meet other established minimum participation thresholds as set forth in Participating Agency HMIS Participation Agreement MOU.

3. Participating HMIS Agency Administrator

A Participating Agency HMIS Administrator is defined as single point-of-contact established by each Participating Agency who is responsible for day-to-day operation of the BoS HMIS, ensuring program-level data quality according to the terms of the Participation Agreement and associated data quality plan, and other policies and procedures.

4. Licensed End Users (End Users)

End Users are persons at the Participating Program and Participating HMIS Agency levels who require legitimate access to the software system and are granted such access after training and participating program authorization. Individuals with specific authorization and established roles within BoS HMIS software can access the software application for the purpose of conducting data management tasks associated with their area of responsibility.

IV. GENERAL UNDERSTANDINGS

1. Compliance with HMIS Standards

It is the responsibility of the CoC to ensure that the HMIS Lead Agency is operating the HMIS Project in compliance with HUD HMIS Technical Standards (Drafted 2013), HUD HMIS Data Standards (last update: 2013), and other applicable laws. The parties agree to update this MoU (as provided in section VII, Amendment/Notices), other HMIS Project operational documents, and HMIS Project practices and procedures in order to comply with any updates to these standards established in notices or other guidance, within the HUD-specified timeframe for such changes.

2. Local Operational Policies and Agreements

All agencies within a CoC agree to operate within the most current release of BoS HMIS Policies and Procedures, developed by Homeward. These policies and procedures include but are not limited to an operating policies and procedures manual for use and management of data (including procedures for ensuring the security of data, disaster recovery, and data quality assurance), privacy policies and notices, data collection and technical standards, Participation Agreements, and End User Agreements.

V. SPECIFIC RESPONSIBILITIES OF THE PARTIES

1. CoC Responsibilities

The CoC serve as the lead HMIS Project governance body, providing oversight, project direction, policy setting, and guidance for the BoS HMIS Project. The CoC exercises its responsibilities for BoS HMIS governance through the BoS HMIS, Data and Performance Committee, effective as of the date of the authorization of this MoU. These responsibilities include:

- Overall management and training of the HMIS system, including the reviewing and assessment of HMIS policies and procedures annually
- The development, assessment, and monitoring of performance measures by different program type and CoC as a system.
- Reviewing the quarterly data quality, point-in-time, and demographic reports
- The assessment of the roles and responsibilities of the HMIS system, as well as reviewing how the system is working and functioning on a provider level.
- The organization of the annual Point-in-Time count/Housing Inventory and ensuring data is collected and submitted accurately

2. Homeward Responsibilities

Homeward serves as the Lead Agency for the BoS HMIS Project, managing and administering all BoS HMIS operations and activities. Homeward exercises these responsibilities at the direction of the BoS HMIS, Data and Performance Committee and its constituent LPGs. These responsibilities are contingent on continued receipt of the appropriate HUD grant funding, and are delineated in the following paragraphs. References below to the approval or adoption by the CoC is interpreted to include the approval or adoption of the several LPGs through the BoS HMIS, Data and Performance Committee.

a) Governance and Reporting
    - Provide staffing for operation of the BoS HMIS Project;
    - Prepare the following data reports and analyses for review by the CoC and for submission to HUD:
        - At least annually, a point-in-time unduplicated count of clients served in the BoS HMIS (for sheltered PIT Count and AHAR reports, or as required);
        - Annually, an unduplicated count of clients served in the BoS HMIS over the course of one year (for AHAR);
        - At least annually, an accounting of units in the HMIS (for HIC and AHAR reports, or as required); and
    - Prepare reports on the BOS CoC's progress on HEARTH performance measures as required by HUD regulations;

- Ensure the consistent contribution of data that meets all HUD-established data standards to BoS HMIS by, at minimum, every program operating with funds authorized by the McKinney-Vento Act as amended by the HEARTH Act, including ESG funds;
- Participate in BoS HMIS, Data and Performance Committee meetings;
- Respond to BoS HMIS, Data and Performance Committee directives; and
- Provide data needed to inform CoC's progress toward achieving goals laid out in its community Plans to End Homelessness (as applicable).

b) Planning and Policy Development

- Manage and maintain mechanisms for soliciting, collecting and analyzing feedback from end users, homeless persons and Participating Agency personnel such as: BoS HMIS administrators, program managers, and executive directors.
- Identify general milestones for project management, including training and expanding system functionality;
- Develop and, upon adoption by the CoC, implement written policies and procedures for the operation of the BoS HMIS Project, including requirements and standards, and provide for the regular update of these procedures as required by changes to policy;
- Develop and, upon adoption by the CoC, implement a data quality plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations, notice, or guidance;
- Develop and, upon adoption by the CoC, implement a security plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations or guidance;
- Develop and, upon adoption by the CoC, implement a disaster recovery plan consistent with requirements established by HUD, and review and update this plan annually according to the most current HUD regulations or guidance;
- Develop and, upon adoption by the CoC, implement a privacy policy specifying data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards;
- Ensure privacy protection in project administration; and
- Develop and, upon approval by the CoC, execute BoS HMIS Participation Agreements with each Participating HMIS Agency, including:
  - Obligations and authority of the BoS HMIS Lead and the Agency;
  - Protocols for participation in BoS HMIS;
  - Requirements of the policies and procedures by which the Agency must abide; and
  - Terms of sharing and processing Protected Identifying Information between the BoS HMIS Lead and the Agency.

c) Grant Administration

- Prepare and submit information relevant to HMIS for Project Application Renewals for HUD's NOFA responses for HUD grants in e-snaps;
- Create annual budgets outlining the most efficient resource allocation to meet BoS HMIS Project requirements;
- Ensure accurate and regular (quarterly, at minimum) draw down of HUD grant funding; and
- Complete and submit APR for HMIS portion of HUD grants in e-snaps.

d) System Administration

- Oversee the day-to-day administration of the BoS HMIS system;
- Training for Participating Agencies and Homeward staff, and licensing of BoS HMIS Server;

- Ensure BoS HMIS software meets the minimum data and technical functionality requirements established by HUD in rule or notice, including unduplication, data collection, maintenance of historical data, reporting (including HUD-required reports and data quality and audit reports), and any other requirements established by HUD;
- Ensure BoS HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and destruction of data and the maintenance of privacy, security, and confidentiality protections;
- Develop standard reports and queries of BoS HMIS data (e.g., data quality report, LPG quarterly report, etc.);
- Oversee and relate small- and large-scale changes to BoS HMIS through coordination with Homeward, the BoS HMIS, Data and Performance Committee and BoS HMIS administrators, as applicable;

e) End-User Administration
- Provide or coordinate technical assistance and support;
- Ensure documentation of technical issues experienced by providers;
- Develop and deliver a comprehensive training curriculum and protocol, including accompanying tools and resources, that:
  - Includes, but is not limited to, data entry requirements and techniques, client confidentiality and privacy requirements, data security, data quality, data entry;
  - Requires all relevant personnel to participate in trainings; it is the responsibility of the Local System Administration, often discharged through the HMIS Data Coordinator, to ensure end users at the Participating Agency receive training information. Participating Agency requirements are enumerated in the Participating Agency MOU and the BoS HMIS Policies and Procedures.

f) Data Quality and Compliance Monitoring
- Establish data quality benchmarks, including bed coverage rates, service-volume coverage rates, missing/unknown value rates, timeliness criteria, and consistency criteria;
- Consistent with the data quality plan, run and disseminate data quality reports on a quarterly basis to HMIS Participating Programs indicating levels of data entry completion, consistency with program model, and timeliness;
- Consistent with the data quality plan, provide quarterly reports on BoS HMIS participation rates, data quality and other analyses to the BoS HMIS, Data and Performance Committee; and
- Monitor compliance by all Participating Agencies with BoS HMIS participation requirements, policies and procedures, privacy standards, security requirements, and data quality standards through an annual review per the process outlined in the Participation Agreement and approved by the BoS HMIS, Data and Performance Committee.

3. BoS HMIS, Data and Performance Committee

The BoS HMIS, Data and Performance Committee has been established to ensure consistency and coordination across all LPGs and to manage many of the governance responsibilities for the LPGs in the BoS. The roles, responsibilities and composition of the BoS HMIS, Data and Performance Committee are outlined in the Virginia Balance of State Continuum of Care Charter.

The BoS HMIS, Data and Performance Committee is comprised of representatives from the LPGs. The LPGs designate their representatives to this committee.

VI. DATA ACCESS AND MANAGEMENT

Homeward will ensure that data that is maintained in the software and will have access to all data entered. Data access and usage is governed by BoS HMIS Policies and Procedures.

VII. AMENDMENT/NOTICES

This MoU may be amended in writing by either party. Notices shall be mailed or delivered to:

The Department of Housing and Community Development
Main Street Centre
600 East Main Street, Suite 300
Richmond, Virginia 23219

VIII. TERMINATION

Either party may terminate this MoU at a date prior to the renewal date specified in this MoU by giving 60 days written notice to the other parties. If the funds relied upon to undertake activities described in this MoU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MoU within 30 days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination.

VIII. SIGNATURES

Balance of State Representative _____

Balance of State HMIS Lead Agency Homeward

Homeward Executive Director Signature _____

Homeward ED Signature Date _____

Balance of State Continuum of Care Public Solicitation

Located at http://www.dhcd.virginia.gov/index.php/housing-programs-and-assistance/homeless-prevention-and-assistance-services/continuum-of-care/balance-of-state.html

Balance of State Continuum of Care - Windows Internet Explorer provided by VA IT Infrastructure Partnership

http://www.dhcd.virginia.gov/index.php/housing-programs-and-assistance/homeless-prevention-and-assistance-services/continuum-of-care/balance-of-state.html

BALANCE OF STATE CONTINUUM OF CARE

The Virginia Balance of State Continuum of Care (CoC) is a collaborative and inclusive community-based process for planning and managing homeless assistance resources and services effectively and efficiently to end homelessness in the 51 localities that make up the Balance of State CoC.

The purpose of the CoC is to assist in the coordination, development and evaluation of services and housing for homeless and at risk of homeless persons with housing needs through planning, education and advocacy. To achieve this purpose, the CoC will seek to:

- Increase access to permanent housing through rapid re-housing and permanent supportive housing
- Identify housing needs of those at risk of facing homelessness
- Evaluate performance of services within the Balance of State through data collection and analysis
- Increase access to other mainstream sources to promote housing stability

BALANCE OF STATE COC DOCUMENTS

- Balance of State Governance Charter
- Balance of State Map
- 2013 CoC Application
- Committees
- Continuum of Care (CoC) Notice of Funding Availability (NOFA) for Federal Fiscal Years 2013 and 2014.
- 2013 CoC Competition timeline
- 2013 funding priorities
- CoC application appeals process
- Ranking Committee process and recommendation
- BoS CoC application for Federal Fiscal Years 2013 and 2014
- BoS CoC Collaborative application for Federal Fiscal Years 2013 and 2014

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http://dhcdcodeconnection.wordpress.com/

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7:17 PM 1/29/2014

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found at on the OneCPD Resource Exchange at https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the OneCPD Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2013 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY 2013 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, should be read carefully, and all requirements and criteria met.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2012 Project Application will not be imported into the FY 2013 Project Application, therefore applicants will be required to enter information into all required fields.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduction.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in the FY 2013 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	01/29/2014
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier:	VA0142L3F211204
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

8. Applicant

a. Legal Name: Helping Overcome Poverty's Existence, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 54-1630342

	c. Organizational DUNS:	839713468	**PL US 4**	

d. Address

Street 1: 680 W. Main Street

Street 2: PO Box 743

City: Wytheville

County:

State: Virginia

Country: United States

Zip / Postal Code: 24382

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.
First Name: Andy
Middle Name:
Last Name: Kegley
Suffix:
Title: Executive Director
Organizational Affiliation: Helping Overcome Poverty's Existence, Inc.
Telephone Number: (276) 228-6280
Extension: 211
Fax Number: (276) 228-0508
Email: akegley@wythehope.org

1C. Application Details

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

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:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-5700-N-31B
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

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

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key) Virginia

15. Descriptive Title of Applicant's Project: FY 13-14 HOPE Renewal

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) VA-009

b. Project: (for multiple selections hold CTRL key) VA-009

17. Proposed Project

a. Start Date: 01/01/2014

b. End Date: 12/31/2015

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option 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.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	12/30/2013
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

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

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

All forms, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps

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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Andy
Middle Name:	
Last Name:	Kegley
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(276) 228-6280

Fax Number: (Format: 123-456-7890)	(276) 228-0508
Email:	akegley@wythehope.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	01/29/2014

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

Instructions:

The selections made on this form will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on form "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC".

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose; however, in the case of a Competing CoC, there may be more than one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Project Status: The default selection is "Standard", indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2013 competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Appeals Notice that is published by HUD after the FY 2013 CoC Program NOFA is published.

Component Type: This is a required field. Select the component type that identifies the renewal project application type.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: VA0142L3F211204

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

2a. CoC Number and Name: VA-521 - Virginia Balance of State CoC

2b. CoC Applicant Name: Commonwealth of Virginia-Virginia Department of Housing and Community Development

3. Project Name:	FY 13-14 HOPE Renewal
4. Project Status:	Standard
5. Component Type:	PH
6. Is Energy Star used at one or more of the proposed properties?	No
7. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This field is required. 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.

Does your project participate in a CoC Coordinated Assessment System: This is a required field. Select “Yes” if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(es) to identify the project’s population focus.

PH PROJECTS ONLY

Does the project follow a "Housing First" model: This is a required field for PH projects only. Select “Yes” if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

Does the PH project provide PSH or RRH: This is a required field. If PSH is selected, a follow up field will appear with the following pre-populated, "Unlimited Assistance". If RRH is selected, a follow-up field will appear in which the applicant will need to "

Indicate the maximum length of assistance". RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, “Unlimited Assistance” will automatically populate and will be read only. TH AND SSO PROJECTS ONLY:

Do you plan on serving homeless households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3)? Please note that no project is permitted to serve this population unless the CoC has requested and is approved to do so: This is a required field. Projects are only permitted to serve households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3), if the CoC has requested and is approved to use funds for such a purpose. CoCs that wish to request that projects within the CoC be permitted to use funds to serve this population had to identify the specific project(s) that would use funding for this purpose (up to 10 percent of CoC total award) by submitting an attachment with the CoC Application. HUD will only consider TH and SSO projects for approval under the above conditions.

TH PROJECTS ONLY:

Indicate the maximum length of assistance: This is a required field. The maximum length of assistance allowed for TH projects is 24 months.

PH AND TH PROJECTS ONLY:

If applicable, indicate the type of rental assistance: This is a required field. If requesting rental assistance, select the type, PRA, SRA, or TRA, from the dropdown menu. Each type has unique requirements and applicants should refer to 24 CFR 578.51 before making a selection. If not requesting rental assistance in this project application, select N/A.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive

For SHP projects renewing under the CoC Program for the first time, is the project budget being revised to rental assistance from leasing? (This change must have been listed on the final HUD-approved GIW. See 24 CFR 578.49(b)(8)); This is a required field. "Yes" should only be selected if the change from leasing to rental assistance was approved by HUD during the GIW process.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

This project is the recently (October, 2013) consolidated Supportive Housing transitional housing projects of HOPE, which resulted in an effective start date of Jan. 1, 2013. This project was unable to use 12 months of funds in the last quarter of the calendar year, so only $34,158 (including match) was expended from this grant.
HOPE's Permanent Supportive Housing (PSH) program targets chronically homeless families/individuals. This is a housing first approach to ending homelessness with a goal of placing eligible participants in permanent housing within 30 days of entry into the shelter system. HOPE's PSH participates in our regional CoC Coordinated Community Response to Homeless (CCRH) centralized intake and all potential program participants are initially screened by the CCRH housing solutions coordinator. Upon referral from centralized intake, eligible clients meet with the PSH program counselor to complete a housing barrier assessment to ensure the client can access housing as quickly as possible. After a client is placed in a unit, the counselor and client work together to establish goals and action steps to address the factors that threaten housing stability. The program counselor makes direct referrals to area resources and services, as appropriate, and assists with the delivery of these resources and services by coordinating transportation to and from agencies. Case management services are provided regularly while clients are participating in PSH. Initial case management services are intensive with the counselor meeting with new participants on an almost daily basis. As the client begins to stabilize case management services are tiered down to weekly, bi-weekly, or monthly appointments based on the specific needs of each client. With a housing first approach and ongoing supportive services HOPE intends for program participants to maintain or increase income necessary to support housing and that those participants will remain in permanent housing with or without continued subsidy.

2. Does your project participate in a CoC Coordinated Assessment System? Yes

3. Does your project have a specific population focus? Yes

3a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

5. Does the project follow a "Housing First" model? Yes

6. Does the PH project provide PSH or RRH? PSH

6a. Indicate the maximum length of assistance: Unlimited assistance

7a. If applicable, indicate the type of rental assistance: N/A

4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project has a designated staff person responsible for ensuring that children and youth 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. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of “No” is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider closest to the grant funds (i.e. Applicant, then Subrecipient, then Partner, and lastly, non-Partner).
- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

1b. 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

2. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click 'Save' to update.

Supportive Services		Provider	Access	Frequency
Assessment of Service Needs		Applicant	Onsite	Weekly
Assistance with Moving Costs		Applicant	Onsite	As needed
Case Management		Applicant	Onsite	Daily
Child Care		Non-Partner	Public/private regional transportation	As needed
Education Services				
Employment Assistance and Job Training		Non-Partner	Public/private regional transportation	As needed
Food		Applicant	Short walk	Weekly
Housing Search and Counseling Services		Applicant	Onsite	As needed
Legal Services		Non-Partner	Public/private regional transportation	As needed
Life Skills Training				
Mental Health Services		Non-Partner	Public/private regional transportation	As needed
Outpatient Health Services		Non-Partner	Short walk	As needed
Outreach Services		Applicant	Onsite	As needed
Substance Abuse Treatment Services		Non-Partner	Public/private regional transportation	As needed
Transportation		Applicant	Onsite	As needed
Utility Deposits				

3. How accessible are most community amenities to project participants?

Most Community Amenities	Access
Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities.	Somewhat accessible: Minor transportation barriers, requires effort for participants.

