



Legislation Text

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**File #: 2015-0409, Version: 1**

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**SPECIAL NEEDS ASSISTANCE PROGRAM GRANT AGREEMENTS:**

A RESOLUTION TO APPROVE SPECIAL NEEDS ASSISTANCE PROGRAM GRANT AGREEMENTS WITH THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT IN THE TOTAL AMOUNT OF \$414,161.00 FOR THE CITY TO ADMINISTER PROGRAMS TO ASSIST HOMELESS FAYETTEVILLE RESIDENTS

**WHEREAS**, on August 18, 2015, the City Council authorized Mayor Jordan to sign a letter of intent to accept Special Needs Assistance Program grants through the U.S. Department of Housing and Urban Development as the first step in the process of the City possibly taking over administration of homeless assistance programs after Seven Hills Homeless Center withdrew as the local administrator; and

**WHEREAS**, execution of the grant agreements with the U.S. Department of Housing and Urban Development is the final step in establishing the City of Fayetteville as the substitute administrator of these grant programs through the end of the program terms.

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF FAYETTEVILLE, ARKANSAS:**

Section 1: That the City Council of the City of Fayetteville, Arkansas hereby authorizes Mayor Jordan to sign Special Needs Assistance Program grant agreements with the U.S. Department of Housing and Urban Development in the total amount of \$414,161.00 for the City to administer programs to assist homeless Fayetteville residents.

**City of Fayetteville Staff Review Form**

**2015-0409**

\_\_\_\_\_  
Legistar File ID

**9/15/2015**

\_\_\_\_\_  
City Council Meeting Date - Agenda Item Only  
N/A for Non-Agenda Item

Yolanda Fields

8/28/2015

Community Resources /  
Development Services Department

\_\_\_\_\_  
**Submitted By**

\_\_\_\_\_  
**Submitted Date**

\_\_\_\_\_  
**Division / Department**

**Action Recommendation:**

Staff recommends approval of the grant agreements for Special Needs Assistance Program (SNAP) grants which total \$414,161.

**Budget Impact:**

N/A

N/A

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Fund

N/A

N/A

\_\_\_\_\_  
Project Number

\_\_\_\_\_  
Project Title

**Budgeted Item?**    NA

Current Budget    \$    -

Funds Obligated    \$    -

Current Balance    \$    -

**Does item have a cost?**    NA

Item Cost

**Budget Adjustment Attached?**    NA

Budget Adjustment

Remaining Budget    \$    -

V20140710

Previous Ordinance or Resolution #    \_\_\_\_\_

Original Contract Number:    \_\_\_\_\_

Approval Date: \_\_\_\_\_

Comments:



## CITY COUNCIL AGENDA MEMO

### MEETING OF SEPTEMBER 15, 2015

**TO:** Mayor and City Council  
**THRU:** Jeremy Pate, Dir. Development Services  
**FROM:** Yolanda Fields, Dir. Community Resources  
**DATE:** August 27, 2015  
**SUBJECT:** Special Needs Assistance Programs Grant Agreements

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#### **RECOMMENDATION:**

Staff recommends approval of the grant agreements for Special Needs Assistance Program (SNAP) grants which total \$414,161.

#### **BACKGROUND:**

The funds have been released and are at risk of reallocation out of the Fayetteville area. The Special Needs Assistance Program funds would keep homeless assistance programs viable in the Fayetteville area. The attachment includes grant information for each grant, along with grant balances and the grants are all active. HUD Little Rock Field Office has approach the City of Fayetteville to prevent the loss of grant funds that support our most vulnerable population of individual, families and veterans who are experiencing homelessness. The grants were administered by Seven Hills Homeless Center. Seven Hills Homeless Center, Executive Director provided HUD with a written notice on July 17 stating Seven Hills Homeless Center could no longer administer HUD's homeless program due to the agency current financial situation.

#### **DISCUSSION:**

Requirements of these grants do not allow the HUD Little Rock Field Office to sign agreement prior to the grantee signature because their signature establishes automatic award of funds. The City of Fayetteville would be completing the projects previously undertaken by the Seven Hills organization. The individual grant project details are outlined in the attached document titled **Seven Hills Grant Information**.

#### **BUDGET/STAFF IMPACT:**

None

#### **Attachments:**

Grant Information  
Grant Agreement Amendments with Agreement Letters

## Seven Hills Grant Information

1. AR0038L6F011301

Grant Period: September 1, 2014 – August 1, 2015

Component Type: Transitional Housing

[REDACTED]  
Tenant Based Rental Assistance  
Supportive Services  
Administration

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

- 12 Months grant period.
- The grant was awarded to provide housing and services ten (10) individuals and eight (8) families who are homeless.
- Maximum length of stay in a transitional housing program is twenty-four (24) months.
- Grant budget and subpopulations may be amended all cost must be eligible based on CoC Program Interim Rule at 24 CFR 578.
- All eligible funding costs except leasing must be matched with no less than a 25 percent cash or in-kind match.

**3. AR0043B6F011100**

Grant Period: April 1, 2014 – March 31, 2016

Component Type: Permanent Supportive Housing

[REDACTED]

Leasing  
Supportive Services  
Administration

- 24 Months grant period.
- The grant was awarded to provide permanent housing and services three individuals and thirteen families who are homeless and has a disability.
- Housing length of stay is indefinite.
- Grant budget and subpopulations may be amended all cost must be eligible based on Supportive Housing Program at 24 CFR 583.
- Supportive Service must be cash match at 20% supportive service total budget.

**4. AR0044B6F011100**

Grant Period: September 1, 2015 – August 31, 2016

Component Type: Permanent Supportive Housing

[REDACTED]

Leasing  
Supportive Services  
Administration

- 24 Months grant period.
- The grant was awarded to provide permanent housing and services three individuals and one family who are chronically homeless with a disability. (person with disability can be adult or child in family)
- Housing length of stay is indefinite.
- Grant budget and subpopulations may be amended all cost must be eligible based on Supportive Housing Program at 24 CFR 583.
- Supportive Service must be cash match at 20% supportive service total budget.

## GRANT AGREEMENT AMENDMENT

This Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Seven Hills Homeless Center, 112 West Center, Suite 300, Fayetteville, AR 72701, the Recipient, whose Tax ID number is 73-1603960 and City of Fayetteville, 113 West Mountain, Fayetteville, AR 72701 the (Substitute Recipient), whose Tax ID number is 71-6018462.

### RECITALS

1. HUD and Recipient enter into the Grant Agreement dated September 13, 2013 for Project Number AR0043B6F011100 to be located at Fayetteville, Arkansas and Northwest Arkansas CoC Area.
2. Under the terms of the Grant Agreement, Recipient receives a grant from HUD in the amount of \$354,510; \$240,059.81 remains to be used to carry out the project described in the Grant Agreement over the remaining seven (7) months of a 24-month grant period.
3. **Seven Hills Homeless Center.** (Recipient) discontinued HUD's Permanent Housing Program effective July 16, 2015, because of administrative concerns. Therefore, the agency has been released from its administrative responsibilities under the grant, and the **City of Fayetteville** (Substitute Recipient) has been selected to assume that role. The City has demonstrated the capacity and qualifications to assume the administrative responsibilities for this project, and to apply for renewal assistance for this project.
4. HUD has reviewed the initial application and the proposed changes and has determined that even with the changes, the application ranking would have been high enough to have been competitively selected in the year the application was initially funded.
5. The need for assistance for homeless persons continues within the jurisdiction where this project is located. Therefore, the need for the project continues.
6. HUD has reviewed the project, and the performance of the Recipient, and has determined that the project is worthy of continuation.
7. HUD will amend the Grant Agreement from Recipient, **Seven Hills Homeless Center**, to Substitute Recipient, **City of Fayetteville**. This action is necessitated by the Recipient's discontinuation of grant operations on July 16, 2015.
8. Under the terms of the Amended Grant Agreement, the **City of Fayetteville will assume the role of Grantee**. The City will carry out the project described in the Grant Agreement over a 7- month period, and will continue services with the renewal grant.

9. HUD's total funding obligation for the Permanent Housing grant for this project is \$354,510 and the current balance of \$240,059.81 is allocated as follows:

1. Grant for Operating	\$ _____
2. Grant for Supportive Services	<u>\$44,422.81</u>
3. Grant for Leasing	<u>\$188,372</u>
4. HMIS	\$ _____
5. Grant for Administration	<u>\$7,265</u>

### AGREEMENTS

1. The Grant Agreement is hereby amended by substituting **City of Fayetteville**.
2. The Grant Agreement is hereby amended by project name changed to **City of Fayetteville**.
3. The Effective date of these changes is August 19, 2015.
4. All other provisions of the Grant Agreement remain un-amended.

