

**HOUSING PROJECTS**

**Form UN-B. SUBRECIPIENT NEW PROJECT APPLICATION**

**HOUSING PROJECTS**

**PSH, RHH and JOINT TH-RRH**

**Unsheltered Special NOFO New Project Application**

**City of St. Louis**

**Reminder: This Form UN-B is to be completed ONLY by applicants wishing to be a subrecipient of the City of St. Louis. Direct Applicants must create their applications in eSNAPS.**

***Applicant: Please adhere closely to*** [***the*** [***HUD New Project Application Detailed Instruction***](https://www.hud.gov/sites/dfiles/CPD/documents/CoC/NEW-Unsheltered-DI-FINAL-7-14-22.pdf) ***document***](https://www.hud.gov/sites/dfiles/CPD/documents/CoC/NEW-Unsheltered-DI-FINAL-7-14-22.pdf) ***in completing this application form. THERE ARE DISTINCT DIFFERENCES IN SOME QUESTIONS BETWEEN THE DIFFERENT TYPES OF HOUSING (PH, RRH, TH-RRH)***

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

1. **Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.** Required. Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:
   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.

Applicant experience narrative (maximum 3500 characters):

1. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase “No experience leveraging other federal, state, local, or private sector funds.”

Applicant experience in leveraging funds narrative: (maximum 3500 characters):

1. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.

Organizational financial management structure narrative: (Maximum 3,500 characters)

1. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?

🞏 Yes, your organization has unresolved HUD Monitoring or OIG Audit findings

🞏 No, there are no unresolved HUD Monitoring or OIG Audit findings. The HUD monitoring or OIG audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs, (e.g., HOPWA, ESG).

4a. Describe the unresolved monitoring or audit findings. If “Yes” was selected for question 4. provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

Unresolved monitoring findings narrative:

**Project Detail** (eSNAPS 3A.)

7. Is your organization a victim service provider defined in 24 CFR578.3? ❑YES ❑NO

**Yes**, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

24 CFR 578.3: Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

**No**, if your organization, or subrecipient, is not a victim service provider.

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? ❑YES ❑NO

9. Will this project include replacement reserves in the Operating budget? ❑YES ❑NO

## Project Description (eSNAPS 3B.) for PSH, RRH and TH-RRH

1. **Provide a description that addresses the entire scope of the proposed project.** Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

The information in this description must align with the information entered in other screens of the application. Additionally, if your project will implement service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

**Joint TH-RRH PROJECTS additional project description:** If you are not requesting CoC Program funds for both TH and PH-RRH units in this application, you must include the number of TH and PH-RRH units that will be utilized by your project from other funding source(s) and provide details of how TH and PH-RRH assistance will be provided for all program participants under this joint component. For example, if TH units are requested in this application and PH-RRH units will be funded from other sources, the description must include information as to where the funds for the PH-RRH units will come from, and if provided by a separate organization, provide organizational information and source funding for these units, including the number of units supported.

**Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in CY 2023 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

Project description narrative: (Maximum 3,500 characters)

1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFO? The CoC Plan to End Homelessness for Individuals and Families with Severe Service Needs. ***(NOTE: The CoC Plan to be finalized by the CoC Sept. 9, 2022 and posted on the COC and City websites.)***

The Plan: (Maximum 3,500 characters)

**Project Implementation Milestones –**

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award. You must enter a value greater than zero for at least one project milestone. You must enter information in at least one field on the table. If your project includes multiple structures you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank or you can enter “0” or “NA”.

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

Populations to be Served

3. Place “X” the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| N/A - Project Serves All Subpopulations |  | Domestic Violence |  |
| Veterans |  | Substance Abuse |  |
| Youth (under 25) |  | Mental Illness |  |
| Families |  | HIV/AIDS |  |
| Chronic |  | Other |  |

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? ❑YES ❑NO

5a. Will the project quickly move participants into permanent housing? ❑YES ❑NO

5b. Will the project enroll program participants who have the following barriers: (*Select all that apply be placing an “X” next to the relevant participant barrier)*

|  |  |
| --- | --- |
| Having too little or little income |  |
| Active or history of substance use |  |
| Having a criminal record with exceptions for state-mandated restrictions |  |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) |  |
| None of the above |  |

5C Will the project prevent program participant termination for the following reasons? *(Select all that apply be placing an “X” next to the relevant participant barrier)*

|  |  |
| --- | --- |
| Failure to participate in supportive services |  |
| Failure to make progress on a service plan |  |
| Loss of income or failure to improve income |  |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area |  |
| None of the above |  |

5d. Will the project follow a "Housing first" approach? ❑YES ❑NO

6. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? ❑YES ❑NO

If YES, 6a. Explain how and why the project will implement this requirement. Required if you answered “Yes” to question 6. Describe the reason for this program design.