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 13
Total Beds: 54
Total Dedicated CH Beds: 54
Total Non-Dedicated CH Beds: 0

Housing Type	Units	Beds	CH Beds	Non-CH Beds
Single family homes/townhou...	1	4	4	0
Single family homes/townhou...	1	4	4	0
Single family homes/townhou...	1	4	4	0
Single family homes/townhou...	1	4	4	0
Single family homes/townhou...	1	4	4	0
Single family homes/townhou...	1	4	4	0
Single family homes/townhou...	1	4	4	0
Scattered-site apartments (...	1	4	4	0
Scattered-site apartments (...	1	4	4	0
Scattered-site apartments (...	1	4	4	0
Single family homes/townhou...	1	6	6	0
Scattered-site apartments (...	1	4	4	0
Scattered-site apartments (...	1	4	4	0

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. “Dedicated” chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 1

b. Beds:	4
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	4
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:	
Street 1:	655 N. 3rd St. Apt 1
Street 2:	
City:	Wytheville
State:	Virginia
ZIP Code:	24382

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)	519197 Wythe County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

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Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units:	1
b. Beds:	4
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	4
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:	
Street 1:	260 E. Reservoir St. Apt. 1
Street 2:	
City:	Wytheville
State:	Virginia
ZIP Code:	24382
4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)	519197 Wythe County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

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Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units:	1
b. Beds:	4
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	4
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:	
Street 1:	1245 N. 13th St. Apt. A
Street 2:	
City:	Wytheville
State:	Virginia
ZIP Code:	24382
4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)	519197 Wythe County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

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Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units:	1
b. Beds:	4
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	4
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:

Street 1: 945 W. Washington St. Apt. C

Street 2:

City: Wytheville

State: Virginia

ZIP Code: 24382

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key) 519197 Wythe County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

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Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units:	1
b. Beds:	4
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	4
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:	
Street 1:	1245 N. 13th St. Apt. C
Street 2:	
City:	Wytheville
State:	Virginia
ZIP Code:	24382
4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)	519197 Wythe County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. “Dedicated” chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter “0.”

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Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units:	1
b. Beds:	4
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	4
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:

Street 1: 945 W. Washington St. Apt. B

Street 2:

City: Wytheville

State: Virginia

ZIP Code: 24382

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key) 519197 Wythe County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. “Dedicated” chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter “0.”

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Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units:	1
b. Beds:	4
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	4
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:	
Street 1:	590 E. Washington St.
Street 2:	
City:	Wytheville
State:	Virginia
ZIP Code:	24382
4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)	519197 Wythe County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. “Dedicated” chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter “0.”

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Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

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

a. Units:	1
b. Beds:	4
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	4
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:	
Street 1:	1335 W. Pine St. Apt 3
Street 2:	
City:	Wytheville
State:	Virginia
ZIP Code:	24382
4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)	519197 Wythe County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. “Dedicated” chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

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

a. Units:	1
b. Beds:	4
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	4
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:	
Street 1:	375 Meadows Lane
Street 2:	
City:	Wytheville
State:	Virginia
ZIP Code:	24382
4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)	519197 Wythe County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. “Dedicated” chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

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

a. Units:	1
b. Beds:	4
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	4
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:	
Street 1:	105 Brookfield Lane
Street 2:	
City:	Wytheville
State:	Virginia
ZIP Code:	24382
4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)	519197 Wythe County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. “Dedicated” chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units:	1
b. Beds:	6
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	6
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:

Street 1: 590 Tazewell St.

Street 2:

City: Wytheville

State: Virginia

ZIP Code: 24382

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key) 519197 Wythe County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. “Dedicated” chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

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

a. Units:	1
b. Beds:	4
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	4
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:

Street 1: 240 Meadows Lane

Street 2:

City: Wytheville

State: Virginia

ZIP Code: 24382

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key) 519197 Wythe County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. “Dedicated” chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

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

a. Units:	1
b. Beds:	4
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	4
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:	
Street 1:	170 Brookfield Lane
Street 2:	
City:	Wytheville
State:	Virginia
ZIP Code:	24382
4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)	519197 Wythe County

4C. HMIS Participation

Instructions:

ALL PROJECTS EXCEPT HMIS

Does this project provide client level data to the HMIS at least annually: This is a required field. Select “Yes” of “No “from the drop down menu.

If “No” was selected, indicate the reason for non-participation in the HMIS by selecting one or more of the following reasons for not participating in the CoC’s HMIS: Federal law prohibits, State law prohibits, New project not yet operating, and other. If “Federal/State prohibition” cite the applicable law in the text box provided. For “Other” provide an explanation in the text box.

If “Yes” was selected:
Indicate the number of clients served from 1/1/2012 – 12/31/2012: Enter the number of participants reported in the HMIS, only positive integers will be accepted. This should be a cumulative yearly count of clients served.

Of the clients served from 1/1/2012 – 12/31/2012, indicate the number reported in the HMIS: Enter a number that is smaller than or equal to the answer in the above question Only positive integers will be accepted.

Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0:" At least one value must be entered into the grid. Enter a number in the applicable fields that represents the percentage of each data element that have null or missing values, and a number that represents the percentage of each data element were reported as “Don’t Know or Refused.”

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Does this project provide client level data to HMIS at least annually?	Yes
2a. Indicate the number of clients served from 1/1/2012 - 12/31/2012	50
2b. Of the clients served from 1/1/2012 - 12/31/2012, indicate the number reported in the HMIS	50

3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0".

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	2%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	0%

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	11	18	0	29

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
Disabled Adults over age 24	9	16		25
Non-disabled Adults over age 24	2	0		2
Disabled Adults ages 18-24	3	2		5
Non-disabled Adults ages 18-24	0	0		0
Accompanied Disabled Children under age 18	0		0	0
Accompanied Non-disabled Children under age 18	0		0	0
Unaccompanied Disabled Children under age 18			0	0
Unaccompanied Non-disabled Children under age 18			0	0
Total Number of Adults over age 24	11	16		27
Total Number of Adults ages 18-24	3	2		5
Total Number of Children under age 18	0		0	0
Total Persons	14	18	0	32

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This form can only be completed once form “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the form according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24	9	0	0	0	0	6	0	3	2	0
Non-disabled Adults over age 24	2	0	0	0	0	1	0	0	0	0
Disabled Adults ages 18-24	3	0	0	0	0	0	0	0	0	0
Non-disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Disabled Children under age 18										
Non-disabled Children under age 18										

Total Persons	14	0	0	0	0	7	0	3	2	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24	16	0	0	3	0	8	0	5	1	0
Non-disabled Adults over age 24	0	0	0	0	0	0	0	0	0	0
Disabled Adults ages 18-24	2	0	0	0	0	0	0	0	0	0
Non-disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	18	0	0	3	0	8	0	5	1	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from 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
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or 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 (only applicable to TH and SSO projects)
- Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

AND/OR

If "Persons at imminent risk…" is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless: This field is required if the total percentage calculated above is less than 100 percent or if a number greater than 0 was entered in the “Persons at imminent risk of losing their nighttime residence” field. If both apply, the project applicant must provide a response to both questions in this field.

If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2013 CoC Program NOFA.

If the field for “Persons at imminent risk of losing their nighttime residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing” contains a percentage greater than 0, the project applicant must indicate how these persons meet the eligibility criteria for the project component being requested (may only be TH or SSO).

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

	Directly from the street or other locations not meant for human habitation.
100%	**Directly from emergency shelters.**
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or 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 (TH and SSO projects only)
	Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
	Persons fleeing domestic violence.
100%	**Total of above percentages**

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

AND/OR

If "Persons at imminent risk…" is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless.

6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT SSO and HMIS

Housing Measures: This is a required field. 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: Count each participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

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: Not applicable for youth below the age of 18. Total income can include all sources, public and private.
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. 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%."

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	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.	42	50	84%

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	Target (#)	Universe (#)	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.	26	29	90%
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

Use this form to submit additional measures on which the project will report performance in the Annual Performance Report (APR).

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

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

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the reallocation responses in the CoC Application.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This field is pre-populated with a one-year grant term.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected at the beginning of this project application. The following eligible costs may be listed: leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the final HUD-approved FY2013 GIW.

If you do not see the funding budgets that you expected, you may need to return to form “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. For example, a rental assistance project that does not see the “Long-term rental assistance” budget may have incorrectly identified as a rapid re-housing project on form “3B. Project Description.” See the FY2013 CoC Program NOFA for additional guidance.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Select a grant term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units	X
Leased Structures	
Long-term Rental Assistance	
Supportive Services	X
Operations	X
HMIS	X

7B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		$95,344	
Grant Term:		1 Year	
Total Request for Grant Term:		$95,344	
Total Units:		13	
FMR Area	**Total Units Requested**	**Total Annual Budget Requested**	**Total Budget Requested**
VA - Wythe County...	13	$95,344	$95,344

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2013 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) entered must match the FY2013 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the HUD approved FY2013 GIW.

Grant Term: This field is populated with “1 Year” and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

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

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: VA - Wythe County, VA (5119799999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	9	
3 Bedroom	4	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		

8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	13	$95,344
Grant Term		1 Year
Total Request for Grant Term		$95,344

Click the 'Save' button to automatically calculate totals.

7F. Supportive Services Budget

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. 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. The request should match the budget amounts identified on the HUD-approved GIW.

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 with the value “1 Year” and will be read only.

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

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE and 1 .25 FTE case manager	$42,800
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
Total Annual Assistance Requested		$42,800
Grant Term		1 Year
Total Request for Grant Term		$42,800

Click the 'Save' button to automatically calculate totals.

7G. Operating Budget

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. 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. The request should match the budget amounts identified on the HUD-approved GIW

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 with the value “1 Year” 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 OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Utilities associated with rented units	$15,562
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$15,562
Grant Term		1 Year
Total Request for Grant Term		$15,562

Click the 'Save' button to automatically calculate totals.

7H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS 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 funds requested for each activity. The request should match the budget amounts identified on the HUD-approved GIW.

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 the "Funding Request" screen 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 OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	Computer for case manager	$1,000
2. Software		
3. Services		
4. Personnel	Supervision of data quality entered in HMIS	$1,000
5. Space & Operations		
Total Annual Assistance Requested		$2,000
Grant Term		1 Year
Total Request for Grant Term		$2,000

Click the 'Save' button to automatically calculate totals.

7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$15,953
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$15,953

Summary for Leverage

Total Value of Cash Commitments:	$415,165
Total Value of In-Kind Commitments:	$3
Total Value of All Commitments:	$415,168

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Private	HOPE, Inc.	12/30/2013	$15,953
Leverage	Cash	Government	Va Dept Housing a...	01/24/2014	$415,165
Leverage	In-Kind	Private	SW VA Legal Aid S...	01/27/2014	$1
Leverage	In-Kind	Government	Wytheville One-St...	01/24/2014	$1
Leverage	In-Kind	Government	Dept of Veterans ...	01/23/2014	$1

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	HOPE, Inc.
5. Date of Written Commitment:	12/30/2013
6. Value of Written Commitment:	$15,953

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Va Dept Housing and Community Development

5. Date of Written Commitment: 01/24/2014

6. Value of Written Commitment: $415,165

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) SW VA Legal Aid Society

5. Date of Written Commitment: 01/27/2014

6. Value of Written Commitment: $1

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Wytheville One-Stop VEC/DARS
5. Date of Written Commitment:	01/24/2014
6. Value of Written Commitment:	$1

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Dept of Veterans Affairs
5. Date of Written Commitment:	01/23/2014
6. Value of Written Commitment:	$1

7J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “8. Admin (Up to 10%).””

Admin (Up to 10%): Enter the amount funds of requested administration funds. The request should match the amount identified on the HUD-approved GIW. The grant will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2013 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to form “7I. Sources of Match/Leverage” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to form “7I. Sources of Match/Leverage” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to form “7I. Sources of Match/Leverage” to make changes..

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units	$95,344	1 Year	$95,344
1b. Leased Structures	$0	1 Year	$0
2. Short-term/Medium-term Assistance	$0	1 Year	$0
3. Long-term Rental Assistance	$0	1 Year	$0

4. Supportive Services	$42,800	1 Year	$42,800
5. Operating	$15,562	1 Year	$15,562
6. HMIS	$2,000	1 Year	$2,000
7. Sub-total Costs Requested			$155,706
8. Admin (Up to 10%)			$3,448
9. Total Assistance plus Admin Requested			$159,154
10. Cash Match			$15,953
11. In-Kind Match			$0
12. Total Match			$15,953
13. Total Budget			$175,107

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

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

If indicated on Forms 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Form 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Commitment Letter: SHP projects that are converting from Leasing to Rental Assistance and are non-profits must attach a commitment letter from the state, instrumentality of local government, or PHA that will administer the rental assistance. Please see the FY 2013 CoC Program NOFA for more additional information.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For most projects, the certification is attached to the CoC Application with a list of all associated projects. However, for projects that selected "No CoC" on form 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. Certification

A. For all projects:

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 Rental Assistance Projects:

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 non-Rental Assistance Projects 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. Explanation.

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

Name of Authorized Certifying Official Andy Kegley

Date: 01/29/2014

Title: Executive Director

Applicant Organization: Helping Overcome Poverty's Existence, 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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

9B. Submission Summary

Page	Last Updated
1A. Application Type	12/26/2013
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	12/26/2013
1E. Compliance	12/26/2013
1F. Declaration	12/26/2013
2A. Subrecipients	No Input Required
3A. Project Detail	12/26/2013
3B. Description	12/31/2013
4A. Services	12/27/2013
4B. Housing Type	12/30/2013
4C. HMIS Participation	12/30/2013
5A. Households	12/30/2013
5B. Subpopulations	No Input Required
5C. Outreach	12/27/2013
6A. Standard	12/30/2013
6B. Additional Performance Measures	No Input Required
7A. Funding Request	12/27/2013
7B. Leased Units	12/30/2013
7F. Supp. Srvcs. Budget	12/30/2013
7G. Operating	12/30/2013
7H. HMIS Budget	12/30/2013
7I. Match/Leverage	01/29/2014
7J. Summary Budget	No Input Required
8A. Attachment(s)	No Input Required
8B. Certification	12/30/2013

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found at on the OneCPD Resource Exchange at https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the OneCPD Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2013 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY 2013 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, should be read carefully, and all requirements and criteria met.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2012 Project Application will not be imported into the FY 2013 Project Application, therefore applicants will be required to enter information into all required fields.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduction.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in the FY 2013 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	01/29/2014
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier:	VA0076L3F101205
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

8. Applicant

a. Legal Name: Waynesboro Redevelopment and Housing Authority

b. Employer/Taxpayer Identification Number (EIN/TIN): 54-0739652

	c. Organizational DUNS:	130530801	**PL US 4**	

d. Address

Street 1: 1700 New Hope Road

Street 2: P. O. Box 1138

City: Waynesboro

County: Augusta County

State: Virginia

Country: United States

Zip / Postal Code: 22980

e. Organizational Unit (optional)

Department Name: Community Services

Division Name: Homeless Programs

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

Prefix:	Ms.
First Name:	Jacqueline
Middle Name:	Mae
Last Name:	Norcross
Suffix:	
Title:	Deputy Executive Director
Organizational Affiliation:	Waynesboro Redevelopment and Housing Authority
Telephone Number:	(540) 946-9230
Extension:	
Fax Number:	(540) 942-3281
Email:	j_norcross@wrha.org

1C. Application Details

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

9. Type of Applicant:	L. Public/Indian Housing Authority
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-5700-N-31B
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

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

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key) Virginia

15. Descriptive Title of Applicant's Project: Canterbury Commons Waynesboro

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) VA-006

b. Project: (for multiple selections hold CTRL key) VA-006

17. Proposed Project

a. Start Date: 04/01/2014

b. End Date: 03/31/2015

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option 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.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

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

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

All forms, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps

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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ronald
Middle Name:	Edward
Last Name:	Delapp
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(540) 946-9230

Fax Number: (Format: 123-456-7890)	(540) 942-3281
Email:	e_delapp@wrha.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	01/29/2014

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

Instructions:

The selections made on this form will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on form "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC".

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose; however, in the case of a Competing CoC, there may be more than one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Project Status: The default selection is "Standard", indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2013 competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Appeals Notice that is published by HUD after the FY 2013 CoC Program NOFA is published.

Component Type: This is a required field. Select the component type that identifies the renewal project application type.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: VA0076L3F101205

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

2a. CoC Number and Name: VA-521 - Virginia Balance of State CoC

2b. CoC Applicant Name: Commonwealth of Virginia-Virginia Department of Housing and Community Development

3. Project Name:	Canterbury Commons Waynesboro
4. Project Status:	Standard
5. Component Type:	PH
6. Is Energy Star used at one or more of the proposed properties?	Yes
7. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This field is required. 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.

Does your project participate in a CoC Coordinated Assessment System: This is a required field. Select “Yes” if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(es) to identify the project’s population focus.

PH PROJECTS ONLY

Does the project follow a "Housing First" model: This is a required field for PH projects only. Select “Yes” if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

Does the PH project provide PSH or RRH: This is a required field. If PSH is selected, a follow up field will appear with the following pre-populated, "Unlimited Assistance". If RRH is selected, a follow-up field will appear in which the applicant will need to "

Indicate the maximum length of assistance". RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, “Unlimited Assistance” will automatically populate and will be read only. TH AND SSO PROJECTS ONLY:

Do you plan on serving homeless households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3)? Please note that no project is permitted to serve this population unless the CoC has requested and is approved to do so: This is a required field. Projects are only permitted to serve households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3), if the CoC has requested and is approved to use funds for such a purpose. CoCs that wish to request that projects within the CoC be permitted to use funds to serve this population had to identify the specific project(s) that would use funding for this purpose (up to 10 percent of CoC total award) by submitting an attachment with the CoC Application. HUD will only consider TH and SSO projects for approval under the above conditions.

TH PROJECTS ONLY:

Indicate the maximum length of assistance: This is a required field. The maximum length of assistance allowed for TH projects is 24 months.

PH AND TH PROJECTS ONLY:

If applicable, indicate the type of rental assistance: This is a required field. If requesting rental assistance, select the type, PRA, SRA, or TRA, from the dropdown menu. Each type has unique requirements and applicants should refer to 24 CFR 578.51 before making a selection. If not requesting rental assistance in this project application, select N/A.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive

For SHP projects renewing under the CoC Program for the first time, is the project budget being revised to rental assistance from leasing? (This change must have been listed on the final HUD-approved GIW. See 24 CFR 578.49(b)(8)); This is a required field. "Yes" should only be selected if the change from leasing to rental assistance was approved by HUD during the GIW process.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

Canterbury Commons Waynesboro is a six unit apartment facility that serves single, homeless, disabled individuals. Supportive services are provided to program participants by Valley Community Services Board. The renewal application is for Operating Subsidy only. While the project serves single, homeless, disabled individuals, such individuals who are deemed chronically homeless shall be give priority for admission to the project.