SIGNATURES

This Grant Agreement is hereby executed on the behalf of the parties as follows:

UNITED STATES OF AMERICA  
Secretary of Housing and Urban Development

By:

\_\_\_\_\_  
Signature and Date

Clinton E. Johnson

\_\_\_\_\_  
Typed name of signatory

Director, Community Planning and Development

\_\_\_\_\_  
Title

RECIPIENT

Seven Hills Homeless Center

\_\_\_\_\_  
Name of Organization

By:

See attached letter

\_\_\_\_\_  
Authorized Signature and Date

Billy Rader

\_\_\_\_\_  
Typed name of signatory

Chief Executive Officer

\_\_\_\_\_  
Title

SUBSTITUTE GRANTEE

City of Fayetteville

\_\_\_\_\_  
Name of Organization

By:

\_\_\_\_\_  
Authorized Signature and Date

Honorable Lioneld Jordan

\_\_\_\_\_  
Typed name of signatory

Mayor

\_\_\_\_\_  
Title





U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
Little Rock Field Office, Region VI  
Office of Community Planning and Development  
425 West Capitol Avenue, Suite 1000  
Little Rock, AR 72201  
Phone (501) 324-6375 - Fax (501) 324-5954  
[www.hud.gov](http://www.hud.gov) or [espanol.hud.gov](http://espanol.hud.gov)

August 25, 2015

Ms. Yolanda Fields  
Community Resource Director  
City of Fayetteville  
113 West Mountain Street  
Fayetteville, AR 72701

Dear Ms. Fields:

SUBJECT: Grant Agreement (**Amendment**)  
Supportive Housing Program (SHP)  
Project Number: AR0043B6F011100  
Project Name: Permanent Housing 16-Units

This letter acknowledges that the City of Fayetteville has agreed to enter into a grant agreement for the subject grant, which was originally awarded to Seven Hills Homeless Center. The selection of the City of Fayetteville was based on the City's capacity and qualification to assume the administrative responsibilities for this project, and to apply for renewal assistance for this project.

The City of Fayetteville is assuming grant funding from Seven Hills Homeless Center. The referenced grant is a Permanent Housing grant under the Continuum of Care Program. All conditions for assumption of this project have been met. This award will continue to provide support, and allow continuity of services that further our national effort to end homelessness. Please note that the City of Fayetteville will not be liable or responsible for any actions undertaken by Seven Hills Homeless Center in its administration of the referenced grant, either before or after execution of this grant agreement.

Upon execution of the amended grant agreement by the City of Fayetteville and HUD, HUD will obligate ~~\$354,510~~ for this project as follows:

- |                                  |                  |
|----------------------------------|------------------|
| 1. Grant for operating           | \$ _____         |
| 2. Grant for supportive services | <u>\$89,013</u>  |
| 3. Grant for leasing             | <u>\$248,616</u> |
| 4. Grant for HMIS                | \$ _____         |
| 5. Grant for administration      | <u>\$16,881</u>  |

Enclosed are three copies of the amended grant agreement between the City of Fayetteville and HUD. You are encouraged to return the enclosed three (3) copies of the amended grant agreement within seven (7) days.

Thank you for your commitment to assisting homeless persons. HUD looks forward to working with you to eliminate homelessness. If you have questions regarding the enclosures, please contact Sandra Lewis-Payne, Community Planning and Development Representative on (501) 918-5738.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. E. Johnson', with a long horizontal line extending to the right.

Clinton E. Johnson  
Director, Community  
Planning and Development

Enclosure

cc:  
Honorable Lioneld Jordan, Mayor

## GRANT AGREEMENT AMENDMENT

This Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Seven Hills Homeless Center, 112 West Center, Suite 300, Fayetteville, AR 72701, the Recipient, whose Tax ID number is 73-1603960 and City of Fayetteville, 113 West Mountain, Fayetteville, AR 72701 the (Substitute Recipient), whose Tax ID number is 71-6018462.

### RECITALS

1. HUD and Recipient enter into the Grant Agreement dated September 13, 2013 for Project Number AR0038BL6F011301 to be located at Fayetteville, Arkansas and Northwest Arkansas CoC Area.
2. Under the terms of the Grant Agreement, Recipient receives a grant from HUD in the amount of \$186,095; **\$115,270.93** remains to be used to carry out the project described in the Grant Agreement over the remaining **one (1) month** of a **12-month** grant period.
3. **Seven Hills Homeless Center**. (Recipient) discontinued HUD's Permanent Housing Program effective July 16, 2015, because of administrative concerns. Therefore, the agency has been released from its administrative responsibilities under the grant, and the **City of Fayetteville** (Substitute Recipient) has been selected to assume that role. The City has demonstrated the capacity and qualifications to assume the administrative responsibilities for this project, and to apply for renewal assistance for this project.
4. HUD has reviewed the initial application and the proposed changes and has determined that even with the changes; the application ranking would have been high enough to have been competitively selected in the year the application was initially funded.
5. The need for assistance for homeless persons continues within the jurisdiction where this project is located. Therefore, the need for the project continues.
6. HUD has reviewed the project, and the performance of the Recipient, and has determined that the project is worthy of continuation.
7. HUD will amend the Grant Agreement from Recipient, **Seven Hills Homeless Center**, to Substitute Recipient, **City of Fayetteville**. This action is necessitated by the Recipient's discontinuation of grant operations on July 16, 2015.
8. Under the terms of the Amended Grant Agreement, the **City of Fayetteville will assume the role of Grantee**. The City will carry out the project described in the Grant Agreement over a **1- month** period, and will continue services with the renewal grant.

9. HUD's total funding obligation for the Permanent Housing grant for this project is \$186,095 and the current balance of \$115,270.93 is allocated as follows:

1. Grant for Operating	\$ _____
2. Grant for Supportive Services	<u>\$11,628.74</u>
3. Grant for Rental Assistance	<u>\$97,424.63</u>
4. HMIS	\$ _____
5. Grant for Administration	<u>\$6,217.56</u>

#### AGREEMENTS

1. The Grant Agreement is hereby amended by substituting **City of Fayetteville**.
2. The Grant Agreement is hereby amended by project name changed to **City of Fayetteville**
3. The effective date of these changes is August 19, 2015.
4. All other provisions of the Grant Agreement remain un-amended.

SIGNATURES

This Grant Agreement is hereby executed on the behalf of the parties as follows:

UNITED STATES OF AMERICA  
Secretary of Housing and Urban Development

By:

\_\_\_\_\_  
Signature and Date

Clinton E. Johnson  
Typed name of signatory

Director, Community Planning and Development  
Title

RECIPIENT

Seven Hills Homeless Center  
Name of Organization

By:

See attached letter  
Authorized Signature and Date

Billy Rader  
Typed name of signatory

Chief Executive Officer  
Title

SUBSTITUTE GRANTEE

City of Fayetteville  
Name of Organization

By:

\_\_\_\_\_  
Authorized Signature and Date

Honorable Lioneld Jordan  
Typed name of signatory

Mayor  
Title



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
Little Rock Field Office, Region VI  
Office of Community Planning and Development  
425 West Capitol Avenue, Suite 1000  
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Phone (501) 324-6375 - Fax (501) 324-5954  
[www.hud.gov](http://www.hud.gov) or [espanol.hud.gov](http://espanol.hud.gov)

August 25, 2015

Ms. Yolanda Fields  
Community Resource Director  
City of Fayetteville  
113 West Mountain Street  
Fayetteville, AR 72701

Dear Ms. Fields:

**SUBJECT: Grant Agreement (Amendment)**  
Continuum of Care Program (CoC)  
Project Number: AR0038L6F011301  
Project Name: Transitional Housing 18-Units

This letter acknowledges that the City of Fayetteville has agreed to enter into a grant agreement for the subject grant, which was originally awarded to Seven Hills Homeless Center. The selection of the City of Fayetteville was based on the City's capacity and qualification to assume the administrative responsibilities for this project, and to apply for renewal assistance for this project.