The Plan: (Maximum 3,500 characters)

7. Will more than 16 persons live in a single structure? ❑YES ❑NO

7a. Describe the local market conditions that necessitate a project of this size. Required if you answered “Yes” to question 7. Explain the local market conditions that require placing more than 16 persons in a single structure.

Single Structure:

7b. Describe how the project will be integrated into the neighborhood. Required if you answered “Yes” to question 7. Explain how your organization will successfully integrate program participants into the neighborhood.

Neighborhood integration:

## Supportive Services for Participants (eSNAPS 4A.)

1. **Describe how program participants will be assisted to obtain and remain in permanent housing:**

***PSH PROJECTS***: **Describe how program participants will be assisted to obtain and remain in permanent housing**. An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. Additionally, if you will coordinate with other partners, include their role in meeting this criterion.

The description should include:

•how you will determine the right type of housing that fit the needs of program participants (this should match the information entered on screen 4B. Housing Type);

•if you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges;

•the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management; housing counseling, employment resources); and

•how you will work with program participants to set goals towards successful retention of permanent housing.

* if this project will exclusively assist victims of domestic violence, the description must include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing.

***RRH PROJECTS:*** As Rapid Re-Housing funds are short-term (up to 3 months) or medium-term (up to 24 months) tenant-based rental assistance, describe how the project applicant will help program participants obtain permanent housing, and provide the necessary services and support to help program participants successfully remain in permanent housing once assistance ends. An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. The description should include how you will:

* determine the right type of housing that fits the needs of program participants (this should match the information entered on screen **4B. Housing Type**).
* work with landlords to address possible issues and challenges.
* work with program participants to set goals towards successful retention of permanent housing.

***JOINT TH-RRH PROJECTS:*** An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

* how you will determine the right type of housing that fit the needs of program participants
* if you will use rental assistance (PH-RRH portion) or leasing assistance (TH portion), how you will work with landlords to address possible issues and challenges;
* the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management; housing counseling, employment resources); and
* how you will work with program participants to set goals towards successful retention of permanent housing.

DV: If the PSH, RRH or RRH/TH-RRH project will exclusively assist victims of domestic violence, the description must include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing.

Supportive Services Plan narrative: (maximum 3,500 characters)

2. **Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.** Describe how this project will help program participants obtain the benefits for which they are eligible. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

* assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities);
* the type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI; SSDI; Food Stamps, Veterans benefits);
* the type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education); and
* access to healthcare benefits and resources (e.g., Medicaid, Medicare, healthcare for the homeless, FQHCs).

Integration and coordination of services narrative: (maximum 3,500 characters)

3. **COMPLETE USING** **EXCEL SPREADSHEET EXHIBIT A**. For all supportive services available to program participants, indicate who will provide them and how often they will be provided from the list of supportive services provided, select the service(s) provided by your project to program participants from; your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just those that may be requested in the project application.

Identify whether the project includes the following activities:

4. Transportation assistance to program participants to attend mainstream benefit appointments, employment training, or jobs?

* Yes, if the project provides regular, or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, and jobs. Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, etc.

* No, if transportation is not regularly provided or cannot be provided consistently as requested.

5. Annual follow-up with program participants to ensure mainstream benefits are received and renewed?

* Yes, if the project follows-up with program participants annually to ensure they applied for mainstream benefits (e.g., TANF, food stamps, SSI) for which they are eligible, receiving the benefits, and renew benefits as required.
* No, if the project does not follow-up with program participants annually.

6. Will program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency?

* Yes, if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by the project applicant, a subrecipient, or a partner agency–through a formal or informal relationship.
* No, if there is no or significantly limited access to SSI/SSDI technical assistance.

35a. IF YES Has the staff person providing the technical assistance completed SOAR training in the past 24 months?