2. Does your project participate in a CoC Coordinated Assessment System? No

3. Does your project have a specific population focus? Yes

3a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families		**HIV/AIDS**	
		Other (Click 'Save' to update)	X

Other: Single, homeless, disabled individuals

5. Does the project follow a "Housing First" model? Yes

6. Does the PH project provide PSH or RRH?	PSH
6a. Indicate the maximum length of assistance:	Unlimited assistance
7a. If applicable, indicate the type of rental assistance:	N/A

4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project has a designated staff person responsible for ensuring that children and youth 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. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of “No” is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider closest to the grant funds (i.e. Applicant, then Subrecipient, then Partner, and lastly, non-Partner).
- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Not Applicable

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Not Applicable

2. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click 'Save' to update.

Supportive Services		Provider	Access	Frequency
Assessment of Service Needs		Partner	Onsite	Monthly
Assistance with Moving Costs				
Case Management		Partner	Onsite	Weekly
Child Care				
Education Services				
Employment Assistance and Job Training		Partner	Onsite	Monthly
Food				
Housing Search and Counseling Services				
Legal Services				
Life Skills Training		Partner	Onsite	Weekly
Mental Health Services		Partner	Onsite	Weekly
Outpatient Health Services				
Outreach Services				
Substance Abuse Treatment Services		Partner	Onsite	Weekly
Transportation		Partner	Onsite	Daily
Utility Deposits				

3. How accessible are most community amenities to project participants?

Most Community Amenities	Access
Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities.	Very accessible: No transportation barriers, easily within reach of all participants.

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 6
Total Beds: 6
Total Dedicated CH Beds: 0
Total Non-Dedicated CH Beds: 6

Housing Type	Units	Beds	CH Beds	Non-CH Beds
Clustered apartments	6	6	0	6

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. “Dedicated” chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Clustered apartments

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

a. Units: 6

b. Beds:	6
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	0
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	6

3. Address:	
Street 1:	860 King Avenue
Street 2:	
City:	Waynesboro
State:	Virginia
ZIP Code:	22980

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)	519015 Augusta County, 519820 Waynesboro city

4C. HMIS Participation

Instructions:

ALL PROJECTS EXCEPT HMIS

Does this project provide client level data to the HMIS at least annually: This is a required field. Select “Yes” of “No “from the drop down menu.

If “No” was selected, indicate the reason for non-participation in the HMIS by selecting one or more of the following reasons for not participating in the CoC’s HMIS: Federal law prohibits, State law prohibits, New project not yet operating, and other. If “Federal/State prohibition” cite the applicable law in the text box provided. For “Other” provide an explanation in the text box.

If “Yes” was selected:
Indicate the number of clients served from 1/1/2012 – 12/31/2012: Enter the number of participants reported in the HMIS, only positive integers will be accepted. This should be a cumulative yearly count of clients served.

Of the clients served from 1/1/2012 – 12/31/2012, indicate the number reported in the HMIS: Enter a number that is smaller than or equal to the answer in the above question Only positive integers will be accepted.

Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0:" At least one value must be entered into the grid. Enter a number in the applicable fields that represents the percentage of each data element that have null or missing values, and a number that represents the percentage of each data element were reported as “Don’t Know or Refused.”

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Does this project provide client level data to HMIS at least annually?	Yes
2a. Indicate the number of clients served from 1/1/2012 - 12/31/2012	6
2b. Of the clients served from 1/1/2012 - 12/31/2012, indicate the number reported in the HMIS	6

3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0".

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	0%

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	6	0	6

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
Disabled Adults over age 24	0	6		6
Non-disabled Adults over age 24	0	0		0
Disabled Adults ages 18-24	0	0		0
Non-disabled Adults ages 18-24	0	0		0
Accompanied Disabled Children under age 18	0		0	0
Accompanied Non-disabled Children under age 18	0		0	0
Unaccompanied Disabled Children under age 18			0	0
Unaccompanied Non-disabled Children under age 18			0	0
Total Number of Adults over age 24	0	6		6
Total Number of Adults ages 18-24	0	0		0
Total Number of Children under age 18	0		0	0
Total Persons	0	6	0	6

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This form can only be completed once form “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the form according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24										
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Disabled Children under age 18										
Non-disabled Children under age 18										

Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24	0	0	0	3	0	5	1	1	2	0
Non-disabled Adults over age 24	0	0	0	0	0	0	0	0	0	0
Disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Non-disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	3	0	5	1	1	2	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from 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
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or 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 (only applicable to TH and SSO projects)
- Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

AND/OR

If "Persons at imminent risk…" is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless: This field is required if the total percentage calculated above is less than 100 percent or if a number greater than 0 was entered in the “Persons at imminent risk of losing their nighttime residence” field. If both apply, the project applicant must provide a response to both questions in this field.

If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2013 CoC Program NOFA.

If the field for “Persons at imminent risk of losing their nighttime residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing” contains a percentage greater than 0, the project applicant must indicate how these persons meet the eligibility criteria for the project component being requested (may only be TH or SSO).

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

60%	**Directly from the street or other locations not meant for human habitation.**
	Directly from emergency shelters.
	Directly from safe havens.
20%	**From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or 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 (TH and SSO projects only)
	Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
20%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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

AND/OR

If "Persons at imminent risk…" is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless.

6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT SSO and HMIS

Housing Measures: This is a required field. 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: Count each participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

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: Not applicable for youth below the age of 18. Total income can include all sources, public and private.
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. 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%."

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	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.	6	6	100%

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	Target (#)	Universe (#)	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.	6	6	100%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

6B. Additional Performance Measures

Use this form to submit additional measures on which the project will report performance in the Annual Performance Report (APR).

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

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

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the reallocation responses in the CoC Application.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This field is pre-populated with a one-year grant term.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected at the beginning of this project application. The following eligible costs may be listed: leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the final HUD-approved FY2013 GIW.

If you do not see the funding budgets that you expected, you may need to return to form “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. For example, a rental assistance project that does not see the “Long-term rental assistance” budget may have incorrectly identified as a rapid re-housing project on form “3B. Project Description.” See the FY2013 CoC Program NOFA for additional guidance.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? Yes

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Select a grant term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Long-term Rental Assistance	
Supportive Services	
Operations	X
HMIS	

7G. Operating Budget

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. 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. The request should match the budget amounts identified on the HUD-approved GIW

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 with the value “1 Year” 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 OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Maintenance Salaries, Maintenance Materials, Maintenance Contracts	$11,563
2. Property Taxes and Insurance	Property Insurance, Fidelity Bond, etc.	$1,500
3. Replacement Reserve	Debt Service	$4,748
4. Building Security	Administrative Staff, Employee Benefits, Sundry	$11,993
5. Electricity, Gas, and Water	Electricity, Water, Sewer	$6,350
6. Furniture	N/A	
7. Equipment (lease, buy)	N/A	
Total Annual Assistance Requested		$36,154
Grant Term		1 Year
Total Request for Grant Term		$36,154

Click the 'Save' button to automatically calculate totals.

7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$19,388
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$19,388

Summary for Leverage

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$155,103
Total Value of All Commitments:	$155,103

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Private	Waynesboro Redeve...	12/20/2013	$14,388
Match	Cash	Private	Waynesboro Redeve...	12/20/2013	$5,000
Leverage	In-Kind	Private	Valley Community ...	01/23/2014	$155,103

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Waynesboro Redevelopment and Housing Authority
5. Date of Written Commitment:	12/20/2013
6. Value of Written Commitment:	$14,388

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Waynesboro Redevelopment and Housing Authority

5. Date of Written Commitment: 12/20/2013

6. Value of Written Commitment: $5,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Valley Community Services Board
5. Date of Written Commitment:	01/23/2014
6. Value of Written Commitment:	$155,103

7J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “8. Admin (Up to 10%).””

Admin (Up to 10%): Enter the amount funds of requested administration funds. The request should match the amount identified on the HUD-approved GIW. The grant will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2013 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to form “7I. Sources of Match/Leverage” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to form “7I. Sources of Match/Leverage” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to form “7I. Sources of Match/Leverage” to make changes..

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units	$0	1 Year	$0
1b. Leased Structures	$0	1 Year	$0
2. Short-term/Medium-term Assistance	$0	1 Year	$0
3. Long-term Rental Assistance	$0	1 Year	$0

4. Supportive Services	$0	1 Year	$0
5. Operating	$36,154	1 Year	$36,154
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$36,154
8. Admin (Up to 10%)			$2,500
9. Total Assistance plus Admin Requested			$38,654
10. Cash Match			$19,388
11. In-Kind Match			$0
12. Total Match			$19,388
13. Total Budget			$58,042

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

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

If indicated on Forms 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Form 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Commitment Letter: SHP projects that are converting from Leasing to Rental Assistance and are non-profits must attach a commitment letter from the state, instrumentality of local government, or PHA that will administer the rental assistance. Please see the FY 2013 CoC Program NOFA for more additional information.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For most projects, the certification is attached to the CoC Application with a list of all associated projects. However, for projects that selected "No CoC" on form 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. Certification

A. For all projects:

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 Rental Assistance Projects:

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 non-Rental Assistance Projects 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. Explanation.

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

Name of Authorized Certifying Official Ronald Delapp

Date: 01/29/2014

Title: Executive Director

Applicant Organization: Waynesboro Redevelopment and Housing Authority

PHA Number (For PHA Applicants Only): VA022

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

9B. Submission Summary

Page	Last Updated
1A. Application Type	12/20/2013
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	12/29/2013
1E. Compliance	12/20/2013
1F. Declaration	12/20/2013
2A. Subrecipients	No Input Required
3A. Project Detail	12/20/2013
3B. Description	01/23/2014
4A. Services	12/29/2013
4B. Housing Type	12/20/2013
4C. HMIS Participation	12/20/2013
5A. Households	12/20/2013
5B. Subpopulations	No Input Required
5C. Outreach	12/29/2013
6A. Standard	12/20/2013
6B. Additional Performance Measures	No Input Required
7A. Funding Request	01/29/2014
7G. Operating	12/30/2013
7I. Match/Leverage	01/23/2014
7J. Summary Budget	No Input Required
8A. Attachment(s)	No Input Required
8B. Certification	12/20/2013

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found at on the OneCPD Resource Exchange at https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the OneCPD Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2013 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY 2013 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, should be read carefully, and all requirements and criteria met.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2012 Project Application will not be imported into the FY 2013 Project Application, therefore applicants will be required to enter information into all required fields.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduction.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in the FY 2013 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	01/29/2014
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier:	VA0075L3F101205
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

8. Applicant

a. Legal Name: South River Development Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 54-1877843

	c. Organizational DUNS:	147219781	**PL US 4**	

d. Address

Street 1: 1700 New Hope Road

Street 2: P. O. Box 1138

City: Waynesboro

County: Augusta

State: Virginia

Country: United States

Zip / Postal Code: 22980

e. Organizational Unit (optional)

Department Name: Community Services

Division Name: Homeless Programs

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

Prefix:	Mr.
First Name:	Ronald
Middle Name:	Edward
Last Name:	Delapp
Suffix:	
Title:	Executive Vice President/CEO
Organizational Affiliation:	South River Development Corporation
Telephone Number:	(540) 946-9230
Extension:	
Fax Number:	(540) 942-3281
Email:	e_delapp@wrha.org

1C. Application Details

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

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:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-5700-N-31B
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

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

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key) Virginia

15. Descriptive Title of Applicant's Project: Canterbury Commons Staunton

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) VA-006

b. Project: (for multiple selections hold CTRL key) VA-006

17. Proposed Project

a. Start Date: 04/01/2014

b. End Date: 03/31/2015

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option 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.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

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

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

All forms, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps

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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ronald
Middle Name:	Edward
Last Name:	Delapp
Suffix:	
Title:	Executive Vice President/CEO
Telephone Number: (Format: 123-456-7890)	(540) 946-9230

Fax Number: (Format: 123-456-7890)	(540) 942-3281
Email:	e_delapp@wrha.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	01/29/2014

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

Instructions:

The selections made on this form will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on form "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC".

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose; however, in the case of a Competing CoC, there may be more than one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Project Status: The default selection is "Standard", indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2013 competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Appeals Notice that is published by HUD after the FY 2013 CoC Program NOFA is published.

Component Type: This is a required field. Select the component type that identifies the renewal project application type.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: VA0075L3F101205

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

2a. CoC Number and Name: VA-521 - Virginia Balance of State CoC

2b. CoC Applicant Name: Commonwealth of Virginia-Virginia Department of Housing and Community Development

3. Project Name:	Canterbury Commons Staunton
4. Project Status:	Standard
5. Component Type:	PH
6. Is Energy Star used at one or more of the proposed properties?	Yes
7. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This field is required. 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.

Does your project participate in a CoC Coordinated Assessment System: This is a required field. Select “Yes” if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(es) to identify the project’s population focus.

PH PROJECTS ONLY

Does the project follow a "Housing First" model: This is a required field for PH projects only. Select “Yes” if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

Does the PH project provide PSH or RRH: This is a required field. If PSH is selected, a follow up field will appear with the following pre-populated, "Unlimited Assistance". If RRH is selected, a follow-up field will appear in which the applicant will need to "

Indicate the maximum length of assistance". RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, “Unlimited Assistance” will automatically populate and will be read only. TH AND SSO PROJECTS ONLY:

Do you plan on serving homeless households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3)? Please note that no project is permitted to serve this population unless the CoC has requested and is approved to do so: This is a required field. Projects are only permitted to serve households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3), if the CoC has requested and is approved to use funds for such a purpose. CoCs that wish to request that projects within the CoC be permitted to use funds to serve this population had to identify the specific project(s) that would use funding for this purpose (up to 10 percent of CoC total award) by submitting an attachment with the CoC Application. HUD will only consider TH and SSO projects for approval under the above conditions.

TH PROJECTS ONLY:

Indicate the maximum length of assistance: This is a required field. The maximum length of assistance allowed for TH projects is 24 months.

PH AND TH PROJECTS ONLY:

If applicable, indicate the type of rental assistance: This is a required field. If requesting rental assistance, select the type, PRA, SRA, or TRA, from the dropdown menu. Each type has unique requirements and applicants should refer to 24 CFR 578.51 before making a selection. If not requesting rental assistance in this project application, select N/A.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive

For SHP projects renewing under the CoC Program for the first time, is the project budget being revised to rental assistance from leasing? (This change must have been listed on the final HUD-approved GIW. See 24 CFR 578.49(b)(8)); This is a required field. "Yes" should only be selected if the change from leasing to rental assistance was approved by HUD during the GIW process.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

Canterbury Commons Staunton is a six unit apartment facility that serves single, homeless, disabled individuals. Supportive services are provided to program participants by the Valley Community Services Board. The renewal application is for Operating Subsidy only. While the project serves single, disabled, homeless individuals, such individuals who are deemed chronically homeless shall be given priority for admission to the project.

2. Does your project participate in a CoC Coordinated Assessment System? Yes

3. Does your project have a specific population focus? Yes

3a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families		**HIV/AIDS**	
		Other (Click 'Save' to update)	X

Other: Single, homeless, disabled individuals

5. Does the project follow a "Housing First" model? Yes

6. Does the PH project provide PSH or RRH?	PSH
6a. Indicate the maximum length of assistance:	Unlimited assistance
7a. If applicable, indicate the type of rental assistance:	N/A

4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project has a designated staff person responsible for ensuring that children and youth 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. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of “No” is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider closest to the grant funds (i.e. Applicant, then Subrecipient, then Partner, and lastly, non-Partner).
- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Not Applicable

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Not Applicable

2. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click 'Save' to update.

Supportive Services		Provider	Access	Frequency
Assessment of Service Needs		Partner	Onsite	Monthly
Assistance with Moving Costs				
Case Management		Partner	Onsite	Weekly
Child Care				
Education Services				
Employment Assistance and Job Training		Partner	Onsite	Monthly
Food				
Housing Search and Counseling Services				
Legal Services				
Life Skills Training		Partner	Onsite	Weekly
Mental Health Services		Partner	Onsite	Weekly
Outpatient Health Services				
Outreach Services				
Substance Abuse Treatment Services		Partner	Onsite	Weekly
Transportation		Partner	Onsite	Daily
Utility Deposits				

3. How accessible are most community amenities to project participants?

Most Community Amenities	Access
Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities.	Very accessible: No transportation barriers, easily within reach of all participants.

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 6
Total Beds: 6
Total Dedicated CH Beds: 0
Total Non-Dedicated CH Beds: 6

Housing Type	Units	Beds	CH Beds	Non-CH Beds
Clustered apartments	6	6	0	6

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. “Dedicated” chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Clustered apartments

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

a. Units: 6

b. Beds:	6
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	0
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	6

3. Address:	
Street 1:	200 East Avenue
Street 2:	
City:	Staunton
State:	Virginia
ZIP Code:	24401

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)	519015 Augusta County, 519790 Staunton city

4C. HMIS Participation

Instructions:

ALL PROJECTS EXCEPT HMIS

Does this project provide client level data to the HMIS at least annually: This is a required field. Select “Yes” of “No “from the drop down menu.

If “No” was selected, indicate the reason for non-participation in the HMIS by selecting one or more of the following reasons for not participating in the CoC’s HMIS: Federal law prohibits, State law prohibits, New project not yet operating, and other. If “Federal/State prohibition” cite the applicable law in the text box provided. For “Other” provide an explanation in the text box.

If “Yes” was selected:
Indicate the number of clients served from 1/1/2012 – 12/31/2012: Enter the number of participants reported in the HMIS, only positive integers will be accepted. This should be a cumulative yearly count of clients served.

Of the clients served from 1/1/2012 – 12/31/2012, indicate the number reported in the HMIS: Enter a number that is smaller than or equal to the answer in the above question Only positive integers will be accepted.

Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0:" At least one value must be entered into the grid. Enter a number in the applicable fields that represents the percentage of each data element that have null or missing values, and a number that represents the percentage of each data element were reported as “Don’t Know or Refused.”

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Does this project provide client level data to HMIS at least annually?	Yes
2a. Indicate the number of clients served from 1/1/2012 - 12/31/2012	7
2b. Of the clients served from 1/1/2012 - 12/31/2012, indicate the number reported in the HMIS	7

3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0".