The City of Fayetteville is assuming grant funding from Seven Hills Homeless Center. The referenced grant is a Permanent Housing grant under the Continuum of Care Program. All conditions for assumption of this project have been met. This award will continue to provide support, and allow continuity of services that further our national effort to end homelessness. Please note that the City of Fayetteville will not be liable or responsible for any actions undertaken by Seven Hills Homeless Center in its administration of the referenced grant, either before or after execution of this grant agreement.

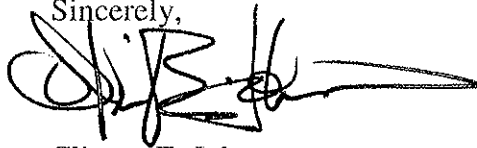
Upon execution of the amended grant agreement by the City of Fayetteville and HUD, HUD will obligate ~~\$186,095~~ for this project as follows:

- |                                  |                  |
|----------------------------------|------------------|
| 1. Grant for operating           | \$_____          |
| 2. Grant for supportive services | <u>\$44,507</u>  |
| 3. Grant for rental assistance   | <u>\$129,720</u> |
| 4. Grant for HMIS                | \$_____          |
| 5. Grant for administration      | <u>\$11,868</u>  |

Enclosed are three copies of the amended grant agreement between the City of Fayetteville and HUD. You are encouraged to return the enclosed three (3) copies of the amended grant agreement within seven (7) days.

Thank you for your commitment to assisting homeless persons. HUD looks forward to working with you to eliminate homelessness. If you have questions regarding the enclosures, please contact Sandra Lewis-Payne, Community Planning and Development Representative on (501) 918-5738.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. E. Johnson', with a long horizontal flourish extending to the right.

Clinton E. Johnson  
Director, Community  
Planning and Development

Enclosure

cc:  
Honorable Lioneld Jordan, Mayor

## GRANT AGREEMENT AMENDMENT

This Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Seven Hills Homeless Center, 112 West Center, Suite 300, Fayetteville, AR 72701, the Recipient, whose Tax ID number is 73-1603960 and City of Fayetteville, 113 West Mountain, Fayetteville, AR 72701 the (Substitute Recipient), whose Tax ID number is 71-6018462.

### RECITALS

1. HUD and Recipient enter into the Grant Agreement dated September 13, 2013 for Project Number AR0044B6F011100 to be located at Fayetteville, Arkansas and Northwest Arkansas CoC Area.
2. Under the terms of the Grant Agreement, Recipient receives a grant from HUD in the amount of \$68,310; **\$58,830.33** remains to be used to carry out the project described in the Grant Agreement over the remaining **twelve (12) months** of a **24-month** grant period.
3. **Seven Hills Homeless Center**. (Recipient) discontinued HUD's Permanent Housing Program effective July 16, 2015, because of administrative concerns. Therefore, the agency has been released from its administrative responsibilities under the grant, and the **City of Fayetteville** (Substitute Recipient) has been selected to assume that role. The City has demonstrated the capacity and qualifications to assume the administrative responsibilities for this project, and to apply for renewal assistance for this project.
4. HUD has reviewed the initial application and the proposed changes and has determined that even with the changes, the application ranking would have been high enough to have been competitively selected in the year the application was initially funded.
5. The need for assistance for homeless persons continues within the jurisdiction where this project is located. Therefore, the need for the project continues.
6. HUD has reviewed the project, and the performance of the Recipient, and has determined that the project is worthy of continuation.
7. HUD will amend the Grant Agreement from Recipient, **Seven Hills Homeless Center**, to Substitute Recipient, **City of Fayetteville**. This action is necessitated by the Recipient's discontinuation of grant operations on July 16, 2015.
8. Under the terms of the Amended Grant Agreement, the **City of Fayetteville will assume the role of Grantee**. The City will carry out the project described in the Grant Agreement over a **12- month** period, and will continue services with the renewal grant.



9. HUD's total funding obligation for the Permanent Housing grant for this project is \$68,310 and the current balance of \$58,830.33 is allocated as follows:

1. Grant for Operating	\$_____
2. Grant for Supportive Services	<u>\$11,080.20</u>
3. Grant for Leasing	<u>\$46,781.60</u>
4. HMIS	\$_____
5. Grant for Administration	<u>\$968.53</u>

### AGREEMENTS

1. The Grant Agreement is hereby amended by substituting the **City of Fayetteville**.
2. The Grant Agreement is hereby amended by project name changed to **City of Fayetteville**.
3. The effective date of these changes is August 19, 2015.
4. All other provisions of the Grant Agreement remain un-amended.

SIGNATURES

This Grant Agreement is hereby executed on the behalf of the parties as follows:

UNITED STATES OF AMERICA  
Secretary of Housing and Urban Development

By:

\_\_\_\_\_  
Signature and Date

Clinton E. Johnson

Typed name of signatory

Director, Community Planning and Development

Title

RECIPIENT

Seven Hills Homeless Center

Name of Organization

By:

See attached letter

Authorized Signature and Date

Billy Rader

Typed name of signatory

Chief Executive Officer

Title

SUBSTITUTE GRANTEE

City of Fayetteville

Name of Organization

By:

\_\_\_\_\_  
Authorized Signature and Date

Honorable Lionel Jordan

Typed name of signatory

Mayor

Title



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
Little Rock Field Office, Region VI  
Office of Community Planning and Development  
425 West Capitol Avenue, Suite 1000  
Little Rock, AR 72201  
Phone (501) 324-6375 - Fax (501) 324-5954  
[www.hud.gov](http://www.hud.gov) or [espanol.hud.gov](http://espanol.hud.gov)

August 25, 2015

Ms. Yolanda Fields  
Community Resource Director  
City of Fayetteville  
113 West Mountain Street  
Fayetteville, AR 72701

Dear Ms. Fields:

**SUBJECT:** Grant Agreement (**Amendment**)  
Supportive Housing Program (SHP)  
Project Number: AR0044B6F011100  
Project Name: Bonus Project 4-Units

This letter acknowledges that the City of Fayetteville has agreed to enter into a grant agreement for the subject grant, which was originally awarded to Seven Hills Homeless Center. The selection of the City of Fayetteville was based on the City's capacity and qualification to assume the administrative responsibilities for this project, and to apply for renewal assistance for this project.

The City of Fayetteville is assuming grant funding from Seven Hills Homeless Center. The referenced grant is a Permanent Housing grant under the Continuum of Care Program. All conditions for assumption of this project have been met. This award will continue to provide support, and allow continuity of services that further our national effort to end homelessness. Please note that the City of Fayetteville will not be liable or responsible for any actions undertaken by Seven Hills Homeless Center in its administration of the referenced grant, either before or after execution of this grant agreement.


Upon execution of the amended grant agreement by the City of Fayetteville and HUD, HUD will obligate ~~\$68,310~~ for this project as follows:

- |                                  |                  |
|----------------------------------|------------------|
| 1. Grant for operating           | \$_____          |
| 2. Grant for supportive services | \$ <u>13,242</u> |
| 3. Grant for leasing             | \$ <u>51,816</u> |
| 4. Grant for HMIS                | \$_____          |
| 5. Grant for administration      | \$ <u>3,252</u>  |

Enclosed are three copies of the amended grant agreement between the City of Fayetteville and HUD. You are encouraged to return the enclosed three (3) copies of the amended grant agreement within seven (7) days.

Thank you for your commitment to assisting homeless persons. HUD looks forward to working with you to eliminate homelessness. If you have questions regarding the enclosures, please contact Sandra Lewis-Payne, Community Planning and Development Representative on (501) 918-5738.

Sincerely,

A handwritten signature in black ink, appearing to read "Clinton E. Johnson", with a long horizontal flourish extending to the right.