* Yes, if the staff person who provides SSI/SSDI technical assistance completed SOAR training, online or in person, in the past 24 months. If more than one person provides technical assistance, only select “Yes” if all persons have completed the training.
* No, if the staff person(s) has not completed SOAR training.

Housing Type and Location (eSNAPS 4B)

1. The following list summarizes each housing site in the project. *\*The number of beds provided should equal the number of persons served.*

Total Number of Units: \_\_\_

Total Number of Beds: \_\_\_

Total Dedicated CH Beds: \_\_\_

*\*NOTE: the Unsheltered Special NOFO does NOT distinguish Chronic and Dedicated Plus.*

1. Housing Breakdown of Units, Beds and Dedicated beds based on housing type Chart:

**Address:** Enter the address for all properties for which funding is requested. If the location is not yet known, enter the expected location of the housing units. For scattered-site and single- family housing, or for projects that have units at multiple locations, you should enter the address where the majority of units and beds will be located. Where the project uses tenant-based rental assistance, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for your administration office and indicate it is the office address. **Important Note**: Projects serving survivors of domestic violence must use a PO Box or other anonymous address to ensure the safety of program participants.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PSH Housing Type | Units | Beds | Dedicated Chronic | Address |
| *EXAMPLE: Cluster Apartments* | *10* | *10* | *10* | *Oak Manor, 222 Oak St.* |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RRH Housing Type | Units | Beds | Dedicated Chronic | Address |
| *EXAMPLE: Scattered Site Apartments* | *10* | *10* | *10* | *Agency Admin Address* |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Joint TH-RRH Housing Type | TH Units | TH Beds | RRH Units | RRH Beds | Dedicated Chronic | Address |
| *EXAMPLE: Scattered Site Apartments* |  |  | *12* | *18* |  | *Agency Admin Address 123 Main St.* |
| *Example: Dormitory* | *4* | *8* |  |  |  | *Pear Tree Apts. 111 Pear St. STL* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*PSH and RRH Housing Types to Select From:*

* *Dormitory: (shared or private rooms). Individuals or families share sleeping rooms or have private rooms; share a common kitchen, common bathrooms, or both.*
* *Shared housing: Two or more unrelated people share a house or an apartment. Each unit must contain private space for each individual or family, plus common space for shared use by residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.*
* *Single Room Occupancy (SRO) units: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.*
* *Clustered apartments: Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.*
* *Scattered-site apartments (including efficiencies): Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.*
* *Single family homes/townhouses/duplexes: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.*

Part 4 Housing Type PH – JOINT TH-RRH Projects Only:

Select from the following housing types.

* + **Barracks:** Individuals **or** families sleep in a large room with multiple beds.
    - Can be used for TH units and beds of this joint project.
    - Not appropriate for PH-RRH units and beds and should not be selected.
  + **Dormitory: (shared or private rooms)**. Individuals or families share sleeping rooms or have private rooms; persons share a common kitchen, common bathrooms, or both.
    - Can be used for the TH units and beds of this joint project.
    - Not appropriate for PH-RRH units and beds and should not be selected.
  + **Shared housing**: Two or more unrelated people share a house or an apartment. Each unit must contain private space for each individual or family, plus common space for shared use by residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
  + **Single Room Occupancy (SRO) units**: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
  + **Clustered apartments**: Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
  + **Scattered-site apartments (including efficiencies)**: Individuals or families have a self- contained apartment. Apartments are scattered throughout the community.
  + **Single family homes/townhouses/duplexes**: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.

1. **JOINT TH-RRH PROJECTS ONLY: What is the funding source for these units and beds?** Be sure to include all funding sources used for this project, not just CoC Program funds. Using the dropdown, select the appropriate type of funding:
   * **CoC;**
   * **ESG;**
   * **Section 8;**
   * **HUD-VASH;**
   * **Mixed Funding; Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   * **Other: Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PARTICIPANTS SERVED (eSNAPS 5A and 5B)

1. COMPLETE EXCEL UN-B1, EXHIBIT B “Households Table” Detailing the total number of program participants in the Households Served table to indicate household types and total persons served by the project.

2. COMPLETE EXCEL UN-B1 EXHIBIT C “Subpopulations Table” For the units provided, indicate the number of persons intended to be served within the subpopulations.

FUNDING REQUEST (eSNAPS Part 6)

NOTE: All funds conditionally awarded in the Unsheltered Special NOFO must be obligated via grant agreement no later than September 15, 2024.