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	0%

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	7	0	7

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
Disabled Adults over age 24	0	7		7
Non-disabled Adults over age 24	0	0		0
Disabled Adults ages 18-24	0	0		0
Non-disabled Adults ages 18-24	0	0		0
Accompanied Disabled Children under age 18	0		0	0
Accompanied Non-disabled Children under age 18	0		0	0
Unaccompanied Disabled Children under age 18			0	0
Unaccompanied Non-disabled Children under age 18			0	0
Total Number of Adults over age 24	0	7		7
Total Number of Adults ages 18-24	0	0		0
Total Number of Children under age 18	0		0	0
Total Persons	0	7	0	7

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This form can only be completed once form “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the form according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24										
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Disabled Children under age 18										
Non-disabled Children under age 18										

Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24	0	0	0	2	0	5	1	3	0	0
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Total Persons	0	0	0	2	0	5	1	3	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from 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
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or 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 (only applicable to TH and SSO projects)
- Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

AND/OR

If "Persons at imminent risk…" is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless: This field is required if the total percentage calculated above is less than 100 percent or if a number greater than 0 was entered in the “Persons at imminent risk of losing their nighttime residence” field. If both apply, the project applicant must provide a response to both questions in this field.

If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2013 CoC Program NOFA.

If the field for “Persons at imminent risk of losing their nighttime residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing” contains a percentage greater than 0, the project applicant must indicate how these persons meet the eligibility criteria for the project component being requested (may only be TH or SSO).

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

17%	**Directly from the street or other locations not meant for human habitation.**
83%	**Directly from emergency shelters.**
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or 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 (TH and SSO projects only)
	Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
	Persons fleeing domestic violence.
100%	**Total of above percentages**

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

AND/OR

If "Persons at imminent risk…" is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless.

6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT SSO and HMIS

Housing Measures: This is a required field. 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: Count each participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

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: Not applicable for youth below the age of 18. Total income can include all sources, public and private.
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. 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%."

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	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.	6	6	100%

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	Target (#)	Universe (#)	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.	6	6	100%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

6B. Additional Performance Measures

Use this form to submit additional measures on which the project will report performance in the Annual Performance Report (APR).

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

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

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the reallocation responses in the CoC Application.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This field is pre-populated with a one-year grant term.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected at the beginning of this project application. The following eligible costs may be listed: leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the final HUD-approved FY2013 GIW.

If you do not see the funding budgets that you expected, you may need to return to form “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. For example, a rental assistance project that does not see the “Long-term rental assistance” budget may have incorrectly identified as a rapid re-housing project on form “3B. Project Description.” See the FY2013 CoC Program NOFA for additional guidance.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? Yes

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Select a grant term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Long-term Rental Assistance	
Supportive Services	
Operations	X
HMIS	

7G. Operating Budget

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. 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. The request should match the budget amounts identified on the HUD-approved GIW

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 with the value “1 Year” 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 OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Maintenance Salaries, Maintenance Materials, Maintenance Contracts	$9,586
2. Property Taxes and Insurance	Property Insurance, Fidelity Bond, etc.	$1,500
3. Replacement Reserve	Debt Service	$7,104
4. Building Security	Administrative Staff, Employee Benefits, Sundry	$11,993
5. Electricity, Gas, and Water	Electricity, Water, Sewer	$5,850
6. Furniture	N/A	
7. Equipment (lease, buy)	N/A	
Total Annual Assistance Requested		$36,033
Grant Term		1 Year
Total Request for Grant Term		$36,033

Click the 'Save' button to automatically calculate totals.

7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$22,660
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$22,660

Summary for Leverage

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$155,103
Total Value of All Commitments:	$155,103

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Private	South River Devel...	12/19/2013	$15,960
Match	Cash	Private	South River Devel...	12/19/2013	$6,700
Leverage	In-Kind	Private	Valley Community ...	01/23/2014	$155,103

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	South River Development Corporation
5. Date of Written Commitment:	12/19/2013
6. Value of Written Commitment:	$15,960

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	South River Development Corporation

5. Date of Written Commitment: 12/19/2013

6. Value of Written Commitment: $6,700

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Valley Community Services Board
5. Date of Written Commitment:	01/23/2014
6. Value of Written Commitment:	$155,103

7J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “8. Admin (Up to 10%).””

Admin (Up to 10%): Enter the amount funds of requested administration funds. The request should match the amount identified on the HUD-approved GIW. The grant will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2013 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to form “7I. Sources of Match/Leverage” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to form “7I. Sources of Match/Leverage” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to form “7I. Sources of Match/Leverage” to make changes..

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units	$0	1 Year	$0
1b. Leased Structures	$0	1 Year	$0
2. Short-term/Medium-term Assistance	$0	1 Year	$0
3. Long-term Rental Assistance	$0	1 Year	$0

4. Supportive Services	$0	1 Year	$0
5. Operating	$36,033	1 Year	$36,033
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$36,033
8. Admin (Up to 10%)			$2,500
9. Total Assistance plus Admin Requested			$38,533
10. Cash Match			$22,660
11. In-Kind Match			$0
12. Total Match			$22,660
13. Total Budget			$61,193

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

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

If indicated on Forms 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Form 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Commitment Letter: SHP projects that are converting from Leasing to Rental Assistance and are non-profits must attach a commitment letter from the state, instrumentality of local government, or PHA that will administer the rental assistance. Please see the FY 2013 CoC Program NOFA for more additional information.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For most projects, the certification is attached to the CoC Application with a list of all associated projects. However, for projects that selected "No CoC" on form 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. Certification

A. For all projects:

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 Rental Assistance Projects:

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 non-Rental Assistance Projects 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. Explanation.

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

Name of Authorized Certifying Official Ronald Delapp

Date: 01/29/2014

Title: Executive Vice President/CEO

Applicant Organization: South River Development Corporation

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

9B. Submission Summary

Page	Last Updated
1A. Application Type	12/19/2013
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	12/19/2013
1E. Compliance	12/19/2013
1F. Declaration	12/19/2013
2A. Subrecipients	No Input Required
3A. Project Detail	12/19/2013
3B. Description	01/23/2014
4A. Services	12/29/2013
4B. Housing Type	12/19/2013
4C. HMIS Participation	12/29/2013
5A. Households	12/29/2013
5B. Subpopulations	No Input Required
5C. Outreach	12/19/2013
6A. Standard	12/19/2013
6B. Additional Performance Measures	No Input Required
7A. Funding Request	01/29/2014
7G. Operating	12/30/2013
7I. Match/Leverage	01/23/2014
7J. Summary Budget	No Input Required
8A. Attachment(s)	No Input Required
8B. Certification	12/19/2013

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found at on the OneCPD Resource Exchange at https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the OneCPD Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2013 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY 2013 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, should be read carefully, and all requirements and criteria met.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2012 Project Application will not be imported into the FY 2013 Project Application, therefore applicants will be required to enter information into all required fields.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduction.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in the FY 2013 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	01/27/2014
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier:	VA0161L3F211203
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

8. Applicant

a. Legal Name: People Incorporated of Virginia

b. Employer/Taxpayer Identification Number (EIN/TIN): 54-0763686

	c. Organizational DUNS:	030683395	**PL US 4**	0000

d. Address

Street 1: 1173 West Main Street

Street 2:

City: Abingdon

County: Washington

State: Virginia

Country: United States

Zip / Postal Code: 24210

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix:	Mr.
First Name:	Robert
Middle Name:	Glass
Last Name:	Goldsmith
Suffix:	
Title:	President and CEO
Organizational Affiliation:	People Incorporated of Virginia
Telephone Number:	(276) 623-9000
Extension:	
Fax Number:	(276) 628-2931
Email:	rgoldsmith@peopleinc.net

1C. Application Details

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

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:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-5700-N-31B
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

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

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Virginia
15. Descriptive Title of Applicant's Project:	Bristol Permanent Supportive Housing Renewal FY13
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	VA-011, VA-001, VA-006, VA-009, VA-010, VA-007
b. Project: (for multiple selections hold CTRL key)	VA-009
17. Proposed Project	
a. Start Date:	09/01/2014

b. End Date: 08/31/2015

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option 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.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

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

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

All forms, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps

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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Robert
Middle Name:	Glass
Last Name:	Goldsmith
Suffix:	
Title:	President and CEO
Telephone Number: (Format: 123-456-7890)	(276) 623-9000

Fax Number: (276) 628-2931
(Format: 123-456-7890)

Email: rgoldsmith@peopleinc.net

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

Date Signed: 01/27/2014

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

Instructions:

The selections made on this form will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on form "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC".

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose; however, in the case of a Competing CoC, there may be more than one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Project Status: The default selection is "Standard", indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2013 competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Appeals Notice that is published by HUD after the FY 2013 CoC Program NOFA is published.

Component Type: This is a required field. Select the component type that identifies the renewal project application type.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: VA0161L3F211203

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

2a. CoC Number and Name: VA-521 - Virginia Balance of State CoC

2b. CoC Applicant Name: Commonwealth of Virginia-Virginia Department of Housing and Community Development

3. Project Name:	Bristol Permanent Supportive Housing Renewal FY13
4. Project Status:	Standard
5. Component Type:	PH
6. Is Energy Star used at one or more of the proposed properties?	Yes
7. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This field is required. 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.

Does your project participate in a CoC Coordinated Assessment System: This is a required field. Select “Yes” if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(es) to identify the project’s population focus.

PH PROJECTS ONLY

Does the project follow a "Housing First" model: This is a required field for PH projects only. Select “Yes” if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

Does the PH project provide PSH or RRH: This is a required field. If PSH is selected, a follow up field will appear with the following pre-populated, "Unlimited Assistance". If RRH is selected, a follow-up field will appear in which the applicant will need to "

Indicate the maximum length of assistance". RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, “Unlimited Assistance” will automatically populate and will be read only. TH AND SSO PROJECTS ONLY:

Do you plan on serving homeless households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3)? Please note that no project is permitted to serve this population unless the CoC has requested and is approved to do so: This is a required field. Projects are only permitted to serve households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3), if the CoC has requested and is approved to use funds for such a purpose. CoCs that wish to request that projects within the CoC be permitted to use funds to serve this population had to identify the specific project(s) that would use funding for this purpose (up to 10 percent of CoC total award) by submitting an attachment with the CoC Application. HUD will only consider TH and SSO projects for approval under the above conditions.

TH PROJECTS ONLY:

Indicate the maximum length of assistance: This is a required field. The maximum length of assistance allowed for TH projects is 24 months.

PH AND TH PROJECTS ONLY:

If applicable, indicate the type of rental assistance: This is a required field. If requesting rental assistance, select the type, PRA, SRA, or TRA, from the dropdown menu. Each type has unique requirements and applicants should refer to 24 CFR 578.51 before making a selection. If not requesting rental assistance in this project application, select N/A.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive

For SHP projects renewing under the CoC Program for the first time, is the project budget being revised to rental assistance from leasing? (This change must have been listed on the final HUD-approved GIW. See 24 CFR 578.49(b)(8)); This is a required field. "Yes" should only be selected if the change from leasing to rental assistance was approved by HUD during the GIW process.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The Bristol Permanent Supportive Housing Program, developed and operated by People Incorporated of Virginia, provides safe, decent housing and critical supportive services for 12 chronically homeless men in Bristol, VA. People Incorporated completed the rehabilitation of the former nurses' quarters at the vacant King's Mountain Hospital into 12 efficiency-style units complete with kitchen facilities and bathrooms in 2008. One hundred percent of the program participants are chronically homeless with disabling characteristics, which vary, but include physical or developmental disabilities, mental illness, or substance abuse. Every person previously lived on the streets, in emergency shelters, or in places not meant for human habitation. To date, the Bristol PSH program has housed 32 chronically homeless individuals.

The full-time, on-site case manager connects program participants with medical and mental health care, social services, and substance abuse counseling to ensure that their basic needs are met. The case manager teaches life skills (e.g. housekeeping, nutrition counseling) and financial literacy education (e.g. creating and managing checking or savings accounts), and helps individuals secure and sustain employment. People Incorporated's Adult Workforce Development Program also makes job training available at no cost.

The case manager regularly works with local organizations to determine the extent and availability of services in the community so that program participants receive appropriate assistance to help them move toward an independent lifestyle and achieve a level of self-sufficiency that can be maintained in light of their disabilities. Supportive services are made available on site or transportation is provided, either through public transit or by the case manager, to and from the site of the services. The case manager helps individuals identify and apply for appropriate health and social service program benefits, including: SSI, Medicaid, and SNAP through the Department of Social Services; Workforce Investment Act programs operated by People Incorporated; and the Veterans Affairs programs through the Johnson City Medical Center. Participants are made aware of supportive services and public benefits through group and weekly one-on-one meetings.

Individuals access permanent supportive housing when they become a tenant at the Bristol PSH facility. With support from the dedicated case manager and program participants' own efforts, some clients are able to move to permanent independent housing. The case manager plays an active role by helping individuals develop independent living goals, and strategies to move toward achieving those goals.

2. Does your project participate in a CoC Coordinated Assessment System? Yes

3. Does your project have a specific population focus? Yes

3a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

5. Does the project follow a "Housing First" model? Yes

6. Does the PH project provide PSH or RRH? PSH

6a. Indicate the maximum length of assistance: Unlimited assistance

7a. If applicable, indicate the type of rental assistance: N/A

4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project has a designated staff person responsible for ensuring that children and youth 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. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of “No” is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider closest to the grant funds (i.e. Applicant, then Subrecipient, then Partner, and lastly, non-Partner).
- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Not Applicable

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Not Applicable

2. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click 'Save' to update.

Supportive Services		Provider	Access	Frequency
Assessment of Service Needs		Applicant	Onsite	As needed
Assistance with Moving Costs				
Case Management		Applicant	Onsite	Daily
Child Care				
Education Services		Applicant	Onsite	Quarterly
Employment Assistance and Job Training		Applicant	Onsite	Weekly
Food		Non-Partner	Public/private regional transportation	As needed
Housing Search and Counseling Services		Applicant	Onsite	Monthly
Legal Services		Non-Partner	Public/private regional transportation	Monthly
Life Skills Training		Applicant	Onsite	Daily
Mental Health Services		Non-Partner	Public/private regional transportation	As needed
Outpatient Health Services		Non-Partner	Public/private regional transportation	As needed
Outreach Services		Non-Partner	Public/private regional transportation	As needed
Substance Abuse Treatment Services		Non-Partner	Public/private regional transportation	As needed
Transportation		Applicant	Program van	As needed
Utility Deposits				

3. How accessible are most community amenities to project participants?

Most Community Amenities	Access
Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities.	Very accessible: No transportation barriers, easily within reach of all participants.

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 12

Total Beds: 12

Total Dedicated CH Beds: 12

Total Non-Dedicated CH Beds: 0

Housing Type	Units	Beds	CH Beds	Non-CH Beds
Single Room Occupancy (SRO)...	12	12	12	0

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. “Dedicated” chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Single Room Occupancy (SRO) units

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

a. Units: 12

b. Beds:	12
c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	12
d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	0

3. Address:	
Street 1:	1235 West State Street
Street 2:	
City:	Bristol
State:	Virginia
ZIP Code:	24201

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)	510186 BRISTOL

4C. HMIS Participation

Instructions:

ALL PROJECTS EXCEPT HMIS

Does this project provide client level data to the HMIS at least annually: This is a required field. Select “Yes” of “No “from the drop down menu.

If “No” was selected, indicate the reason for non-participation in the HMIS by selecting one or more of the following reasons for not participating in the CoC’s HMIS: Federal law prohibits, State law prohibits, New project not yet operating, and other. If “Federal/State prohibition” cite the applicable law in the text box provided. For “Other” provide an explanation in the text box.

If “Yes” was selected:
Indicate the number of clients served from 1/1/2012 – 12/31/2012: Enter the number of participants reported in the HMIS, only positive integers will be accepted. This should be a cumulative yearly count of clients served.

Of the clients served from 1/1/2012 – 12/31/2012, indicate the number reported in the HMIS: Enter a number that is smaller than or equal to the answer in the above question Only positive integers will be accepted.

Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0:" At least one value must be entered into the grid. Enter a number in the applicable fields that represents the percentage of each data element that have null or missing values, and a number that represents the percentage of each data element were reported as “Don’t Know or Refused.”

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Does this project provide client level data to HMIS at least annually?	Yes
2a. Indicate the number of clients served from 1/1/2012 - 12/31/2012	16
2b. Of the clients served from 1/1/2012 - 12/31/2012, indicate the number reported in the HMIS	16

3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0".

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	25%	0%
Disabling Condition	25%	0%
Residence Prior to Prog. Entry	19%	0%
Zip Code of Last Permanent Address	25%	0%

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		16		16

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
Disabled Adults over age 24		16		16
Non-disabled Adults over age 24				0
Disabled Adults ages 18-24				0
Non-disabled Adults ages 18-24				0
Accompanied Disabled Children under age 18				0
Accompanied Non-disabled Children under age 18				0
Unaccompanied Disabled Children under age 18				0
Unaccompanied Non-disabled Children under age 18				0
Total Number of Adults over age 24	0	16		16
Total Number of Adults ages 18-24	0	0		0
Total Number of Children under age 18	0		0	0
Total Persons	0	16	0	16

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This form can only be completed once form “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the form according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24										
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Disabled Children under age 18										
Non-disabled Children under age 18										

Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24	10	6		5		10	1			
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Total Persons	10	6	0	5	0	10	1	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from 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
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or 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 (only applicable to TH and SSO projects)
- Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

AND/OR

If "Persons at imminent risk…" is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless: This field is required if the total percentage calculated above is less than 100 percent or if a number greater than 0 was entered in the “Persons at imminent risk of losing their nighttime residence” field. If both apply, the project applicant must provide a response to both questions in this field.

If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2013 CoC Program NOFA.

If the field for “Persons at imminent risk of losing their nighttime residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing” contains a percentage greater than 0, the project applicant must indicate how these persons meet the eligibility criteria for the project component being requested (may only be TH or SSO).

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
50%	**Directly from emergency shelters.**
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or 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 (TH and SSO projects only)
	Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
	Persons fleeing domestic violence.
100%	**Total of above percentages**

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

AND/OR

If "Persons at imminent risk…" is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless.

6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT SSO and HMIS

Housing Measures: This is a required field. 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: Count each participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

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: Not applicable for youth below the age of 18. Total income can include all sources, public and private.
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. 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%."

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	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.	10	12	83%

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	Target (#)	Universe (#)	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	12	100%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

6B. Additional Performance Measures

Use this form to submit additional measures on which the project will report performance in the Annual Performance Report (APR).

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

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

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the reallocation responses in the CoC Application.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This field is pre-populated with a one-year grant term.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected at the beginning of this project application. The following eligible costs may be listed: leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the final HUD-approved FY2013 GIW.

If you do not see the funding budgets that you expected, you may need to return to form “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. For example, a rental assistance project that does not see the “Long-term rental assistance” budget may have incorrectly identified as a rapid re-housing project on form “3B. Project Description.” See the FY2013 CoC Program NOFA for additional guidance.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award and no later than three months after the award. Conditional award recipients will be asked to submit the proposal or approved rate during the e-snaps post-award process.