Clinton E. Johnson  
Director, Community  
Planning and Development

Enclosure

cc:

Honorable Lioneld Jordan, Mayor

Emailed to BAF 7/14/15

Tax ID Number: 71-1603960  
Grant Number: AR0038L6F0011301  
DUNS Number: 091443510  
Component: TH  
Recipient: Seven Hill Homeless Center  
Official Contact Person and Title: William F. Rader, Chief Executive Officer  
Telephone Number: (479) 251-7776  
Fax Number: (479) 251-8270  
E-mail Address: [billy@7hillscenter.org](mailto:billy@7hillscenter.org)  
Operating Start Date: September 1, 2014  
Project Location(s): Fayetteville, Arkansas and Northwest CoC Area

RECEIVED  
2015 JUL 10 PM 4:50  
USDHUD  
LITTLE ROCK, AR

**EXHIBIT 2**  
**SCOPE OF WORK for FY2013 COMPETITION**

1. This Agreement is governed by the Continuum of Care program Interim Rule attached hereto and made a part hereof as Exhibit 1a. Upon publication for effect of a Final Rule for the Continuum of Care program, the Final Rule will govern this Agreement instead of the Interim Rule. The project listed on this Exhibit at 3, below, is also subject to the terms of the FY2013 Notice of Funds Availability.
2. The Continuum that designated Recipient to apply for grant funds is not a high-performing community.
3. Recipient is not a Unified Funding Agency and was not the only Applicant the Continuum of Care designated to apply for and receive grant funds and is not the only Recipient for the Continuum of Care that designated it. HUD's total funding obligation for this grant is **\$186,095** for project number **AR0038L6F011301**. In accordance with 24 CFR 578.105(b), Recipient is prohibited from moving more than 10% from one budget line item in a project's approved budget to another without a written amendment to this Agreement. The obligation for this project shall be allocated as follows:

a. CoC Planning cost	\$0
b. Acquisition	\$0
c. New construction	\$0
d. Rehabilitation	\$0
e. Leasing	\$0
f. Rental assistance	<b>\$129,720</b>
i. Tenant-based rental assistance	\$129,720
ii. Project-based rental assistance	\$0
iii. Sponsor-based rental assistance	\$0
g. Supportive services	\$44,507
h. Operating costs	\$0
i. HMIS	\$0
j. Administration	\$11,868

4. No funds for new projects may be drawn down by Recipient until HUD has approved site control pursuant to §578.21 and §578.25 and no funds for renewal projects may be drawn down by Recipient before the end date of the project's final operating year under the grant that has been renewed.
5. Nothing in this grant agreement shall be construed as creating or justifying any claim against the federal government or the grantee by any third party.

This agreement is hereby executed on behalf of the parties as follows:

**UNITED STATES OF AMERICA,**  
**Secretary of Housing and Urban Development**

BY: \_\_\_\_\_

(Signature)

Clinton E. Johnson, Director, Community Planning Development  
(Typed Name and Title)

7-15-2015

(Date)

**RECIPIENT**

Seven Hills Homeless Center  
(Name of Organization)

BY: \_\_\_\_\_

(Signature of Authorized Official)

William E. Rader, Chief Executive Officer  
(Typed Name and Title of Authorized Official)

7-6-15

(Date)

2009-01-14/13

( Copy mailed to GAF

Grant Number: AR0043B6F011100  
 Project Name: AR-501 - NEW – Seven Hills Permanent Housing  
 Total Award Amount: \$\$354,510  
 Component: PH  
 Recipient: Seven Hills Homeless Center  
 Official Contact Person and Title: Jon Woodward, Executive Director  
 Telephone Number: (479) 251-7776  
 Fax Number: (479) 251-8270  
 E-mail Address: exec.sevenhills@gmail.com  
 EIN/Tax ID Number: 73-1603960  
 DUNS Number: 091443510  
 Effective Date:  
 Project Location(s): Northwest CoC Area, Arkansas

2011 Supportive Housing Program  
 Grant Agreement - New

This Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Seven Hill Homeless Center.

The assistance which is the subject of this Grant Agreement is authorized by the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11381 (hereafter "the Act"). The term "grant" or "grant funds" means the assistance provided under this Agreement. This grant agreement will be governed by the Act, the Supportive Housing rule codified at 24 CFR part 583, which is attached hereto and made a part hereof as Attachment B, and the Notice of Funding Availability (NOFA), that was published in two parts. The first part was the Policy Requirements and General Section of the NOFA, and the second part was the Continuum of Care Homeless Assistance Programs section of the NOFA, which are located at <http://archives.hud.gov/funding/2011/fundsavail.cfm>. The term "Application" means the application submission on the basis of which HUD, including the certifications and assurances and any information or documentation required to meet any grant award conditions, on the basis of which HUD approved a grant. The Application is incorporated herein as part of this Agreement, however, in the event of a conflict between any part of the Application and any part of the Grant Agreement, the latter shall control. The Secretary agrees, subject to the terms of the Grant Agreement, to provide the grant funds in the amount specified at section 2 of Attachment A for the approved project described in the application. The Recipient agrees, subject to the terms of the Grant Agreement, to use the grant funds for eligible activities during the term specified at section 3 of Attachment A.

The Recipient must provide a 25 percent cash match for supportive services.

The Recipient agrees to comply with all requirements of this Grant Agreement and to accept responsibility for such compliance by any entities to which it makes grant funds available.



The Recipient agrees to participate in a local Homeless Management Information System (HMIS) when implemented.

If the Recipient is a State or other governmental entity required to assume environmental responsibility, it agrees that no costs to be paid or reimbursed with grant funds will be incurred before the completion of such responsibilities and HUD approval of any required Request for Release of Funds.

The Recipient and project sponsor, if any, will not knowingly allow illegal activities in any unit assisted with grant funds.

The Recipient agrees to draw grant funds at least quarterly.

If, in the application, the Recipient indicated that activities in any project will be carried out in an Empowerment Zone, an Enterprise Community, or an Enhanced Enterprise Community, as designated by HUD or the Department of Agriculture, the Recipient agrees to give priority placement in that project to eligible persons whose last known address was within the designated EZ/EC area or who are homeless persons living on the streets or in shelters within the designated areas.

HUD notifications to the Recipient shall be to the address of the Recipient as written above, unless HUD is otherwise advised in writing. Recipient notifications to HUD shall be to the HUD Field Office executing the Grant Agreement. No change may be made to the project nor any right, benefit, or advantage of the Recipient hereunder be assigned without prior written approval of HUD.

For any project funded by this grant, which is also financed through the use of the Low Income Housing Tax Credit, the following applies:

HUD recognizes that the Recipient or the project sponsor will or has financed this project through the use of the Low-Income Housing Tax Credit. The Recipient or project sponsor shall be the general partner of a limited partnership formed for that purpose. If grant funds were used for acquisition, rehabilitation or construction, then, throughout a period of twenty years from the date of initial occupancy or the initial service provision, the Recipient or project sponsor shall continue as general partner and shall ensure that the project is operated in accordance with the requirements of this Grant Agreement, the applicable regulations and statutes. Further, the said limited partnership shall own the project site throughout that twenty-year period. If grant funds were not used for acquisition, rehabilitation or new construction, then the period shall not be twenty years, but shall be for the term of the grant agreement and any renewal thereof. Failure to comply with the terms of this paragraph shall constitute a default under the Grant Agreement.

For any project receiving funds for acquisition, construction or rehabilitation, the following applies:

The Recipient is required to execute and file for record a deed restriction, covenant running with the land or similar arrangement that will assure to HUD's satisfaction, compliance with the twenty-year term of commitment and a lien against the property, in a form to be approved by HUD, to secure HUD's interest in the repayment of the grant.

If the Recipient and/or subrecipient wishes to sell or otherwise dispose of the assisted real property, they must request and receive written approval from the Department to dispose of the real property, advertise that disposition conditions apply to the assisted property, and abide by any other terms or conditions prescribed by HUD in the approval letter.

For projects involving acquisition, compliance with the recording requirement must be documented before release of any funds other than acquisition funds. For projects involving new construction or rehabilitation activities, compliance must be documented prior to the first release of federal funds. Evidence will be an original, executed document, in a form satisfactory to HUD, accompanied by a recording receipt. Upon completion of recordation, Recipient will provide HUD with an original, executed, recorded document.

A default shall consist of any use of grant funds for a purpose other than as authorized by this Grant Agreement, failure in the Recipient's duty to provide the supportive housing for the minimum term in accordance with the requirements of the Attachment A provisions, noncompliance with the Act or Attachment B provisions, any other material breach of the Grant Agreement, or misrepresentations in the application submissions which, if known by HUD, would have resulted in this grant not being provided. Upon due notice to the Recipient of the occurrence of any such default and the provision of a reasonable opportunity to respond, HUD may take one or more of the following actions:

- (a) direct the Recipient to submit progress schedules for completing approved activities; or
- (b) issue a letter of warning advising the Recipient of the default, establishing a date by which corrective actions must be completed and putting the Recipient on notice that more serious actions will be taken if the default is not corrected or is repeated; or
- (c) direct the Recipient to establish and maintain a management plan that assigns responsibilities for carrying out remedial actions; or
- (d) direct the Recipient to suspend, discontinue or not incur costs for the affected activity; or
- (e) reduce or recapture the grant; or
- (f) direct the Recipient to reimburse the program accounts for costs inappropriately charged to the program; or
- (g) continue the grant with a substitute Recipient of HUD's choosing; or
- (h) other appropriate action including, but not limited to, any remedial action legally available, such as affirmative litigation seeking declaratory judgment, specific performance, damages, temporary or permanent injunctions and any other available remedies.