PROJECT BUDGET (6A – 6F)

Complete Excel Exhibit D,E,F,G,H

You will create an annual budget in the Exhibits. The Summary worksheet (H) will provide the three-year mandatory grant term TOTAL three-year budget. This three-year budget represents the funds you are applying for.

Below is a snapshot of eligible costs by component type for CoC projects.

|  |  |  |
| --- | --- | --- |
| **Permanent Housing – PSH** | **Permanent Housing – RRH** | **Joint TH/PH-RRH** |
| Acquisition/Rehabilitation/New Construction |  |  |
| Leased Units |  | Leased Units |
| Leased Structures |  | Leased Structures |
| Rental Assistance | Rental Assistance | Rental Assistance |
| Supportive Services | Supportive Services | Supportive Services |
| Operations |  | Operations |
| HMIS | HMIS | HMIS |
| Administration (10%) | Administration (10%) | Administration (10%) |

Applicants should complete the Excel Worksheet EXHIBITS D,E,F,G and H. Applicants should carefully read the HUD CoC New Project Applications Detailed Instructions for the specific component type they are applying for to understand eligible costs and calculations.

**1. Select the costs for which funding is requested**: Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

* + **Acquisition/Rehabilitation/New Construction** (24 CFR 578.43 – 47)**;**
  + **Leased Units** (24 CFR 578.49);
  + **Leased Structures** (24 CFR 578.49);
  + **Rental Assistance** (24 CFR 578.51);
  + **Supportive Services** (24 CFR 578.53)**;**
  + **Operating** (24 CFR 578.55); and
  + **HMIS** (24 CFR 578.57).

2. If you will have Rental Assistance Costs, what type of rental assistance will you provide?

**Type of Rental Assistance:** Select one:

* PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project;
* SRA – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization or;
* TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC’s geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services.

NOTE: The Unsheltered Special NOFO is a THREE YEAR GRANT TERM. Create your 1-YEAR ANNUAL Budget and then it will be multiplied by the three years. eSNAPS does NOT allow for DIFFERENT budgets from Year 1 to Year 2 to Year 3.

Applicable FY2022 Fair Market Rents for St. Louis:

| **FMRs By Unit Bedrooms** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Year** | **0 Bed** | **One-Bedroom** | **Two-Bedroom** | **Three-Bedroom** | **Four-Bedroom** |
| FY 2021 FMR | $689 | $745 | $947 | $1,230 | $1,449 |

*(Metropolitan fair market rent area: IL – St. Louis, MO-IL HUD Metro FMR Area (1701399999)*

3. (6C-6E)Leasing and Rental Assistance Budget Detail. COMPLETE EXCEL WORKSHEET EXHIBIT D To provide the breakdown of units and rents and the leasing or rental assistance budgets. For TH-RRH, applicants may need to complete two EXHIBIT E to distinguish costs where leasing and rents applies to BOTH transitional housing units and rapid rehousing units.

4. (6F) Supportive Services Budget Detail. COMPLETE EXCEL WORKSHEET EXHIBIT E To provide supportive services that will be funded through the project.

5. (6G)Operating Budget Detail. COMPLETE EXCEL WORKSHEET EXHIBIT F To provide detail on operating costs.

6. (6H)HMIS Budget Detail. COMPLETE EXCEL WORKSHEET EXHIBIT G To provide any HMIS costs that will be funded by the project.

7. (6J)Budget Summary. COMPLETE EXCEL WORKSHEET EXHIBIT H To provide a complete summary of the budget, match, and administration costs.

Match (eSNAPS 6I)

1. Applicants should review 24 CFR 578.73 and the New Project Detailed Instructions regarding match requirements to ensure in-kind match reported is documented appropriately if this method of match is selected. Match may be in the form of Cash or In-Kind. Match is required on all projects in the amount of 25% of the total budget amount, excluding Leasing. Program Income as described in 24 CFR 578.97 may also be used as match. **A dated written letter(s) will need to be provided for each match source and included in the application Attachments Part III**. The match letter should refer to the proposed grant term dates. **Match must cover the entire THREE YEAR Budget**

|  |  |  |
| --- | --- | --- |
| Cash or In-Kind | Source | Amount |
|  |  |  |
|  |  |  |
|  |  |  |