5. Select a grant term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Long-term Rental Assistance	
Supportive Services	X
Operations	X
HMIS	

7F. Supportive Services Budget

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. 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. The request should match the budget amounts identified on the HUD-approved GIW.

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 with the value "1 Year" and will be read only.

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

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	.5 FTE Case Manager salary and benefits	$14,635
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
Total Annual Assistance Requested		$14,635
Grant Term		1 Year
Total Request for Grant Term		$14,635

Click the 'Save' button to automatically calculate totals.

7G. Operating Budget

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. 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. The request should match the budget amounts identified on the HUD-approved GIW

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 with the value “1 Year” 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 OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance	Taxes and insurance	$2,000
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Electric, phone, water. internet	$7,832
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$9,832
Grant Term		1 Year
Total Request for Grant Term		$9,832

Click the 'Save' button to automatically calculate totals.

7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$6,600
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$6,600

Summary for Leverage

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$46,288
Total Value of All Commitments:	$46,288

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Government	City of Bristol CDBG	04/24/2013	$2,600
Match	Cash	Government	VA-SSVF sub-grant	12/27/2013	$4,000
Leverage	In-Kind	Private	People Incorporat...	01/27/2014	$43,488
Leverage	In-Kind	Private	Local Community M...	03/03/2014	$2,800

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	City of Bristol CDBG
5. Date of Written Commitment:	04/24/2013
6. Value of Written Commitment:	$2,600

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	VA-SSVF sub-grant

5. Date of Written Commitment: 12/27/2013

6. Value of Written Commitment: $4,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) People Incorporated Fair Market Rent at facility

5. Date of Written Commitment: 01/27/2014

6. Value of Written Commitment: $43,488

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Local Community Members Based on Past Years
5. Date of Written Commitment:	03/03/2014
6. Value of Written Commitment:	$2,800

7J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “8. Admin (Up to 10%).””

Admin (Up to 10%): Enter the amount funds of requested administration funds. The request should match the amount identified on the HUD-approved GIW. The grant will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2013 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to form “7I. Sources of Match/Leverage” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to form “7I. Sources of Match/Leverage” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to form “7I. Sources of Match/Leverage” to make changes..

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units	$0	1 Year	$0
1b. Leased Structures	$0	1 Year	$0
2. Short-term/Medium-term Assistance	$0	1 Year	$0
3. Long-term Rental Assistance	$0	1 Year	$0

4. Supportive Services	$14,635	1 Year	$14,635
5. Operating	$9,832	1 Year	$9,832
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$24,467
8. Admin (Up to 10%)			$1,178
9. Total Assistance plus Admin Requested			$25,645
10. Cash Match			$6,600
11. In-Kind Match			$0
12. Total Match			$6,600
13. Total Budget			$32,245

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

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

If indicated on Forms 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Form 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Commitment Letter: SHP projects that are converting from Leasing to Rental Assistance and are non-profits must attach a commitment letter from the state, instrumentality of local government, or PHA that will administer the rental assistance. Please see the FY 2013 CoC Program NOFA for more additional information.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For most projects, the certification is attached to the CoC Application with a list of all associated projects. However, for projects that selected "No CoC" on form 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. Certification

A. For all projects:

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 Rental Assistance Projects:

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 non-Rental Assistance Projects 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. Explanation.

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

Name of Authorized Certifying Official Robert Goldsmith

Date: 01/27/2014

Title: President and CEO

Applicant Organization: People Incorporated of Virginia

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

9B. Submission Summary

Page	Last Updated
1A. Application Type	12/26/2013
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	12/30/2013
1E. Compliance	12/26/2013
1F. Declaration	12/26/2013
2A. Subrecipients	No Input Required
3A. Project Detail	12/26/2013
3B. Description	12/27/2013
4A. Services	12/27/2013
4B. Housing Type	12/26/2013
4C. HMIS Participation	12/30/2013
5A. Households	12/27/2013
5B. Subpopulations	No Input Required
5C. Outreach	12/26/2013
6A. Standard	12/26/2013
6B. Additional Performance Measures	No Input Required
7A. Funding Request	12/26/2013
7F. Supp. Srvcs. Budget	12/27/2013
7G. Operating	12/30/2013
7I. Match/Leverage	01/27/2014
7J. Summary Budget	No Input Required
8A. Attachment(s)	No Input Required
8B. Certification	12/26/2013

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found at on the OneCPD Resource Exchange at https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the OneCPD Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2013 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY 2013 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, should be read carefully, and all requirements and criteria met.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in the FY 2013 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	01/29/2014
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:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “”View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2013 New Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the " Project Applicant Profile" training document on the OneCPD Resource Exchange.

8. Applicant

a. Legal Name: St. Joseph's Villa

b. Employer/Taxpayer Identification Number (EIN/TIN): 54-0505950

	c. Organizational DUNS:	616823048	**PL US 4**	

d. Address

Street 1: 8000 Brook Rd.

Street 2:

City: Richmond

County:

State: Virginia

Country: United States

Zip / Postal Code: 23227

e. Organizational Unit (optional)

Department Name: Flagler Services for Homeless

Division Name:

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

Prefix:	Ms.
First Name:	Andriea
Middle Name:	
Last Name:	Ukrop
Suffix:	
Title:	Director of Grants Development
Organizational Affiliation:	St. Joseph's Villa
Telephone Number:	(804) 553-3228
Extension:	
Fax Number:	(804) 553-3259
Email:	aukrop@sjvmail.net

1C. Application Details

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “”View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2013 New Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the " Project Applicant Profile" training document on the OneCPD Resource Exchange.

9. Type of Applicant:	N. Nonprofit without 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:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-5700-N-31B
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

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

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key) Virginia

15. Descriptive Title of Applicant's Project: Housing Resource Center RR-H

16. Congressional District(s):

a. Applicant: VA-007

b. Project: VA-004

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2014

b. End Date: 06/30/2015

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review By State Executive Order 12372 Process: In this required field, select the appropriate dropdown option 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.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Deliquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

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

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

All forms, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Janice
Middle Name:	Braddock
Last Name:	McNee
Suffix:	
Title:	Chief Financial Officer
Telephone Number: (Format: 123-456-7890)	(804) 553-3209
Fax Number: (Format: 123-456-7890)	(804) 553-3259

Email: aukrop@sjvmail.net
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 01/29/2014

2A. Project Subrecipients

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

Total Expected Sub-Awards: $134,904

Organization	Type	Sub-Award Amount
Hopewell Housing Authority	C. City or Township Government	$134,904

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different form the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Hopewell Housing Authority

b. Organization Type: C. City or Township Government

If "Other" specify:

c. Employer or Tax Identification Number: 54-6001357

	*** d. Organizational DUNS:**	083051128	**PLUS 4:**	

e. Physical Address

Street 1: 350 East Poythress Street

Street 2:

City: Hopewell

State: Virginia

Zip Code: 23860

f. Congressional District(s): (for multiple selections hold CTRL key) VA-004

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant,either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $134,904

j. Contact Person

Prefix: Mr.

First Name: Steven

Middle Name:

Last Name: Benham

Suffix:

Title: Executive Director

E-mail Address: steve.benham@hopewellrha.org

Confirm E-mail Address: steve.benham@hopewellrha.org
Phone Number: 804-458-5160
Extension:
Fax Number:

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

Instructions:

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient 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 subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Villa has gained invaluable experience in offering Rapid Re-Housing through HPRP funding and through participation in Homeward's pilot project, both of which ended in 2011. With funding through Virginia Department of Housing and Community Development (state funds and ESG funds) and private funds, the Villa has been able to continue providing Rapid Re-Housing services. These
services began in the Richmond metro area and expanded to the Petersburg area. The Villa's Rapid Re-Housing programs provide case management to families beginning with determination of eligibility and admission to the program, and continuing for maximum of 12 months. The Villa also performs tasks associated with housing brokerage and placement, assisting families to complete rental applications, working with families to identify rental units that fit their needs and budget constraints, working on behalf of families to resolve financial issues that keep families from obtaining a lease, and working with landlords regarding rental issues when appropriate. The Villa also provides rental arrears, subsidies, and other emergency support service funding or resources.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

The Villa has significant experience leveraging other funding sources (for over 20 years) including but not limited to Federal HUD dollars (ESG, Service Coordinator), State Housing funds (Housing Solutions Grant, Housing Prevention Program, Child Service Coordinator, Child Care for Homeless Children Program), State Department of Education (Alternative Education), Local County funds, and private funds- The Community Foundation, Dominion VA Power, CarMax, Capital One, The Cameron Foundation, Nationwide, Nonprofit Housing Coalition, National Alliance to End Homelessness, etc.
The HRHA created a Resident Services program to provide better outreach to our communities. We partnered with over 20 non-profit organizations to provide a variety of services to our residents. Additionally, we liberally use interns from VSU and other colleges in the area. We currently have two interns working with us in various capacities.
The very nature of the Public Housing business requires us to leverage the operating subsidy that we receive from HUD with tenant rents to operate our properties.
HRHA received two of the three Rental Assistance Demonstration (RAD) awards given to PHAs in Virginia. The new HUD redevelopment initiative allows us to use the former operating subsidy of public housing in a manner which facilitates redevelopment. We are able to leverage the operating subsidy amount with low income housing tax credits, the new Virginia Housing Trust fund and others to redevelopment our Langston Park property. The estimated redevelopment cost is $9.5 million.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The Villa administers over one million dollars in government funding annually and has an exemplary record of managing these funds according to the rules and regulations of the funding agency. The Villa's Finance Office covers the broad range of accounting functions including General Ledger Reporting, Treasury functions, Accounts Payables, Billing and Accounts Receivable, Payroll/Timekeeping, Grants Accounting, Capital Asset Management and Investment Accounting for six separate corporations. The Chief Financial Officer is a CPA and leads a staff of nine. The Villa's corporations have consistently received unqualified opinions for all audits.
St. Joseph's Villa is experienced in handling billing and reimbursement for an array of services. Billing requirements vary greatly among the funders and we are skilled in accommodating the needs of each. The Villa employs a full-time Director of Grants Development, Andriea Ukrop, whose responsibilities include all aspects of grants administration including grant reporting. The Villa also employs a Grants Accountant, Rebecca Blake, whose responsibilities include tracking grant expenditures to assure that funds are expended in accordance with program guidelines, developing requests for reimbursement, and reviewing monthly Statements of Revenues and Expenditures for all grants.
The Villa has a history of strong, stable leadership. Its Board of Trustees, which provides oversight to agency operations and develops policies, has expertise in a number of areas including law, banking and finance, marketing, education and consulting. The Villa's Chief Executive Officer, Kathleen Burke Barrett, has served in the position since August 2006.
HRHA consists of a board of directors that exercise authority through an Executive Director. The Executive Director is responsible for the operation of the agency through three primary departments; Finance and Administration, Public Housing, and Community Revitalization.
HRHA undergoes annual external audits as required by HUD. HRHA has consistently received "clean" audit reports. The current audit for the period ending 3/31/13 is available for review as needed. No audit findings were noted.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?	No

3A. Project Detail

Instructions:

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

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose; however, in the case of a Competing CoC, there may be more than one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2013 competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Appeals Notice that is published by HUD after the FY 2013 CoC Program NOFA is published.

Component Type: This is a populated field with "PH" and cannot be edited. Permanent supportive housing or rapid re-housing projects are the only type of new projects applications that can be submitted in the FY 2013 CoC Program Competition.

Energy star: This field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1a. CoC Number and Name: VA-521 - Virginia Balance of State CoC

1b. CoC Applicant Name: Commonwealth of Virginia-Virginia Department of Housing and Community Development

2. Project Name: Housing Resource Center RR-H

3. Project Status: Standard

4. Component Type:	PH
5. Is Energy Star used at one or more of the proposed properties?	No
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. 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.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide 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 FY2013 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Assessment System: This is a required field. Select "Yes" if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Will your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(es) to identify the project's population focus. Please remember that applicants may only request new reallocated funds for PSH projects that serve the chronically homeless or for RRH projects that serve households with children. At a minimum, the appropriate subpopulation should be reflected in the answer to this question.

Will the project follow a "Housing First" model: This is a required field. Select "Yes" if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any).

Will the PH project provide PSH or RRH: This is a required field. If PSH is selected, a follow up field will appear with the following pre-populated, "Unlimited Assistance." If RRH is selected, a follow-up field will appear in which the applicant will need to "

Indicate the maximum length of assistance." RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, "Unlimited Assistance" will automatically populate and will be read only.

If applicable, indicate the type of rental assistance: This is a required field. If requesting rental assistance, select the type, PRA, SRA, or TRA, from the dropdown menu. Each type has unique requirements and applicants should refer to 24 CFR 578.51 before making a selection. If not requesting rental assistance in this project application, select N/A.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive.

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe the local market conditions that necessitate a project of this size and describe how the

project will be integrated into the neighborhood.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

One service offered at the Housing Resource Center is rapid re-housing, providing homeless individuals and families a transition immediately to permanent housing and stability. Inquiries for Center services may be made by calling (804) 722-1181 (Coordinated Point of Entry); referrals are accepted from homeless service providers, other community professionals, and individuals themselves.
Once it is determined by the Coordinated Point of Entry (CPE) that a household is literally homeless or fleeing a domestic violence situation, a housing barrier assessment is conducted (or obtained from CPE) to begin addressing issues related to obtaining permanent housing. Depending on the outcome of the assessment, assistance may include help with:
- Housing Search
- Rent Arrears
- Rent Subsidy
- Case Management to Assure Housing Obtainment and Stability
- Emergency Support Services
- Other Financial Assistance

This assistance may continue up to 12 months as needed to sustain permanent housing as long as the household continues to meet eligibility that will be determined every three months by recertification.
Our Rapid Re-Housing program at the Housing Resource Center will also be coordinated with other programs and services within St. Joseph’s Villa. The Villa’s Donation Center can provide clothing, household items, and some furnishings; and, through relationships with the Central Virginia Food Bank and others, we can provide emergency food supplies. The Villa’s Mental Health Support Services and Intensive In-Home Services will also be available to families in the Peterburg CoC. These services can provide additional supports needed to stabilize households (keep families together) and help participants maintain permanent housing.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

St. Joseph's Villa expects to be able to begin implementing CoC RR-H programing during the first month of the fiscal year (July). Advertisement for any needed positions will begin mid-May, so that the hire date can be July 1. SJV provides
comprehensive training over a two week period which includes health and safety training as well as program specific training. Additionally, all Housing & Homeless Staff participate in multi-day training and planning at the end of August. This gives staff the opportunity to review performance outcomes; clarify policies and procedures; discuss division of labor, office efficiency, and set new goals for achievement. (Currently, all positions are filled)
Prior to program commencement, SJV will also meet with Hopewell Housing Authority to develop procedures to ensure the timely payment to landlords and utility companies and any other overlapping areas of work. A Memorandum of Agreement will be developed to confirm all expectations with both parties.
Katina Williams, Director of Operations for Flagler Services, will provide direct supervision to the Housing Resource Center staff. Ms. Williams will coordinate monthly file checks and Quarterly File Reviews to be conducted by the SVJ Grants Administrator, Andriea Ukrop. File reviews include hard file documentation, checking of case notes and proper utilization of HMIS. A corrective action plan will be developed for any staff with missing or incorrect data.

3. Will your project participate in the CoC Coordinated Assessment System? Yes

4. Will your project have a specific population focus? No

5. Will the project follow a "Housing First" model? Yes

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will the PH project provide PSH or RRH? RRH

7a. Indicate the maximum length of assistance: Up to 12 months

8a. If applicable, indicate the type of rental assistance: TRA

8b. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.

All households seeking assistance are first screened for prevention and diversion – to see if homelessness can be avoided. If determined to be literally homeless, then an assessment is done to determine their eligibility to be rapidly re-housed. The worker gathers information and with the participant develops a preliminary budget which captures their income and expenses. A list of service recommendations is also developed and given to the participant. This may include tasks such as applying for food stamps, eliminating unnecessary expenses, looking for less expensive housing and/or increasing income. An initial projection of the type (security deposit, rental subsidy) and amount of rental assistance is set at this time. An initial period of rental assistance is determined based on the participant's budget and their income outlook. For example, a participant whose work hours are expected to increase may receive a declining subsidy over several months. Others just need up front assistance with security deposit and first month's rent. All households are re-evaluated at 3 months and re-certified.

9a. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?	No
10a. Will more than 16 persons live in one structure?	No

3C. Project Expansion Information

Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes," select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons
Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."
Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards
Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

Replace the loss of nonrenewable funding
a) Use the text box provided to describe the source of non-renewable funding.
b) Use the text box provided to describe why the funds are non-renewable.
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire.
d) Use the text box provided to describe what steps were taken to obtain other funding sources.
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth 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. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers how those will be addressed through the case management and/or other supportive services that will be offered through the project. 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.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider closest to the grant funds (i.e. Applicant, then Subrecipient, then Partner, and lastly, non-Partner).
- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

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

The Housing Resource Center has a streamlined and focused process for intake and placement. After assessment, our Rapid Re-Housing program acts quickly to remove some of the simplest barriers to getting an eligible household into housing by providing relatively small sums of money to pay off arrears. Our program staff have worked to build relations with landlords and rental agents and established MOUs or less formal agreements that minimize the resistance on their part. Based on previous and current experience working with households receiving our rapid re-housing services, we are able to re-house the majority of individuals and families within 15-25 days and keep them housed using subsidy as needed up to 12 months if needed. Experience has also shown that low- to moderate-barrier families can be permanently housed paying arrears and first months rent, while it is those with higher barriers that need ongoing subsidy and/or other supportive services.

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

All participants receiving services from the Housing Resource Center (HRC) will be encouraged to maximize their income through increased employment and/or better management of expenses. Participants in need of additional income will be referred to employment assistance agencies such as Good Will, Pathways, and the WIA Resource Centers. Parents eligible for child support or other main stream benefits will be assisted to apply.
The HRC will continue to refer participants who need additional supports or who have unaddressed mental health issues to the Supportive Case Management program offered by St. Joseph's Villa.

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.
Click 'Save' to update.