No delay or omission by HUD in exercising any right or remedy available to it under this Grant Agreement shall impair any such right or remedy or constitute a waiver or acquiescence in any Recipient default.

Recipients of assistance for acquisition, rehabilitation, or new construction shall file a certification of continued use for supportive housing for each year of the 20-year period from the date of initial occupancy.

If the Recipient's application received a selection priority for projects located in 100 percent rural areas, projects must serve 100 percent rural counties, or county equivalents. HUD will not agree to amend this Grant Agreement to authorize projects outside of a qualifying 100 percent rural county, or county equivalent.

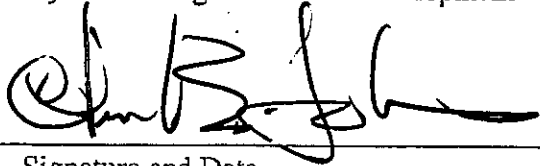
The Recipient shall comply with requirements established by the Office of Management and Budget (OMB) concerning the Dun and Bradstreet Data Universal Numbering System (DUNS), the Central Contractor Registration (CCR) database, and the Federal Funding Accountability and Transparency Act, including Appendix A to 2 CFR Part 25 (final guidance entitled *Financial Assistance Use of Universal Identifier and Central Contractor Registration*, published September 14, 2010 at 75 FR 55671) and Appendix A to 2 CFR Part 170 (interim final guidance entitled *Requirements for Federal Funding Accountability and Transparency Act Implementation*, published September 14, 2010 at 75 FR 55663).

This Grant Agreement constitutes the entire agreement between the parties hereto, and may be amended only in writing executed by HUD and the Recipient. More specifically, the Recipient shall not change recipients, location, services, or population to be served nor shift more than 10 percent of funds from one approved type of eligible activity to another without the prior written approval of HUD. The effective date of this Grant Agreement shall be the date of execution by HUD, except with prior written approval by HUD.

SIGNATURES

This Grant Agreement is hereby executed as follows:

UNITED STATES OF AMERICA  
Secretary of Housing and Urban Development

By:  9-13-13  
Signature and Date

Clinton E. Johnson  
Print name of signatory

Director, Community Planning and Development  
Title

RECIPIENT

Seven Hills Homeless Center  
Name of Organization

By:  09/13/13  
Authorized Signature and Date

Jon Woodward  
Print name of signatory

Executive Director  
Title

ATTACHMENT A

1. The Recipient is **Seven Hills Homeless Center**.
2. HUD's total fund obligation for this project is \$354,510, which shall be allocated as follows:

a. Leasing	\$248,616
b. Supportive services	\$89,013
c. Operating costs	\$0
d. HMIS	\$0
e. Administration	\$16,881

3. Although this agreement will become effective only upon the execution hereof by both parties, upon execution, the term of this agreement shall run for a period of 24 months, unless the grant includes funds for acquisition, construction or rehabilitation, in which case the term of this grant agreement shall run for a period of 27 months.

Scanned 9/19/13  
Copy mailed to GAF

Grant Number: AR0044B6F011100  
Project Name: AR-501 - NEW - Seven Hills PH Bonus  
Total Award Amount: \$68,310  
Component: PH  
Recipient: Seven Hills Homeless Center  
Official Contact Person and Title: Jon Woodward, Executive Director  
Telephone Number: (479) 251-7776  
Fax Number: (479) 251-8270  
E-mail Address: exec.sevenhills@gmail.com  
EIN/Tax ID Number: 73-1603960  
DUNS Number: 091443510  
Effective Date:  
Project Location(s): Northwest CoC Area, Arkansas

### 2011 Supportive Housing Program Grant Agreement - New

This Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Seven Hill Homeless Center.

The assistance which is the subject of this Grant Agreement is authorized by the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11381 (hereafter "the Act"). The term "grant" or "grant funds" means the assistance provided under this Agreement. This grant agreement will be governed by the Act, the Supportive Housing rule codified at 24 CFR part 583, which is attached hereto and made a part hereof as Attachment B, and the Notice of Funding Availability (NOFA), that was published in two parts. The first part was the Policy Requirements and General Section of the NOFA, and the second part was the Continuum of Care Homeless Assistance Programs section of the NOFA, which are located at <http://archives.hud.gov/funding/2011/fundsavail.cfm>. The term "Application" means the application submission on the basis of which HUD, including the certifications and assurances and any information or documentation required to meet any grant award conditions, on the basis of which HUD approved a grant. The Application is incorporated herein as part of this Agreement, however, in the event of a conflict between any part of the Application and any part of the Grant Agreement, the latter shall control. The Secretary agrees, subject to the terms of the Grant Agreement, to provide the grant funds in the amount specified at section 2 of Attachment A for the approved project described in the application. The Recipient agrees, subject to the terms of the Grant Agreement, to use the grant funds for eligible activities during the term specified at section 3 of Attachment A.

The Recipient must provide a 25 percent cash match for supportive services.

The Recipient agrees to comply with all requirements of this Grant Agreement and to accept responsibility for such compliance by any entities to which it makes grant funds available.

The Recipient agrees to participate in a local Homeless Management Information System (HMIS) when implemented.

If the Recipient is a State or other governmental entity required to assume environmental responsibility, it agrees that no costs to be paid or reimbursed with grant funds will be incurred before the completion of such responsibilities and HUD approval of any required Request for Release of Funds.

The Recipient and project sponsor, if any, will not knowingly allow illegal activities in any unit assisted with grant funds.

The Recipient agrees to draw grant funds at least quarterly.

If, in the application, the Recipient indicated that activities in any project will be carried out in an Empowerment Zone, an Enterprise Community, or an Enhanced Enterprise Community, as designated by HUD or the Department of Agriculture, the Recipient agrees to give priority placement in that project to eligible persons whose last known address was within the designated EZ/EC area or who are homeless persons living on the streets or in shelters within the designated areas.

HUD notifications to the Recipient shall be to the address of the Recipient as written above, unless HUD is otherwise advised in writing. Recipient notifications to HUD shall be to the HUD Field Office executing the Grant Agreement. No change may be made to the project nor any right, benefit, or advantage of the Recipient hereunder be assigned without prior written approval of HUD.

For any project funded by this grant, which is also financed through the use of the Low Income Housing Tax Credit, the following applies:

HUD recognizes that the Recipient or the project sponsor will or has financed this project through the use of the Low-Income Housing Tax Credit. The Recipient or project sponsor shall be the general partner of a limited partnership formed for that purpose. If grant funds were used for acquisition, rehabilitation or construction, then, throughout a period of twenty years from the date of initial occupancy or the initial service provision, the Recipient or project sponsor shall continue as general partner and shall ensure that the project is operated in accordance with the requirements of this Grant Agreement, the applicable regulations and statutes. Further, the said limited partnership shall own the project site throughout that twenty-year period. If grant funds were not used for acquisition, rehabilitation or new construction, then the period shall not be twenty years, but shall be for the term of the grant agreement and any renewal thereof. Failure to comply with the terms of this paragraph shall constitute a default under the Grant Agreement.

For any project receiving funds for acquisition, construction or rehabilitation, the following applies:

The Recipient is required to execute and file for record a deed restriction, covenant running with the land or similar arrangement that will assure to HUD's satisfaction, compliance with the twenty-year term of commitment and a lien against the property, in a form to be approved by HUD, to secure HUD's interest in the repayment of the grant.

If the Recipient and/or subrecipient wishes to sell or otherwise dispose of the assisted real property, they must request and receive written approval from the Department to dispose of the real property, advertise that disposition conditions apply to the assisted property, and abide by any other terms or conditions prescribed by HUD in the approval letter.

For projects involving acquisition, compliance with the recording requirement must be documented before release of any funds other than acquisition funds. For projects involving new construction or rehabilitation activities, compliance must be documented prior to the first release of federal funds. Evidence will be an original, executed document, in a form satisfactory to HUD, accompanied by a recording receipt. Upon completion of recordation, Recipient will provide HUD with an original, executed, recorded document.