Supportive Services		Provider	Access	Frequency
Assessment of Service Needs		Applicant	Onsite	Daily
Assistance with Moving Costs		Applicant	Onsite	As needed
Case Management		Applicant	Onsite	Daily
Child Care		Partner	Bus, rail, ferry	As needed
Education Services		Partner	Bus, rail, ferry	As needed
Employment Assistance and Job Training		Partner	Bus, rail, ferry	As needed
Food		Partner	Onsite	Bi-weekly
Housing Search and Counseling Services		Applicant	Onsite	Daily
Legal Services		Partner	Bus, rail, ferry	As needed
Life Skills Training		Applicant	Onsite	As needed
Mental Health Services		Applicant	Onsite	As needed
Outpatient Health Services		Partner	Bus, rail, ferry	As needed
Outreach Services		Applicant	Onsite	Daily
Substance Abuse Treatment Services		Partner	Bus, rail, ferry	As needed
Transportation		Applicant	Onsite	As needed
Utility Deposits		Applicant	Onsite	Daily

5. How accessible are most community amenities to project participants?

Most Community Amenities	Access
Schools, libraries, houses of worship, grocery stores, Laundromats, doctors, dentists, parks or recreation facilities.	Somewhat accessible: Minor transportation barriers, requires effort for participants.

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 50
Total Beds: 75
Total Dedicated CH Beds: 0
Total Non-Dedicated CH Beds: 75

Housing Type	Units	Beds	CH Beds
Scattered-site apartments (...	50	75	0

4B. Housing Type and Location Detail

Instructions:

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. "Dedicated" chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated to the chronically homeless, enter "0." If this is a new reallocated PSH project, the CoC Program NOFA requires that all beds must be dedicated to the chronically homeless.

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

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

a. Units: 50

b. Beds: 75

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 0

d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	75

3. Address:

Street 1:

Street 2:

City:

State:

ZIP Code:

4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)	519057 Essex County, 519181 Surry County, 519595 Emporia city, 510384 COLONIAL HEIGHTS, 519183 Sussex County, 519149 Prince George County, 511200 PETERSBURG, 510780 HOPEWELL, 519053 Dinwiddie County

5A. Project Participants - Households

Instructions:

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children:Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children:Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number…" and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	15	15		30

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
Disabled Adults over age 24	2	3		5

Non-disabled Adults over age 24	7	6		13
Disabled Adults ages 18-24	0	0		0
Non-disabled Adults ages 18-24	6	6		12
Accompanied Disabled Children under age 18	0		0	0
Accompanied Non-disabled Children under age 18	0		0	0
Unaccompanied Disabled Children under age 18			0	0
Unaccompanied Non-disabled Children under age 18			0	0
Total Number of Adults over age 24	9	9		18
Total Number of Adults ages 18-24	6	6		12
Total Number of Children under age 18	0		0	0
Total Persons	15	15	0	30

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

*This form can only be completed once form "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the form according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24	0	0	0	0	0	2	0	0	0	0
Non-disabled Adults over age 24	0	0	0	3	0	4	0	0	0	0
Disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Non-disabled Adults ages 18-24	0	0	0	3	0	2	1	0	0	0
Disabled Children under age 18										
Non-disabled Children under age 18										
Total Persons	0	0	0	6	0	8	1	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24	0	0	0	3		3	0	0	0	
Non-disabled Adults over age 24	0	0	0	2		2	3	0	0	
Disabled Adults ages 18-24	0	0	0	0		0	0	0	0	
Non-disabled Adults ages 18-24	0	0	0	3		3	0	0	0	
Total Persons	0	0	0	8	0	8	3	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations: This is a required field. The population to be served must meet program eligibility requirements in the CoC Program interim rule and additional eligibility requirements in the FY 2013 CoC Program NOFA for permanent supportive housing and rapid re-housing. For more information see section V.E.4a-b of the CoC Program NOFA. To complete this table, enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation (PSH and RRH)
- Directly from emergency shelters (PSH and RRH)
- Directly from safe havens (PSH only)
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (PSH only)
- Persons fleeing domestic violence (PSH and RRH)

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculate above is less than 100 percent. If required, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2013 CoC Program NOFA.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
50%	**Directly from emergency shelters.**
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	**Total of above percentages**

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.

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

The Housing Resource Center will conduct an ongoing outreach plan to ensure that both at risk households and all social service agencies understand how to access services. This plan includes:
• Approval of the Coordinated Assesment Committee's Plan by the CoC body;
• Memorandums of Understanding with all direct homeless service agencies, including Salvation Army, CARES, James House, etc
• Agency Descriptions and “advertisements” on all social service data bases and
listings including 211, Southside Community Partners website, Senior Navigator, etc
• Active participation by Housing Resource Center and other St.Joseph's Villa staff in the Petersburg CoC area including board and committee roles
• Participation in the newly created coalition of Spanish speaking agencies to reach at risk households (HRC Coordinator is one of the founders of this group)

6A. Standard Performance Measures

Instructions:

Housing Measures: This is a required field. 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: Count each participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

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: Not applicable for youth below the age of 18. Total income can include all sources, public and private
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:
Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. 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%."

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	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	30	87%

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	Target (#)	Universe (#)	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.	20	30	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).
To add information to this list, click on the icon and enter the requested information.

Proposed Measure
Household who exi...
Households will h...

6B. Additional Performance Measures Detail

Instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. 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%."

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: This is a required field. Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: (required) This is a required field. Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: This is a required field. Use the text field provided to describe the appropriateness of the measure given the nature of the program.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

a. Proposed Measure	b. Target (#)	c. Universe (#)	d. Target (%)
Household who exit into permanent housing will remain housed 12 after discharge.	25	30	83%

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

HCIS- regions HMIS system

3. Specific data elements and formula proposed for calculating results

Number of households housed 12 months later divided by the number of households that moved into permanent housing.

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

To show program success.

6B. Additional Performance Measures Detail

Instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. 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%."

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: This is a required field. Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: (required) This is a required field. Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: This is a required field. Use the text field provided to describe the appropriateness of the measure given the nature of the program.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

a. Proposed Measure	b. Target (#)	c. Universe (#)	d. Target (%)
Households will housed within 30 day of becoming	25	30	83%

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

All households that enter the Petersburg CoC for homeless services will be entered into HCIS upon assessment. Once entered into the system, all programs in the CoC can track the length of time a household has been homeless and receiving services.

3. Specific data elements and formula proposed for calculating results

Date entered to the date a household signs a lease.

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

It is important to measure the length of time a household is homeless because it is an indicator of system effectiveness and collaboration.

7A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2015: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2015. The FY 2013 HUD Appropriations Act requires HUD to obligate FY 2013 CoC Program funds by this date. If "No" is selected, or if the deadline is not met may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand: Select "Yes" if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select "Yes" or "No" to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the NOFA for details concerning grant terms and years of funding for different project types and eligible costs.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Form 3B. The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2013 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to form "3B. Project Description" to review the type of project selected. For example, a rental assistance project that does not see the "Long-term rental assistance" budget may have incorrectly identified as a rapid re-housing project. See the FY2013 CoC Program NOFA for additional guidance.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will it be feasible for the project to be under grant agreement by September 30, 2015?	Yes
2. Is the project proposing to use funds reallocated from the CoC's annual renewal demand?	Yes

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

5. Select the costs for which funding is being requested:

Acquisition/Rehabilitation/New Construction	
Leased Units	
Leased Structures	
Short-term/Medium-term Rental Assistance	X
Supportive Services	X
Operations	
HMIS	

7E. Short-term / Medium-term Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$134,904
Grant Term:	1 Year
Total Request for Grant Term:	$134,904
Total Units:	12

Type of Rental Assistance	FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
TRA	VA - Richmond, VA HUD Metro FMR Area ...	12	$134,904	$134,904

Short-term / Medium-term Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: This field cannot be edited and populates from the selection made on Form 3B. Project applicants must go back to Form 3B if the type of rental assistance is incorrect.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2013 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY2013 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested 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 OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Type of rental assistance: TRA

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

Size of Units	# of Units (Applicant)		FMR (Applicant)		12 Months			Total Request (Applicant)
SRO	2	x	$590	x	12		=	$14,160
0 Bedroom	1	x	$786	x	12		=	$9,432
1 Bedroom	3	x	$826	x	12		=	$29,736

2 Bedrooms	3	x	$979	x	12		=	$35,244
3 Bedrooms	3	x	$1,287	x	12		=	$46,332
4 Bedrooms		x	$1,560	x	12		=	$0
5 Bedrooms		x	$1,794	x	12		=	$0
6 Bedrooms		x	$2,028	x	12		=	$0
7 Bedrooms		x	$2,262	x	12		=	$0
8 Bedrooms		x	$2,496	x	12		=	$0
9 Bedrooms		x	$2,730	x	12		=	$0
Total Units and Annual Assistance Requested:	12							$134,904
Grant Term:								1 Year
Total Request for Grant Term:								$134,904

Click the 'Save' button to automatically calculate totals.

7G. Supportive Services Budget

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. 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 form "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 OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	25% Assessment Coordinator	$13,072
2. Assistance with Moving Costs		
3. Case Management	1 FTE Case Manager	$30,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		

13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
Total Annual Assistance Requested		$43,072
Grant Term		1 Year
Total Request for Grant Term		$43,072

Click the 'Save' button to automatically calculate totals.

7J. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$45,869
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$45,869

Summary for Leverage

Total Value of Cash Commitments:	$328,448
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$328,448

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Private	WellsFargo	10/01/2013	$20,000
Match	Cash	Private	Cameron Foundation	07/01/2013	$10,000
Leverage	Cash	Private	Cameron Foundation	07/01/2013	$47,000
Leverage	Cash	Government	DHCD	07/01/2013	$134,448
Leverage	Cash	Government	VA Housing Trust	11/01/2013	$100,000
Match	Cash	Private	National Alliance	07/01/2013	$15,869
Leverage	Cash	Private	Nunnally Charitab...	07/01/2013	$47,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	WellsFargo
5. Date of Written Commitment:	10/01/2013
6. Value of Written Commitment:	$20,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Cameron Foundation
5. Date of Written Commitment:	07/01/2013

6. Value of Written Commitment: $10,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Cameron Foundation

5. Date of Written Commitment: 07/01/2013

6. Value of Written Commitment: $47,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) DHCD

5. Date of Written Commitment: 07/01/2013

6. Value of Written Commitment: $134,448

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) VA Housing Trust

5. Date of Written Commitment: 11/01/2013

6. Value of Written Commitment: $100,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Match

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) National Alliance

5. Date of Written Commitment: 07/01/2013

6. Value of Written Commitment: $15,869

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Nunnally Charitable Trust

5. Date of Written Commitment: 07/01/2013

6. Value of Written Commitment: $47,000

7K. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to the field "9. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of funds requested for administration funds. If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2013 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to form "7I. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to form "7I. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to form "7J. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs			Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			$0
1b. Rehabilitation			$0
1c. New Construction			$0
	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	
2a. Leased Units	$0	1 Year	$0
2b. Leased Structures	$0	1 Year	$0

3. Short-term/Medium-term Assistance	$134,904	1 Year	$134,904
4. Long-term Rental Assistance	$0	1 Year	$0
5. Supportive Services	$43,072	1 Year	$43,072
6. Operating	$0	1 Year	$0
7. HMIS	$0	1 Year	$0
8. Sub-total Costs Requested			$177,976
9. Admin (Up to 10%)			$5,500
10. Total Assistance Plus Admin Requested			$183,476
11. Cash Match			$45,869
12. In-Kind Match			$0
13. Total Match			$45,869
14. Total Budget			$229,345

Click the 'Save' button to automatically calculate totals.

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

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

If indicated on Forms 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Form 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For most projects, the certification is attached to the CoC Application with a list of all associated projects. However, for projects that selected "No CoC" on form 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. Applicant Certification

A. For all projects:

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 Rental Assistance Projects:

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 non-Rental Assistance Projects Only.

15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 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.

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

Name of Authorized Certifying Official: Janice McNee

Date: 01/29/2014

Title: Chief Financial Officer

Applicant Organization: St. Joseph's Villa

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

9B. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	01/29/2014
1E. Compliance	01/29/2014
1F. Declaration	01/29/2014
2A. Subrecipients	01/29/2014
2B. Experience	01/29/2014
3A. Project Detail	01/29/2014
3B. Description	01/29/2014
3C. Expansion	01/29/2014
4A. Services	01/29/2014
4B. Housing Type	01/29/2014
5A. Households	01/29/2014
5B. Subpopulations	No Input Required
5C. Outreach	01/29/2014
6A. Standard	01/29/2014
6B. Additional Performance Measures	01/29/2014
7A. Funding Request	01/29/2014
7E. Short-term / Medium-term Rental Assistance	01/29/2014
7G. Supp Srvcs Budget	01/29/2014
7J. Match/Leverage	01/29/2014
7K. Summary Budget	No Input Required
8A. Attachment(s)	No Input Required
8B. Certification	01/29/2014

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found at on the OneCPD Resource Exchange at https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the OneCPD Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2013 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY 2013 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, should be read carefully, and all requirements and criteria met.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2012 Project Application will not be imported into the FY 2013 Project Application, therefore applicants will be required to enter information into all required fields.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduction.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in the FY 2013 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	01/31/2014
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier:	VA0086L3F211205
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

8. Applicant

a. Legal Name: Commonwealth of Virginia

b. Employer/Taxpayer Identification Number (EIN/TIN): 54-1083047

	c. Organizational DUNS:	809391881	**PL US 4**	

d. Address

Street 1: 600 East Main Street

Street 2: Suite 300

City: Richmond

County:

State: Virginia

Country: United States

Zip / Postal Code: 23219

e. Organizational Unit (optional)

Department Name:

Division Name: Housing

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

Prefix:	Ms.
First Name:	Kathy
Middle Name:	
Last Name:	Robertson
Suffix:	
Title:	Associate Director
Organizational Affiliation:	Commonwealth of Virginia
Telephone Number:	(804) 225-3129
Extension:	
Fax Number:	(804) 371-7091
Email:	kathy.robertson@dhcd.virginia.gov

1C. Application Details

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

9. Type of Applicant:	A. State Government
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-5700-N-31B
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

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

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key) Virginia

15. Descriptive Title of Applicant's Project: Balance of State Merged HMIS Renewal

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) VA-001, VA-002, VA-005, VA-004, VA-009, VA-007

b. Project: (for multiple selections hold CTRL key) VA-001, VA-002, VA-005, VA-004, VA-009, VA-007

17. Proposed Project

a. Start Date: 01/01/2015

b. End Date: 12/31/2015

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option 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.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

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

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

All forms, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps

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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	William
Middle Name:	C.
Last Name:	Shelton
Suffix:	
Title:	Director
Telephone Number: (Format: 123-456-7890)	(804) 371-7077

Fax Number: (Format: 123-456-7890)	(804) 371-7091
Email:	bill.shelton@dhcd.virginia.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	01/31/2014

2A. Project Subrecipients

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

Total Expected Sub-Awards: $95,000

Organization	Type	Sub-Award Amount
Homeward	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	$95,000

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Tax ID or EIN: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.

DUNS Number: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different form the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Homeward

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

If "Other" specify:

c. Employer or Tax Identification Number: 05-0606153

	*** d. Organizational DUNS:**	145646183	**PL US 4**	

e. Physical Address

Street 1: 1125 Commerce Rd

Street 2:

City: Richmond

State: Virginia

Zip Code: 23224

f. Congressional District(s): (for multiple selections hold CTRL key) VA-003, VA-004, VA-007

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $95,000

j. Contact Person

Prefix: Ms.

First Name: Kelly

Middle Name:

Last Name: Horne

Suffix:

Title: Executive Director

E-mail Address: khorne@homewardva.org
Confirm E-mail Address: khorne@homewardva.org
Phone Number: 804-343-2049
Extension: 19
Fax Number:

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

3A. Project Detail

Instructions:

The selections made on this form will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on form "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC".

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose; however, in the case of a Competing CoC, there may be more than one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Project Status: The default selection is "Standard", indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2013 competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Appeals Notice that is published by HUD after the FY 2013 CoC Program NOFA is published.

Component Type: This is a required field. Select the component type that identifies the renewal project application type.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: VA0086L3F211205

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

2a. CoC Number and Name: VA-521 - Virginia Balance of State CoC

2b. CoC Applicant Name: Commonwealth of Virginia-Virginia Department of Housing and Community Development

3. Project Name:	Balance of State Merged HMIS Renewal
4. Project Status:	Standard
5. Component Type:	HMIS
6. Is Energy Star used at one or more of the proposed properties?	No
7. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This field is required. 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.

Does your project participate in a CoC Coordinated Assessment System: This is a required field. Select “Yes” if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(es) to identify the project’s population focus.

PH PROJECTS ONLY

Does the project follow a "Housing First" model: This is a required field for PH projects only. Select “Yes” if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

Does the PH project provide PSH or RRH: This is a required field. If PSH is selected, a follow up field will appear with the following pre-populated, "Unlimited Assistance". If RRH is selected, a follow-up field will appear in which the applicant will need to "

Indicate the maximum length of assistance". RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, “Unlimited Assistance” will automatically populate and will be read only. TH AND SSO PROJECTS ONLY:

Do you plan on serving homeless households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3)? Please note that no project is permitted to serve this population unless the CoC has requested and is approved to do so: This is a required field. Projects are only permitted to serve households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3), if the CoC has requested and is approved to use funds for such a purpose. CoCs that wish to request that projects within the CoC be permitted to use funds to serve this population had to identify the specific project(s) that would use funding for this purpose (up to 10 percent of CoC total award) by submitting an attachment with the CoC Application. HUD will only consider TH and SSO projects for approval under the above conditions.

TH PROJECTS ONLY:

Indicate the maximum length of assistance: This is a required field. The maximum length of assistance allowed for TH projects is 24 months.

PH AND TH PROJECTS ONLY:

If applicable, indicate the type of rental assistance: This is a required field. If requesting rental assistance, select the type, PRA, SRA, or TRA, from the dropdown menu. Each type has unique requirements and applicants should refer to 24 CFR 578.51 before making a selection. If not requesting rental assistance in this project application, select N/A.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive

For SHP projects renewing under the CoC Program for the first time, is the project budget being revised to rental assistance from leasing? (This change must have been listed on the final HUD-approved GIW. See 24 CFR 578.49(b)(8)); This is a required field. "Yes" should only be selected if the change from leasing to rental assistance was approved by HUD during the GIW process.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

This project will provide access to HMIS to homeless service providers within the the Balance of State CoC (composed of 69 localities). The project will focus on data quality, HMIS coverage across the CoC, and the use of HMIS data for perfomance measures and outcomes.

2. Does your project participate in a CoC Coordinated Assessment System? Yes

3. Does your project have a specific population focus? No

4A. HMIS Standards

Instructions:

HMIS PROJECTS ONLY

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the HMIS Data Standard Notice? This field is required. Select Yes or No to indicate whether the HMIS is programmed to collect all of the Universal Data Elements, as outlined in the HMIS Data Standards, last revised in March 2011.

1b. If no, explain why and the planned steps for compliance: (required if No to 1a) Applicants must explain why they are not currently in compliance and how they intend to change their HMIS to comply with the Universal Data Elements.