A default shall consist of any use of grant funds for a purpose other than as authorized by this Grant Agreement, failure in the Recipient's duty to provide the supportive housing for the minimum term in accordance with the requirements of the Attachment A provisions, noncompliance with the Act or Attachment B provisions, any other material breach of the Grant Agreement, or misrepresentations in the application submissions which, if known by HUD, would have resulted in this grant not being provided. Upon due notice to the Recipient of the occurrence of any such default and the provision of a reasonable opportunity to respond, HUD may take one or more of the following actions:

- (a) direct the Recipient to submit progress schedules for completing approved activities; or
- (b) issue a letter of warning advising the Recipient of the default, establishing a date by which corrective actions must be completed and putting the Recipient on notice that more serious actions will be taken if the default is not corrected or is repeated; or
- (c) direct the Recipient to establish and maintain a management plan that assigns responsibilities for carrying out remedial actions; or
- (d) direct the Recipient to suspend, discontinue or not incur costs for the affected activity; or
- (e) reduce or recapture the grant; or
- (f) direct the Recipient to reimburse the program accounts for costs inappropriately charged to the program; or
- (g) continue the grant with a substitute Recipient of HUD's choosing; or
- (h) other appropriate action including, but not limited to, any remedial action legally available, such as affirmative litigation seeking declaratory judgment, specific performance, damages, temporary or permanent injunctions and any other available remedies.

No delay or omission by HUD in exercising any right or remedy available to it under this Grant Agreement shall impair any such right or remedy or constitute a waiver or acquiescence in any Recipient default.

Recipients of assistance for acquisition, rehabilitation, or new construction shall file a certification of continued use for supportive housing for each year of the 20-year period from the date of initial occupancy.



If the Recipient's application received a selection priority for projects located in 100 percent rural areas, projects must serve 100 percent rural counties, or county equivalents. HUD will not agree to amend this Grant Agreement to authorize projects outside of a qualifying 100 percent rural county, or county equivalent.

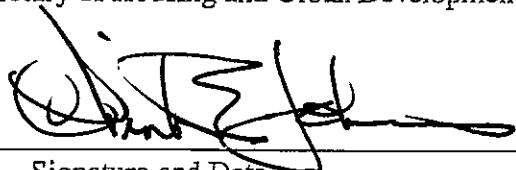
The Recipient shall comply with requirements established by the Office of Management and Budget (OMB) concerning the Dun and Bradstreet Data Universal Numbering System (DUNS), the Central Contractor Registration (CCR) database, and the Federal Funding Accountability and Transparency Act, including Appendix A to 2 CFR Part 25 (final guidance entitled *Financial Assistance Use of Universal Identifier and Central Contractor Registration*, published September 14, 2010 at 75 FR 55671) and Appendix A to 2 CFR Part 170 (interim final guidance entitled *Requirements for Federal Funding Accountability and Transparency Act Implementation*, published September 14, 2010 at 75 FR 55663).

This Grant Agreement constitutes the entire agreement between the parties hereto, and may be amended only in writing executed by HUD and the Recipient. More specifically, the Recipient shall not change recipients, location, services, or population to be served nor shift more than 10 percent of funds from one approved type of eligible activity to another without the prior written approval of HUD. The effective date of this Grant Agreement shall be the date of execution by HUD, except with prior written approval by HUD.

SIGNATURES

This Grant Agreement is hereby executed as follows:

UNITED STATES OF AMERICA  
Secretary of Housing and Urban Development

By:  9-13-13  
\_\_\_\_\_  
Signature and Date

Clinton E. Johnson  
Print name of signatory

Director, Community Planning and Development  
Title

RECIPIENT

Seven Hills Homeless Center  
Name of Organization

By:  09/13/13  
\_\_\_\_\_  
Authorized Signature and Date

Jon Woodward  
Print name of signatory

Executive Director  
Title

ATTACHMENT A

1. The Recipient is **Seven Hills Homeless Center**.
2. HUD's total fund obligation for this project is \$68,310, which shall be allocated as follows:

a. Leasing	\$51,816
b. Supportive services	\$13,242
c. Operating costs	\$0
d. HMIS	\$0
e. Administration	\$3,252

3. Although this agreement will become effective only upon the execution hereof by both parties, upon execution, the term of this agreement shall run for a period of 24 months, unless the grant includes funds for acquisition, construction or rehabilitation, in which case the term of this grant agreement shall run for a period of 27 months.

## 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:** 02/03/2014

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** AR0038B6F011000

**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:** Seven Hills Homeless Center

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 73-1603960

	<b>c. Organizational DUNS:</b>	091443510	PL US 4	
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### d. Address

**Street 1:** 1555 W. Martin Luther King Blvd.

**Street 2:**

**City:** Fayetteville

**County:** Washington

**State:** Arkansas

**Country:** United States

**Zip / Postal Code:** 72701

### 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:** Jon  
**Middle Name:** Mark  
**Last Name:** Woodward  
**Suffix:**  
**Title:** Executive Director  
**Organizational Affiliation:** Seven Hills Homeless Center  
**Telephone Number:** (479) 251-7776  
**Extension:**  
**Fax Number:** (479) 251-8270  
**Email:** exec.sevenhills@gmail.com

## 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):** Arkansas  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** DeNovo TH Renewal 2013

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

a. **Applicant:** AR-003  
(for multiple selections hold CTRL key)

b. **Project:** AR-003  
(for multiple selections hold CTRL key)

**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](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?** a. Yes

**If "YES", enter the date this application was made available to the State for review:** 01/31/2014

**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:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Jon

**Middle Name:** Mark

**Last Name:** Woodward

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (479) 251-7776  
**(Format: 123-456-7890)**

**Fax Number:** (479) 251-8270  
**(Format: 123-456-7890)**

**Email:** exec.sevenhills@gmail.com

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

**Date Signed:** 02/03/2014

## 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:** AR0038B6F011000

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

**2a. CoC Number and Name:** AR-501 - Fayetteville/Northwest Arkansas CoC

**2b. CoC Applicant Name:** NWACoC

**3. Project Name:** DeNovo TH Renewal 2013

**4. Project Status:** Standard

**5. Component Type:** TH

**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.**

This project will provide 18 scattered-site, "transition-in-place" transitional housing units. Preference is given to Veteran applicants. Services will include assessment for services needs, case management, tenant stabilization, building support systems, assisting with food and clothing, help securing housing and public benefits, and training in daily living skills, conflict resolution, job readiness training/coaching, budgeting, and money management.

**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	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**Other:**

**4. 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.** No

**5. Indicate the maximum length of assistance:** Up to 24 months

**6a. If applicable, indicate the type of rental assistance:** TRA

**6b. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.**

Participants are required to contribute 30% of their gross income towards housing costs. They are given choice in selecting their housing as long as it meets FMR and rent reasonableness guidelines. The program goal is to assist clients in increasing their income to the point that 30% of their income exceeds their housing costs. When that goal is achieved along with other housing stability goals, the client is ready for successful discharge.

**6c. 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))** Yes

## **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	As needed
Assistance with Moving Costs	Partner	Public/private regional transportation	As needed
Case Management	Applicant	Onsite	Weekly
Child Care	Partner	Public/private regional transportation	As needed
Education Services	Applicant	Public/private regional transportation	Bi-weekly
Employment Assistance and Job Training	Applicant	Public/private regional transportation	Bi-weekly
Food	Applicant	Public/private regional transportation	As needed
Housing Search and Counseling Services	Applicant	Onsite	As needed
Legal Services	Partner	Public/private regional transportation	As needed
Life Skills Training	Applicant	Public/private regional transportation	Bi-weekly
Mental Health Services	Partner	Public/private regional transportation	Bi-weekly
Outpatient Health Services	Partner	Public/private regional transportation	As needed
Outreach Services	Applicant	Program van	Weekly
Substance Abuse Treatment Services	Partner	Public/private regional transportation	Weekly
Transportation	Partner	Public/private regional transportation	Daily
Utility Deposits	Partner	Public/private regional transportation	As needed

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

<b>Most Community Amenities</b>
Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities.