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc): This field is required. Select Yes or No to indicate the ability of the HMIS to meet HUD reporting requirements, including Annual Performance Reports, quarterly reports, and data for CAPER/ESG reporting.

2b. If no, explain why and the planned steps for compliance: (required if No to 2a) Applicants must explain what they are not able to currently produce HUD-required reports and how they intend to change their HMIS to comply with reporting requirements.

3.-8.: Select Yes or No for each question to identify HMIS openness and capability and the HMIS' current level of security.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the HMIS Data Standard Notice? Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc). Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters

3. Is the HMIS currently able to track a client's progress across projects in the CoC?	Yes
4. Can the HMIS currently allow end users to search client records to determine if a client is actively receiving services in the CoC?	Yes
5. Can the HMIS currently unduplicate client records within the HMIS?	Yes
6. Does the HMIS Lead have a security officer?	No
7. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?	No
8. Does the HMIS Lead conduct Security Training and follow up on security standards on a regular basis?	Yes
9. How long does it take to remove access rights to former HMIS users?	Within 24 hours

7A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

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

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the reallocation responses in the CoC Application.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This field is pre-populated with a one-year grant term.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected at the beginning of this project application. The following eligible costs may be listed: leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the final HUD-approved FY2013 GIW.

If you do not see the funding budgets that you expected, you may need to return to form “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. For example, a rental assistance project that does not see the “Long-term rental assistance” budget may have incorrectly identified as a rapid re-housing project on form “3B. Project Description.” See the FY2013 CoC Program NOFA for additional guidance.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? Yes

4. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award and no later than three months after the award. Conditional award recipients will be asked to submit the proposal or approved rate during the e-snaps post-award process.

5. Select a grant term: 1 Year

6. Select the costs for which funding is being requested:

HMIS	X

7H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS 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 funds requested for each activity. The request should match the budget amounts identified on the HUD-approved GIW.

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 the "Funding Request" screen 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 OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		$0
2. Software	software/user licensing, support, maintenance, supporting software tools	$10,000
3. Services	third party hosting and technical services	$15,000
4. Personnel	project management, data analysis, technical assistance, training, and related travel and staff costs	$116,301
5. Space & Operations	NA	$0
Total Annual Assistance Requested		$141,301
Grant Term		1 Year
Total Request for Grant Term		$141,301

Click the 'Save' button to automatically calculate totals.

7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$50,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$50,000

Summary for Leverage

Total Value of Cash Commitments:	$220,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$220,000

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Government	Commonwealth of V...	01/06/2014	$50,000
Leverage	Cash	Government	Commonwealth of V...	01/06/2014	$220,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Commonwealth of Virginia Homeless Services funding for HMIS
5. Date of Written Commitment:	01/06/2014
6. Value of Written Commitment:	$50,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Commonwealth of Virginia

5. Date of Written Commitment: 01/06/2014

6. Value of Written Commitment: $220,000

7J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “8. Admin (Up to 10%).””

Admin (Up to 10%): Enter the amount funds of requested administration funds. The request should match the amount identified on the HUD-approved GIW. The grant will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2013 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to form “7I. Sources of Match/Leverage” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to form “7I. Sources of Match/Leverage” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to form “7I. Sources of Match/Leverage” to make changes..

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units	$0	1 Year	$0
1b. Leased Structures	$0	1 Year	$0
2. Short-term/Medium-term Assistance	$0	1 Year	$0
3. Long-term Rental Assistance	$0	1 Year	$0

4. Supportive Services	$0	1 Year	$0
5. Operating	$0	1 Year	$0
6. HMIS	$141,301	1 Year	$141,301
7. Sub-total Costs Requested			$141,301
8. Admin (Up to 10%)			
9. Total Assistance plus Admin Requested			$141,301
10. Cash Match			$50,000
11. In-Kind Match			$0
12. Total Match			$50,000
13. Total Budget			$191,301

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

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

If indicated on Forms 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Form 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Commitment Letter: SHP projects that are converting from Leasing to Rental Assistance and are non-profits must attach a commitment letter from the state, instrumentality of local government, or PHA that will administer the rental assistance. Please see the FY 2013 CoC Program NOFA for more additional information.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For most projects, the certification is attached to the CoC Application with a list of all associated projects. However, for projects that selected "No CoC" on form 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the OneCPD Resource Exchange:

https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Homeward Nonprofi...	12/18/2013
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: Homeward Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. Certification

A. For all projects:

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 Rental Assistance Projects:

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 non-Rental Assistance Projects 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. Explanation.

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

Name of Authorized Certifying Official William Shelton

Date: 01/31/2014

Title: Director

Applicant Organization: Commonwealth of Virginia

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

9B. Submission Summary

Page	Last Updated
1A. Application Type	01/31/2014
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	12/18/2013
1E. Compliance	12/18/2013
1F. Declaration	12/18/2013
2A. Subrecipients	12/18/2013
3A. Project Detail	12/18/2013
3B. Description	01/31/2014
4A. HMIS Standards	12/18/2013
7A. Funding Request	01/31/2014
7H. HMIS Budget	01/31/2014
7I. Match/Leverage	01/31/2014
7J. Summary Budget	No Input Required
8A. Attachment(s)	12/18/2013
8B. Certification	12/18/2013

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 30 2004

HOMEWARD
224 E BROAD ST
RICHMOND, VA 23241-0209

Employer Identification Number:
05-0606153
DLN:
17053212001014
Contact Person:
DEL TRIMBLE ID# 31309
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
JUNE 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
YES
Effective Date of Exemption:
APRIL 01, 2002
Contribution Deductibility:
YES

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

HOMEWARD

Sincerely,

Lois G. Lerner

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

Letter 947 (DO/CG)

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found at on the OneCPD Resource Exchange at https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the OneCPD Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2013 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY 2013 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, should be read carefully, and all requirements and criteria met.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in the FY 2013 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	01/30/2014
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:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “”View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2013 New Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the " Project Applicant Profile" training document on the OneCPD Resource Exchange.

8. Applicant

a. Legal Name: People Incorporated of Virginia

b. Employer/Taxpayer Identification Number (EIN/TIN): 54-0763686

	c. Organizational DUNS:	030683395	**PL US 4**	0000

d. Address

Street 1: 1173 West Main Street

Street 2:

City: Abingdon

County: Washington

State: Virginia

Country: United States

Zip / Postal Code: 24210

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix:	Mr.
First Name:	Robert
Middle Name:	Glass
Last Name:	Goldsmith
Suffix:	
Title:	President and CEO
Organizational Affiliation:	People Incorporated of Virginia
Telephone Number:	(276) 623-9000
Extension:	
Fax Number:	(276) 628-2931
Email:	rgoldsmith@peopleinc.net

1C. Application Details

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “”View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2013 New Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the " Project Applicant Profile" training document on the OneCPD Resource Exchange.

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:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-5700-N-31B
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

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

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key) Virginia

15. Descriptive Title of Applicant's Project: Bristol Scattered Site PSH Project

16. Congressional District(s):

a. Applicant: VA-011, VA-001, VA-006, VA-009, VA-010, VA-007

b. Project: (for multiple selections hold CTRL key) VA-009

17. Proposed Project

a. Start Date: 09/01/2014

b. End Date: 08/31/2015

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review By State Executive Order 12372 Process: In this required field, select the appropriate dropdown option 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.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Deliquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

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

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

All forms, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Robert
Middle Name:	Glass
Last Name:	Goldsmith
Suffix:	
Title:	President and CEO
Telephone Number: (Format: 123-456-7890)	(276) 623-9000
Fax Number: (Format: 123-456-7890)	(276) 628-2931

Email: rgoldsmith@peopleinc.net

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

Date Signed: 01/30/2014

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

Instructions:

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient 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 subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

People Incorporated of Virginia is a private, non-profit organization serving Southwest Virginia, the Northern Shenandoah Valley and the Northern Virginia regions of the Commonwealth with a mission to provide opportunities for economically disadvantaged people to reach their goals in order to enhance their lives, their families, and their communities. As the first Community Action Agency in the Commonwealth of Virginia, the agency has over 48 years of experience developing programs that holistically respond to the needs of low-income people in Virginia. Offering 29 programs, People Incorporated touched the lives of 6,197 individuals this past year. In pursuit of its mission, People Incorporated acknowledges that every person needs support from others. People Incorporated promotes the dignity of individuals and families, moves people into the economic mainstream, and works to develop existing strengths and resources within communities. All of its efforts are directed by the concerns, hopes, needs, and dreams of people served.

People Incorporated is a leading developer of quality, affordable single-family and multi-family housing in the Commonwealth of Virginia, primarily in rural areas. The organization has over thirty years of experience as a licensed Class A contractor and over twenty years of affordable housing property management expertise. The agency has been successful at leveraging federal funds for its housing projects from various agencies such as the Federal Home Loan Bank of Atlanta, U.S. Department of Housing and Urban Development, U.S. Department of the Treasury, the Virginia Department of Housing and Community Development, and the Northeast TN/VA HOME Consortium.

In 2005, the Bristol Permanent Supportive Housing Development was created through the efforts of People Incorporated and the Southwest Virginia Continuum of Care Planning Group to provide safe, decent housing and supportive services for chronically homeless individuals in Bristol, VA. In addition to this program, People Incorporated operates four other homelessness prevention programs: Homeless Prevention and Rapid Re-Housing, Supportive Services for Veterans and Families, Domestic Violence, and the HUD Section 8 Housing Choice Voucher Program. All programs remain in good standing with funders.

In 2002, People Incorporated Housing Group, an affiliate of People Incorporated, was created to expand services to help meet the various housing needs of low-to-moderate income households. People Incorporated Housing Group, a Virginia Department of Housing and Community Development designated Community Housing Development Organization (CHDO), has considerable experience applying for and receiving Low Income Housing Tax Credits (LIHTC) for housing development projects; to date, the agency has received $22,700,259 in equity provided by the sale of LIHTCs. The agency also managed the rehabilitation of three multi-family development projects in Damascus, Toms Brooks and Woodstock, Virginia, which resulted in the preservation and renovation of 147 affordable housing units for low income households (up to 60% AMI). Several of the agency's developments provide affordable housing options for under-served populations, including Valley Vista with a majority of Hispanic/Latino residents in Woodstock, Virginia, and Jonesville Manor which provides housing for the elderly in Jonesville, Virginia. In addition to these projects, People Incorporated Housing Group has received allocation agreements for four 2011 funded tax credit projects: West Lance apartments, Spruce Hill Apartments, Clinch View Manor Apartments, and the subject project Abingdon Village Apartments. All of these are expiring Rural

Development properties scheduled to begin rehabilitation in either 2013 or 2014.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

People Incorporated has over 48 years of experience leveraging federal, state, local, and private sector funds for its 29 programs. In the previous year, 55% of the agency's $16 million budget came from federal sources such as the U.S. Department of Housing and Urban Development, the U.S. Department of Health and Human Services, the U.S. Department of Labor, the U.S. Department of Justice, and the U.S. Small Business Administration. During this same year, 22% of leveraged funds came from private sources such as foundations, corporations and banks; 23% of funds came from local public and state resources and such as the Virginia Department of Housing and Community Development, the Virginia Department of Criminal Justice Services, the Virginia Department of Education, Virginia Department of Health, Virginia Department of Social Services, Washington County and City of Bristol, Virginia.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

Mr. Robert G. Goldsmith, President and C.E.O., is responsible for monitoring the services provided by People Incorporated, ensuring the successful development and implementation of programs offered. In addition to expanding the agency's service area, Mr. Goldsmith developed and manages an annual budget of over $16 million and a staff of over 250 employees. Mr. Goldsmith has worked closely with funding agencies to ensure that Virginia residents have the necessary resources to enhance their lives and become self-sufficient. Mr. Goldsmith holds a M. A. in Economics from Virginia Polytechnic Institute and State University (Virginia Tech) and serves on the boards of several private and public service agencies across the Commonwealth of Virginia.

Mary Turner, Director of Housing, is responsible for the development and management of agency initiatives to create affordable housing for low-to moderate income residents. As director, she manages the operation of all of the agency's housing programs, which includes homeownership, housing rehabilitation, weatherization, indoor plumbing rehabilitation, Section 8 Housing Choice Vouchers, homeless intervention, and affordable rental-housing programs. Ms. Turner holds a bachelor's degree in organizational management from Virginia Intermont College, and is both a Certified Economic Development Finance Professional and a Certified Housing Counselor.

Ms. Janet Shrader, Vice President and Chief Financial Officer, provides financial oversight and management services for the agency and its affiliates to ensure that accounting standards are being met, including related financial statement preparation, financial analysis and reporting, and account reconciliations. Ms. Shrader is a Certified Public Accountant and a Certified Internal Auditor. She holds a B.S. in Accountancy and an MBA from King College.

People Incorporated has over 48 years of experience managing multiple funding sources. The organization's financial management procedures are designed to handle multiple funding streams while maintaining compliance with applicable funding restrictions and cost principles. People Incorporated uses the Sage MIP Fund Accounting Suite Financial Management System, which is particularly suited for reporting on multiple funding sources. People Incorporated's financial policies, internal controls and cash management procedures are reviewed and certified annually as part of the agency's OMB Circular A-133 compliant audit.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?	No

3A. Project Detail

Instructions:

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

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose; however, in the case of a Competing CoC, there may be more than one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2013 competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Appeals Notice that is published by HUD after the FY 2013 CoC Program NOFA is published.

Component Type: This is a populated field with "PH" and cannot be edited. Permanent supportive housing or rapid re-housing projects are the only type of new projects applications that can be submitted in the FY 2013 CoC Program Competition.

Energy star: This field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1a. CoC Number and Name: VA-521 - Virginia Balance of State CoC

1b. CoC Applicant Name: Commonwealth of Virginia-Virginia Department of Housing and Community Development

2. Project Name: Bristol Scattered Site PSH Project

3. Project Status: Standard

4. Component Type:	PH
5. Is Energy Star used at one or more of the proposed properties?	Yes
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. 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.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide 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 FY2013 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Assessment System: This is a required field. Select "Yes" if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Will your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(es) to identify the project's population focus. Please remember that applicants may only request new reallocated funds for PSH projects that serve the chronically homeless or for RRH projects that serve households with children. At a minimum, the appropriate subpopulation should be reflected in the answer to this question.

Will the project follow a "Housing First" model: This is a required field. Select "Yes" if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any).

Will the PH project provide PSH or RRH: This is a required field. If PSH is selected, a follow up field will appear with the following pre-populated, "Unlimited Assistance." If RRH is selected, a follow-up field will appear in which the applicant will need to "

Indicate the maximum length of assistance." RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, "Unlimited Assistance" will automatically populate and will be read only.

If applicable, indicate the type of rental assistance: This is a required field. If requesting rental assistance, select the type, PRA, SRA, or TRA, from the dropdown menu. Each type has unique requirements and applicants should refer to 24 CFR 578.51 before making a selection. If not requesting rental assistance in this project application, select N/A.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive.

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe the local market conditions that necessitate a project of this size and describe how the

project will be integrated into the neighborhood.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

People Incorporated currently owns and operates 28 affordable housing units in the City of Bristol, Buchanan and Russell Counties to provide temporary housing for low-income families with children who are homeless or at risk of becoming homeless. Through this proposed project, People Incorporated will convert three of the units in the City of Bristol into permanent supportive housing for up to eight homeless individuals and families.

Currently the city's only Permanent Supportive Housing facility is People Incorporated's King's Mountain PSH Facility. This facility houses only single, chronically homeless men. There is no PSH in Bristol for women or families. In conducting the point in time counts over the last three years, the local CoC has identified a need for these services.

Converting these transitional housing units into permanent supportive housing will benefit current and future residents by providing long-term stability; increasing staff's ability to engage and build relationships with clients; and for clients to increase their income, employment and other skills. Most importantly, converting the units will allow People Incorporated to expand its permanent supportive housing services to families. All of the units being considered for this project are apartment style with either one or two bedrooms.

Together with the agency's existing King's Mountain PSH site, this Scattered Site Permanent Supportive Housing project will employ one full-time case manager who will become an active part of each individual's life and connect them with free or significantly reduced cost medical and mental health care, social services, and substance abuse counseling to ensure that their basic needs are met. The case manager will also teach life skills (e.g. housekeeping standards, nutrition counseling) and financial literacy education (e.g. creating and managing checking or savings accounts), and help individuals secure and sustain employment. Job training will also be available, at no cost, through People Incorporated's Adult Workforce Development Program.

People Incorporated is experienced at coordinating support providers and related resources. The case manager will work with clients to determine the extent and appropriateness of services in the community. This assures that program participants receive adequate assistance to help them move toward an independent lifestyle and a maximum level of self-sufficiency. A network of resources has already been developed through the existing project. Supportive services will be offered to each individual either on site or transportation will be provided to and from the site of the services, through public transit or by the case manager. Bristol Faith in Action, Frontier Health, Crossroads Medical Mission, Twin City Medical, and the local Community Service Board, among other organizations, will be actively involved in providing these services.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

The proposed project will be owned and operated by People Incorporated. Upon grant award notification, the Bristol Scattered Site Permanent Supportive Housing Project will employ one full-time case manager who will become an active part of each participant's life and connect them with free or significantly reduced cost medical and mental health care, social services, and substance abuse counseling to ensure that their basic needs are met. People Incorporated estimates the project will begin operations in October 2014. The agency has developed an extensive outreach network through the several housing and homeless programs it administers and expects to achieve to capacity within the first quarter of full operation.

The Homeless Programs Coordinator will work closely with the case manager to enlist participants in the program. The written policies and procedures currently in place at King's Mountain will be applicable for the Scattered Site project. The program has three goals: to help program participants obtain and remain in permanent housing; to help program participants increase skills and/or income which will allow them to live as independently as possible; and, to help program participants achieve greater self-determination to enable them to transition out of homelessness. Performance measures are established in order to measure the success of the program in achieving these goals.

In addition, the agency monitors the performance of all of its programs on a monthly basis – each program is required to submit a report on its milestones and targets toward meeting grant-defined goals. These reports are reviewed by its Board of Directors Planning and Evaluation Committee. Weekly staff meetings are held and funder reports are submitted as required. The agency works effectively and efficiently to ensure all work is completed within the requirements of all of its grants.