<b>Access</b>
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: 38**

**Total Beds: 70**

**Total Dedicated CH Beds: 0**

**Total Non-Dedicated CH Beds: 23**

Housing Type	Units	Beds	CH Beds	Non-CH Beds
Scattered-site apartments (...)	4	8	0	1
Scattered-site apartments (...)	3	3	0	1
Scattered-site apartments (...)	3	9	0	3
Scattered-site apartments (...)	3	3	0	1
Scattered-site apartments (...)	3	9	0	3
Scattered-site apartments (...)	4	8	0	3
Scattered-site apartments (...)	4	8	0	3
Scattered-site apartments (...)	4	8	0	3
Scattered-site apartments (...)	3	3	0	1
Scattered-site apartments (...)	4	8	0	3
Scattered-site apartments (...)	3	3	0	1

## 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:** 4

- b. Beds:** 8
- 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?** 1

**3. Address:**

**Street 1:** Lindsey Mgmt Co Inc.

**Street 2:** 1200 E Joyce Blvd.

**City:** Fayetteville

**State:** Arkansas

**ZIP Code:** 72703

- 4. Select the geographic area(s) associated with the address:** 059143 Washington County  
(for multiple selections hold CTRL Key)

## 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:** 3

**b. Beds:** 3

**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?** 1

**3. Address:**

**Street 1:** Delmar at Bentonville

**Street 2:** 1316 Moberly Lane

**City:** Bentonville

**State:** Arkansas

**ZIP Code:** 72712

- 4. Select the geographic area(s) associated with the address:** 059007 Benton County  
**(for multiple selections hold CTRL Key)**

## **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:** 3

**b. Beds:** 9

**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?** 3

**3. Address:**

**Street 1:** Moberly Place

**Street 2:** 1702 #11 SE Moberly Manor Dr.

**City:** Bentonville

**State:** Arkansas

**ZIP Code:** 72712

- 4. Select the geographic area(s) associated with the address:** 059007 Benton County  
(for multiple selections hold CTRL Key)

## 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:** 3

**b. Beds:** 3

**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?** 1



**3. Address:**

**Street 1:** Moberly Manor

**Street 2:** 1600 Phyllis

**City:** Bentonville

**State:** Arkansas

**ZIP Code:** 72712

**4. Select the geographic area(s) associated with the address:** 059007 Benton County  
**(for multiple selections hold CTRL Key)**

## **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:** 3

**b. Beds:** 9

**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?** 3

**3. Address:**

**Street 1:** Polo Square

**Street 2:** 1301 East Central Ave.

**City:** Bentonville

**State:** Arkansas

**ZIP Code:** 72712

- 4. Select the geographic area(s) associated with the address:** 059007 Benton County  
**(for multiple selections hold CTRL Key)**

## 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:** 4

**b. Beds:** 8

**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?** 3

**3. Address:**

**Street 1:** North Creekside Apartments

**Street 2:** 1764 North Leverett

**City:** Fayetteville

**State:** Arkansas

**ZIP Code:** 72703

**4. Select the geographic area(s) associated with the address:** 059143 Washington County  
**(for multiple selections hold CTRL Key)**

## **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:** 4

**b. Beds:** 8

**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?** 3

**3. Address:**

**Street 1:** Oakshire II Apartments

**Street 2:** 2541 East Kantz Dr.

**City:** Fayetteville

**State:** Arkansas

**ZIP Code:** 72703

**4. Select the geographic area(s) associated with the address:** 059143 Washington County  
**(for multiple selections hold CTRL Key)**

## **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:** 4

**b. Beds:** 8

**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?** 3



**3. Address:**

**Street 1:** Mountain View

**Street 2:** 788 Silverado Dr.

**City:** Fayetteville

**State:** Arkansas

**ZIP Code:** 72701

**4. Select the geographic area(s) associated with the address:** 059143 Washington County  
**(for multiple selections hold CTRL Key)**

## **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:** 3

**b. Beds:** 3

**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?** 1

**3. Address:**

**Street 1:** Elder Properties

**Street 2:** 4902 South Thompson

**City:** Springdale

**State:** Arkansas

**ZIP Code:** 72764

**4. Select the geographic area(s) associated with the address:** 059143 Washington County  
**(for multiple selections hold CTRL Key)**

## **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:** 4

**b. Beds:** 8

**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?** 3

**3. Address:**

**Street 1:** Chapel Ridge

**Street 2:** 5325 North Oak St.

**City:** Springdale

**State:** Arkansas

**ZIP Code:** 72764

**4. Select the geographic area(s) associated with the address:** 059143 Washington County  
**(for multiple selections hold CTRL Key)**

## **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:** 3

**b. Beds:** 3

**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?** 1

**3. Address:**

**Street 1:** Sunset Apartments

**Street 2:** 1510 Kristen Dr.

**City:** Springdale

**State:** Arkansas

**ZIP Code:** 72764

**4. Select the geographic area(s) associated with the address:** 059143 Washington County  
**(for multiple selections hold CTRL Key)**

## 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" or "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** 42

**2b. Of the clients served from 1/1/2012 - 12/31/2012, indicate the number reported in the HMIS** 42

**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".**



<b>Data Quality</b>	<b>Null or Missing Values (%)</b>	<b>Don't Know or Refused (%)</b>
<b>Name</b>	0%	0%
<b>Social Security Number</b>	0%	0%
<b>Ethnicity</b>	0%	0%
<b>Race</b>	0%	0%
<b>Gender</b>	0%	0%
<b>Veteran Status</b>	0%	0%
<b>Disabling Condition</b>	0%	0%
<b>Residence Prior to Prog. Entry</b>	0%	0%
<b>Zip Code of Last Permanent Address</b>	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	8	10	0	18

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	6	7		13
Non-disabled Adults over age 24	4	2		6
Disabled Adults ages 18-24	1	1		2
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	13		0	13
Unaccompanied Disabled Children under age 18			0	0
Unaccompanied Non-disabled Children under age 18			0	0
<b>Total Number of Adults over age 24</b>	10	9		19
<b>Total Number of Adults ages 18-24</b>	1	1		2
<b>Total Number of Children under age 18</b>	13		0	13
<b>Total Persons</b>	24	10	0	34

**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	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represe nted by listed subpopu lations
Disabled Adults over age 24	0	1	0	3	0	2	0	0	0	0
Non-disabled Adults over age 24	0	0	2	1	0	0	1	0	0	0
Disabled Adults ages 18-24	1	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	0			0	0	0	3	0	0	10

<b>Total Persons</b>	1	1	2	4	0	2	4	0	0	10
----------------------	---	---	---	---	---	---	---	---	---	----

**Click Save to automatically calculate totals**

**Persons in Households without Children**

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Develop- mental Disability	Persons not represent- ed by listed subpopu- lations
Disabled Adults over age 24	0	4	0	2	0	2	0	0	0	0
Non-disabled Adults over age 24	0	0	0	1	0	0	1	0	0	0
Disabled Adults ages 18-24	0	0	1	0	0	0	0	0	0	0
Non-disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
<b>Total Persons</b>	0	4	1	3	0	2	1	0	0	0

**Click Save to automatically calculate totals**

**Persons in Households with Only Children**

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Develop- mental Disability	Persons not represent- ed by listed subpopu- lations
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										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

**Describe the unlisted subpopulations referred to above:**

This population is the youth living as part of the homeless household.

## 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.
40%	Directly from emergency shelters.
0%	Directly from safe havens.
33%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
0%	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)
0%	Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
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**

**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 exiting to permanent housing (subsidized or unsubsidized) during the operating year.	8	12	67%

**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 increased their total income (from all sources) as of the end of the operating year or program exit.			0%
<b>OR</b>			
b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit.	14	18	78%

## 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
Clients will meet...

## 6B. Additional Performance Measures Detail

**Instructions:**

For each additional measure, fill in the blank cells according to the following 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: (required)** 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)** Use the text field provided and be specific.

**Rationale for why the proposed measure is an appropriate indicator of performance for this program: (required)** 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 (%) (Calculated)
Clients will meet at least one goal on their Individual Service Plan within the first 3 months.	17	21	81%

### 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

Data collected by case worker at 90 day ISP team review off of client's ISP and entered into Performance Measure Spreadsheet.

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

Case workers will review assigned goals on ISP and identify how many (if any) goals have been fully attained during the first 90 days that the client has been in program. If one or more goals have been accomplished then the case manager will record that the above measure was met, if not, then the case manager will record that the measure was not met.