3. Will your project participate in the CoC Coordinated Assessment System? Yes

4. Will your project have a specific population focus? Yes

4a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	

Families	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

5. Will the project follow a "Housing First" model? Yes

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will the PH project provide PSH or RRH? PSH

7a. Indicate the maximum length of assistance: Unlimited assistance

8a. If applicable, indicate the type of rental assistance: N/A

9a. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

10a. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes," select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons
Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."
Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards
Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

Replace the loss of nonrenewable funding
a) Use the text box provided to describe the source of non-renewable funding.
b) Use the text box provided to describe why the funds are non-renewable.
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire.
d) Use the text box provided to describe what steps were taken to obtain other funding sources.
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth 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. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers how those will be addressed through the case management and/or other supportive services that will be offered through the project. 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.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider closest to the grant funds (i.e. Applicant, then Subrecipient, then Partner, and lastly, non-Partner).
- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

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

Individuals have access to PSH when becoming a resident at any of the units available through the Scattered Site Project. The case manager provides intake services, determines eligibility and makes assignment of qualified applicants to quality housing owned by People Incorporated who will provide all three units to be operated within the program design of this proposal. The case manager will hold weekly meetings and evaluations with clients where discussions occur concerning any challenges being experienced and the best ways to overcome them. Compliance with program rules will be evaluated weekly as well as progress toward participant's goals. Through certified housing counseling and case management, participants may move beyond PSH and into independent permanent housing. The case manager will help with this transition by connecting individuals to public supports and by teaching the necessary life skills to prepare them to achieve their independent living goals.

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

People Incorporated operates the Workforce Investment Act (WIA) programs, and all clients have access to screening, assessment and appropriate services, supports and training to maximize their earning potential. The case manager works individually with each participant to create and implement a plan for maximal self-sufficiency.

Each individual in the Scattered Site Permanent Supportive Housing Program will receive assistance with identifying, applying for, and obtaining appropriate health and social service program benefits which include, but are not limited to: Supplemental Security Income (SSI), Medicaid, and the Supplemental Nutrition Assistance Program (SNAP) through the Department of Social Services; and the Veterans Affairs programs through the Johnson City Veterans Medical Center. These and other benefit options will be discussed during an individual's weekly one-on-one meetings. The case manager will work with individuals to complete applications and obtain necessary documentation, provide transportation to and from administrators' offices, and engage in an ongoing review process so that each individual can continue receiving benefits.

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.
Click 'Save' to update.

Supportive Services		Provider	Access	Frequency
Assessment of Service Needs		Applicant	Onsite	As needed
Assistance with Moving Costs				
Case Management		Applicant	Onsite	Weekly
Child Care				
Education Services		Applicant	Onsite	Quarterly
Employment Assistance and Job Training		Applicant	Onsite	Weekly
Food		Applicant	Onsite	Quarterly
Housing Search and Counseling Services		Applicant	Onsite	Monthly
Legal Services		Partner	Public/private regional transportation	Monthly
Life Skills Training		Applicant	Onsite	Daily
Mental Health Services		Partner	Public/private regional transportation	Monthly
Outpatient Health Services		Partner	Public/private regional transportation	Monthly
Outreach Services		Applicant	Onsite	Daily
Substance Abuse Treatment Services		Partner	Public/private regional transportation	Monthly
Transportation		Applicant	Onsite	Weekly
Utility Deposits				

5. How accessible are most community amenities to project participants?

Most Community Amenities	Access
Schools, libraries, houses of worship, grocery stores, Laundromats, doctors, dentists, parks or recreation facilities.	Very accessible: No transportation barriers, easily within reach of all participants.

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 3

Total Beds: 8

Total Dedicated CH Beds: 3

Total Non-Dedicated CH Beds: 5

Housing Type	Units	Beds	CH Beds
Scattered-site apartments (...	3	8	3

4B. Housing Type and Location Detail

Instructions:

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. "Dedicated" chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated to the chronically homeless, enter "0." If this is a new reallocated PSH project, the CoC Program NOFA requires that all beds must be dedicated to the chronically homeless.

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

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

a. Units: 3

b. Beds: 8

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 3

d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?	5

3. Address:

Street 1:	Mary Street
Street 2:	
City:	Bristol
State:	Virginia
ZIP Code:	24201

4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)	510186 BRISTOL

5A. Project Participants - Households

Instructions:

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children:Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children:Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number…" and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	3	0	0	3

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
Disabled Adults over age 24	2	0		2

Non-disabled Adults over age 24	2	0		2
Disabled Adults ages 18-24	0	0		0
Non-disabled Adults ages 18-24	0	0		0
Accompanied Disabled Children under age 18	2			2
Accompanied Non-disabled Children under age 18	2			2
Unaccompanied Disabled Children under age 18				0
Unaccompanied Non-disabled Children under age 18				0
Total Number of Adults over age 24	4	0		4
Total Number of Adults ages 18-24	0	0		0
Total Number of Children under age 18	4		0	4
Total Persons	8	0	0	8

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

*This form can only be completed once form "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the form according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24	1	1								
Non-disabled Adults over age 24	1		1							
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Disabled Children under age 18								1	1	
Non-disabled Children under age 18	2									
Total Persons	4	1	1	0	0	0	0	1	1	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24										
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations: This is a required field. The population to be served must meet program eligibility requirements in the CoC Program interim rule and additional eligibility requirements in the FY 2013 CoC Program NOFA for permanent supportive housing and rapid re-housing. For more information see section V.E.4a-b of the CoC Program NOFA. To complete this table, enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation (PSH and RRH)
- Directly from emergency shelters (PSH and RRH)
- Directly from safe havens (PSH only)
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (PSH only)
- Persons fleeing domestic violence (PSH and RRH)

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculate above is less than 100 percent. If required, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2013 CoC Program NOFA.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

5%	**Directly from the street or other locations not meant for human habitation.**
5%	**Directly from emergency shelters.**
	Directly from safe havens.
80%	**From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.**
10%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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.

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

The case manager will conduct community outreach to enlist both homeless and chronically homeless individuals and families into the Scattered Site Permanent Supportive Housing project. Outreach activities include participating in a point-in-time count each year, distributing brochures to local community service and health institutions and other community partners, conducting community presentations, involvement in the local Continuum of Care planning group, and working with staff from other People Incorporated (PINC) programs. The case manager will provide vital information about PINC's programs and services and referral information about the additional supportive services offered in the community. PINC estimates that the majority of individuals who will reside at the new Scattered Site Permanent Supportive Housing project will learn of the program as a result of the agency's partnerships with organizations serving homeless populations or outreach through word of mouth from current or previous program participants.

The agency has a strong working relationship with Haven of Rest and the Salvation Army, both in Bristol, Tennessee, where many clients remain on a wait list for more permanent housing while staying in these shelters. Upon grant award notification, People Incorporated will issue a press release announcing the program and its details.

6A. Standard Performance Measures

Instructions:

Housing Measures: This is a required field. 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: Count each participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

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: Not applicable for youth below the age of 18. Total income can include all sources, public and private
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:
Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. 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%."

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	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.	7	8	88%

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	Target (#)	Universe (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income(from all sources) as of the end of the operating year or program exit.	3	4	75%
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).
To add information to this list, click on the icon and enter the requested information.

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2015: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2015. The FY 2013 HUD Appropriations Act requires HUD to obligate FY 2013 CoC Program funds by this date. If "No" is selected, or if the deadline is not met may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand: Select "Yes" if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select "Yes" or "No" to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the NOFA for details concerning grant terms and years of funding for different project types and eligible costs.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Form 3B. The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2013 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to form "3B. Project Description" to review the type of project selected. For example, a rental assistance project that does not see the "Long-term rental assistance" budget may have incorrectly identified as a rapid re-housing project. See the FY2013 CoC Program NOFA for additional guidance.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will it be feasible for the project to be under grant agreement by September 30, 2015?	Yes
2. Is the project proposing to use funds reallocated from the CoC's annual renewal demand?	No

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award and no later than three months after the award. Conditional award recipients will be asked to submit the proposal or approved rate during the e-snaps post-award process.

4. Select a grant term: 1 Year

5. Select the costs for which funding is being requested:

Acquisition/Rehabilitation/New Construction	
Leased Units	
Leased Structures	
Long-term Rental Assistance	
Supportive Services	X
Operations	X
HMIS	

7G. Supportive Services Budget

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. 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 form "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 OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	.25 FTE case manager and .0 FTE coordinator	$6,176
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		

13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
Total Annual Assistance Requested		$6,176
Grant Term		1 Year
Total Request for Grant Term		$6,176

Click the 'Save' button to automatically calculate totals.

7H. Operating

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 Description: This is a required field. 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 form "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 OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	repair	$8,000
2. Property Taxes and Insurance	property insurance and taxes	$1,315
3. Replacement Reserve	replacement reserve of major systems: 3 units@$20 per month	$720
4. Building Security		
5. Electricity, Gas, and Water	utilities for 3 units	$8,591
6. Furniture	furniture and appliances	$3,918
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$22,544
Grant Term		1 Year
Total Request for Grant Term		$22,544

Click the 'Save' button to automatically calculate totals.

7J. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$11,000
Total Value of All Commitments:	$11,000

Summary for Leverage

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$80,200
Total Value of All Commitments:	$80,200

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	In-Kind	Private	People Inc. value...	12/14/2012	$11,000
Leverage	In-Kind	Private	People Inc. value...	12/14/2012	$80,200

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	People Inc. value of facility, 13 Mary Street
5. Date of Written Commitment:	12/14/2012
6. Value of Written Commitment:	$11,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	People Inc. value of facility, 13 Mary Street
5. Date of Written Commitment:	12/14/2012

6. Value of Written Commitment: $80,200

7K. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to the field "9. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of funds requested for administration funds. If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2013 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to form "7I. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to form "7I. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to form "7J. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs			Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			$0
1b. Rehabilitation			$0
1c. New Construction			$0
	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	
2a. Leased Units	$0	1 Year	$0
2b. Leased Structures	$0	1 Year	$0

3. Short-term/Medium-term Assistance	$0	1 Year	$0
4. Long-term Rental Assistance	$0	1 Year	$0
5. Supportive Services	$6,176	1 Year	$6,176
6. Operating	$22,544	1 Year	$22,544
7. HMIS	$0	1 Year	$0
8. Sub-total Costs Requested			$28,720
9. Admin (Up to 10%)			$2,162
10. Total Assistance Plus Admin Requested			$30,882
11. Cash Match			$0
12. In-Kind Match			$11,000
13. Total Match			$11,000
14. Total Budget			$41,882

Click the 'Save' button to automatically calculate totals.

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

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

If indicated on Forms 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Form 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For most projects, the certification is attached to the CoC Application with a list of all associated projects. However, for projects that selected "No CoC" on form 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. Applicant Certification

A. For all projects:

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 Rental Assistance Projects:

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 non-Rental Assistance Projects Only.

15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 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.

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

Name of Authorized Certifying Official: Robert Goldsmith

Date: 01/30/2014

Title: President and CEO

Applicant Organization: People Incorporated of Virginia

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

9B. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	01/30/2014
1E. Compliance	01/30/2014
1F. Declaration	01/30/2014
2A. Subrecipients	No Input Required
2B. Experience	01/30/2014
3A. Project Detail	01/30/2014
3B. Description	01/30/2014
3C. Expansion	01/30/2014
4A. Services	01/30/2014
4B. Housing Type	01/30/2014
5A. Households	01/30/2014
5B. Subpopulations	No Input Required
5C. Outreach	01/30/2014
6A. Standard	01/30/2014
6B. Additional Performance Measures	No Input Required
7A. Funding Request	01/30/2014
7G. Supp Srvcs Budget	01/30/2014
7H. Operating	01/30/2014
7J. Match/Leverage	01/30/2014
7K. Summary Budget	No Input Required
8A. Attachment(s)	No Input Required
8B. Certification	01/30/2014

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:
- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY2013 CoC Program grant competition.
- Additional training resources can be found on the OneCPD Resource Exchange at https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2013 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY 2013 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, should be read carefully, and all requirements and criteria met.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in the FY 2013 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	
2. Type of Application:	CoC Planning Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	12/21/2013
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier	
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 UFA Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

8. Applicant

a. Legal Name: Commonwealth of Virginia

b. Employer/Taxpayer Identification Number (EIN/TIN): 54-1083047

	c. Organizational DUNS:	809391881	**PLUS 4**	

d. Address

Street 1: 600 East Main Street

Street 2: Suite 300

City: Richmond

County:

State: Virginia

Country: United States

Zip / Postal Code: 23219

e. Organizational Unit (optional)

Department Name:

Division Name: Housing

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

Prefix: Ms.
First Name: Kathy
Middle Name:
Last Name: Robertson
Suffix:
Title: Associate Director
Organizational Affiliation: Commonwealth of Virginia
Telephone Number: (804) 225-3129
Extension:
Fax Number: (804) 371-7091
Email: kathy.robertson@dhcd.virginia.gov

1C. Application Details

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 CoC Planning Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

9. Type of Applicant:	A. State Government
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-5700-N-31B
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

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

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

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

15. Descriptive Title of Applicant's Project: VA Balance of State Planning Grant

16. Congressional District(s):

a. Applicant: VA-001, VA-002, VA-005, VA-004, VA-009, VA-007

b. Project:
(for multiple selections hold CTRL+Key) VA-001, VA-002, VA-005, VA-004, VA-009, VA-007

17. Proposed Project

a. Start Date: 07/01/2014

b. End Date: 06/30/2015

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option 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.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

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

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

All forms, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	William
Middle Name:	C.
Last Name:	Shelton
Suffix:	
Title:	Director
Telephone Number: (Format: 123-456-7890)	(804) 371-7077
Fax Number: (Format: 123-456-7890)	(804) 371-7091

Email: bill.shelton@dhcd.virginia.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 12/21/2013

2A. Project Detail

Instructions:

CoC Number and Name: Select the number and name of the CoC that the project applicant – also the collaborative applicant – represents. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline.

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. The selection should be the same as the project applicant for the CoC planning grant. In most cases, there will only be one name from which to choose; however, in the case of a Competing CoC, there may be more than one name from which to choose. Make sure to select the correct applicant name.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Component Type: This field is pre-populated with the value "CoC Planning Project Application" and cannot be edited.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1a. CoC Number and Name: VA-521 - Virginia Balance of State CoC

1b. Collaborative Applicant Name: Commonwealth of Virginia-Virginia Department of Housing and Community Development

2. Project Name: VA Balance of State Planning Grant

3. Component Type: CoC Planning Project Application

2B. Project Description

Instructions:

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7: This is a required field. The project description must clearly describe the proposed planning activities that will be carried out by the CoC with these grant funds and how the CoC will ensure compliance with the provisions of 24 CFR 578.7.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. The description must clearly demonstrate the estimated schedule of implementing the proposed activities, the management plan in place to ensure timely start of the project if awarded, and a description of how the Collaborative Applicant will complete the proposed activities.

3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects: This is a required field. The narrative should include the Collaborative Applicant's increased capacity for evaluation, and how that capacity will allow for the evaluation of both CoC and ESG projects.

4. How will the planning activities continue beyond the expiration of HUD financial assistance: This is a required field. The narrative should provide a brief description of how the planning activities paid for by the grant funds might continue beyond the grant term listed in this application and without HUD funds.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

The grant will be used to support CoC planning activities for the Balance of State CoC (covering more than 50 counties). These activities will include coordination of 12 planning groups, an HMIS subcommitte, the program subcommittee, and CoC Steering Committee. The funding will support activities that will involve implementation of outcome performance measures and standards and the gathering and use of data for planning purposes.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

This planning grant will support planning activities for the 2014 - 2015 program year. The activities will be implemented by the CoC coordinator and overseen by the Homeless and Special Needs Program Manager. Activities and outcomes will be reviewed weekly during the Homeless and Special Needs Team meeting.

3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects?

One of the primary objectives of these planning activities will be to implement outcomes measures and performance standards. These will be used for program evalaution, CoC planning, and fund allocation.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

These planning grant funds will be leverged with state funds to provide ongoing homelessness and CoC planning and coordination.

3A. Sources of Match/Leverage

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form will populate the form "3B. Funding Request." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$9,218
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$9,218

Summary for Leverage

Total Value of Cash Commitments:	$150,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$150,000

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Government	State Homeless Se...	01/06/2014	$9,218
Leverage	Cash	Government	State Homeless Se...	01/06/2014	$150,000

Sources of Match Details

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	State Homeless Service Funding
5. Date of Written Commitment:	01/06/2014
6. Value of Written Commitment:	$9,218

Sources of Match Details

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	State Homeless Services Funding
5. Date of Written Commitment:	01/06/2014
6. Value of Written Commitment:	$150,000

3B. Funding Request

Instructions:

Is it feasible for the project to be under grant agreement by September 30, 2015: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2015. The FY 2013 HUD Appropriations Act requires HUD to obligate FY 2013 CoC Program funds by this date. If "No" is selected, or if the deadline is not met may result in the rejection of a grant or the recapture of conditionally awarded funds.

Select a grant term: This field is populated with the value "1 Year" and cannot be edited.

Eligible Costs: For items 1 through 8, enter a "Quantity AND Description" and amount of assistance for each activity for which funds are being requested. "Quantity AND Description" details should be thorough, and failure to enter adequate "Quantity AND Description" may result in conditions being placed on an award and a delay of grant funding. Once a "Quantity AND Description" and an amount have been entered into one or more of the items, click "Save" and e-snaps will total the assistance requested and determine the total Match amount required.

Total Costs Requested: This field is automatically calculated based total amount requested for each eligible cost.

Cash Match: This field is automatically populated. If it needs to be changed, return to form "3A. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to form "3A. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to form "3A. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the OneCPD Resource Exchange:
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

1. will it be feasible for the project to be under grant agreement by September 30, 2015? Yes

2. Select a grant term: 1 Year

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	July 1 - June 30	$10,000
2. Project Evaluation	July 1 - June 30	$6,870
3. Project Monitoring Activities	July 1 - June 30	$10,000
4. Participation in the Consolidated Plan		
5. CoC Application Activities		
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System	July 1 - June 30	$10,000
8. HUD Compliance Activities		
Total Costs Requested		$36,870
Cash Match		$9,218
In-Kind Match		$0
Total Match		$9,218
Total Budget		$46,088

Click the 'Save' button to automatically calculate the Total Assistance

4A. Attachment(s)

Instructions:

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. Other Attachment(s)	No		
2. Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

4B. Certification

A. For all projects:

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 Rental Assistance Projects:

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 non-Rental Assistance Projects 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 Rental Assistance 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: William Shelton

Date: 12/21/2013

Title: Director

Applicant Organization: Commonwealth of Virginia

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001). X

5A. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	12/21/2013
1E. Compliance	12/21/2013
1F. Declaration	12/21/2013
2A. Project Detail	12/21/2013
2B. Description	12/21/2013
3A. Match/Leverage	12/21/2013
3B. Funding Request	12/21/2013
4A. Attachment(s)	No Input Required
4B. Certification	12/21/2013