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

I believe that the above measure is a good tool to identify self-determination. While developing self-determination has long been a SHP program cornerstone, I don't think there are many better concepts that are better able to measure a projects overall good to both the individual and the residential community as a whole. I believe Turnbull, et al. say it better than I ever could, "Becoming selfdetermined involves an interplay of motivation, skills, and a responsive context. This interaction develops dynamically and fluidly over time. Motivation and skills relate to aspects of the individual, whereas. the component of a responsive context relates to environmental support and opportunity. Motivation refers to intrinsic desire, energy, and positive anticipation of the future that result in an openness to learn, undertake challenges, and solve problems. Skills involve a broad range of domains including knowledge and acceptance of self, problem solving, communicating, learning from successes and failures, accessing individual and agency support, and being reciprocal in relationships. A responsive context consists of environments in which opportunities are available for enjoyable and reciprocal relationships, nonjudgmental and informative feedback, a reasonable degree of successive challenges, negotiation of reasonable and constructive limits, open and honest communication, facilitating but not controlling support, and celebratory affirmations of progress."

## 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:**

<b>Leased Units</b>	<input type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Short-Term/Medium-term Rental Assistance</b>	<input checked="" type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operations</b>	<input type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

## 7D. 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 Request for Grant Term:		\$124,080	
Total Units:		18	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
N/A	AR - Fayetteville-Springdale-Rogers, ...	18	\$124,080

## 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.

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents:** In the FY 2013 CoC Program Competition, eligible renewal projects requesting rental assistance will now be permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select "Yes" from the dropdown for this question. The project applicant will then have the ability to enter an amount in the "HUD Paid Rent (applicant)" field that is less than the amount listed in the "FMR Area (applicant)" field.

**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) listed should match the HUD-approved FY2013 GIW.

**FMR:** These fields are populated with the FY2013 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

**HUD Paid Rent:** For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.49(b)(2) of the CoC Program interim rule. (If the applicants select "No" above, this column will not be available for edit)

**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 "HUD Paid Rent" and by 12 months. . If the applicant selected "No" above, the automatic calculation will be based on the FMR and not the "HUD Paid Rent."

**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 with the value "1 Year" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on 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:** N/A

**Metropolitan or non-metropolitan fair market rent area:** AR - Fayetteville-Springdale-Rogers, AR HUD Metro FMR Area (0500799999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$335	\$335	x	12	=	\$0
0 Bedroom		x	\$446	\$446	x	12	=	\$0
1 Bedroom	10	x	\$510	\$510	x	12	=	\$61,200
2 Bedrooms	8	x	\$655	\$655	x	12	=	\$62,880
3 Bedrooms		x	\$965	\$965	x	12	=	\$0
4 Bedrooms		x	\$1,138	\$1,138	x	12	=	\$0
5 Bedrooms		x	\$1,309	\$1,309	x	12	=	\$0
6 Bedrooms		x	\$1,479	\$1,479	x	12	=	\$0
7 Bedrooms		x	\$1,650	\$1,650	x	12	=	\$0
8 Bedrooms		x	\$1,821	\$1,821	x	12	=	\$0
9 Bedrooms		x	\$1,992	\$1,992	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	18							\$124,080
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$124,080

**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	FT CM salary + benefits serving 18 households	\$35,000
4. Child Care		
5. Education Services		
6. Employment Assistance	1 PT JRT/Coach	\$9,507
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		
<b>Total Annual Assistance Requested</b>		\$44,507
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$44,507

**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:	\$45,550
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$45,550

### Summary for Leverage

Total Value of Cash Commitments:						\$0
Total Value of In-Kind Commitments:						\$0
Total Value of All Commitments:						\$0
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments	
Match	Cash	Private	Geoffrey Oelsner	10/23/2013	\$10,000	
Match	Cash	Private	George Faucette	10/29/2013	\$25,900	
Match	Cash	Private	Kevin Renner	10/30/2013	\$250	
Match	Cash	Private	Joel Carver	11/06/2013	\$2,500	
Match	Cash	Private	Patrick Curry	12/09/2014	\$1,500	
Match	Cash	Private	Catherine Bass	12/09/2013	\$250	
Match	Cash	Private	David Williams	12/09/2013	\$150	
Match	Cash	Private	Terminella Compan...	12/23/2013	\$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 will 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:** Geoffrey Oelsner  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 10/23/2013
- 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 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 will 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:** George Faucette  
**(Be as specific as possible and include the office or grant program as applicable)**

- 5. Date of Written Commitment:** 10/29/2013
- 6. Value of Written Commitment:** \$25,900

## 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 will 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:** Kevin Renner  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 10/30/2013
- 6. Value of Written Commitment:** \$250

## 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 will 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:** Joel Carver  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 11/06/2013
- 6. Value of Written Commitment:** \$2,500

## 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 will 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:** Patrick Curry  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 12/09/2014
- 6. Value of Written Commitment:** \$1,500

## 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 will 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:** Catherine Bass  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 12/09/2013
- 6. Value of Written Commitment:** \$250

## 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 will 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:** David Williams  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 12/09/2013
- 6. Value of Written Commitment:** \$150

## 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 will 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:** Terminella Company Inc  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 12/23/2013
- 6. Value of Written Commitment:** \$5,000

## 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	\$124,080	1 Year	\$124,080
3. Long-term Rental Assistance	\$0	1 Year	\$0

<b>4. Supportive Services</b>	\$44,507	1 Year	\$44,507
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$168,587
<b>8. Admin (Up to 10%)</b>			\$11,868
<b>9. Total Assistance plus Admin Requested</b>			\$180,455
<b>10. Cash Match</b>			\$45,550
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$45,550
<b>13. Total Budget</b>			\$226,005

## 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	7hills 501c3 letter	02/01/2014
2) Other Attachment	No		
3) Other Attachment	No		



## **Attachment Details**

**Document Description:** 7hills 501c3 letter

## **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** Jon Woodward

**Date:** 02/03/2014

**Title:** Executive Director

**Applicant Organization:** Seven Hills Homeless Center

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

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

X
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## 9B. Submission Summary

Page	Last Updated
<b>1A. Application Type</b>	01/31/2014
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required
<b>1D. Congressional District(s)</b>	01/31/2014
<b>1E. Compliance</b>	01/31/2014
<b>1F. Declaration</b>	01/31/2014
<b>2A. Subrecipients</b>	No Input Required
<b>3A. Project Detail</b>	01/31/2014
<b>3B. Description</b>	01/31/2014
<b>4A. Services</b>	01/31/2014
<b>4B. Housing Type</b>	02/03/2014
<b>4C. HMIS Participation</b>	01/31/2014
<b>5A. Households</b>	01/31/2014
<b>5B. Subpopulations</b>	02/01/2014
<b>5C. Outreach</b>	02/01/2014
<b>6A. Standard</b>	02/01/2014
<b>6B. Additional Performance Measures</b>	02/01/2014
<b>7A. Funding Request</b>	02/01/2014
<b>7D. Short-term / Medium-term Rental Assistance</b>	02/03/2014
<b>7F. Supp. Srvcs. Budget</b>	02/01/2014
<b>7I. Match/Leverage</b>	02/03/2014
<b>7J. Summary Budget</b>	No Input Required
<b>8A. Attachment(s)</b>	02/01/2014
<b>8B. Certification</b>	02/01/2014

INTERNAL REVENUE SERVICE  
P. O. BOX 2506  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 12 2001

SEVEN HILLS HOMELESS SHELTER INC  
C/O TERRI DILL CHADICK  
COMNER & WINTER  
100 W CENTER STE 200  
FAYETTEVILLE, AR 72701

Employer Identification Number:  
73-1603960  
DLN:  
17053078005031  
Contact Person:  
JEFFREY D SPROUL ID# 31182  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Foundation Status Classification:  
509(a)(1)  
Advance Ruling Period Begins:  
February 7, 2001  
Advance Ruling Period Ends:  
December 31, 2005  
Addendum Applies:  
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (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.hudexchange.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 HUD Exchange 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 FY2014 Funding Notice and the FY 2013 - FY2014 CoC NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2014 Funding Notice, the FY 2013 – FY 2014 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- 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 2013 Project Application will be imported into the FY 2014 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2013 post award process or a grant agreement amendment.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Expiring 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).
- Expiring 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 CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in both the FY 2014 Funding Notice and the FY 2013 – FY 2014 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 HUD Resource Exchange:

<https://www.hudexchange.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:** 10/30/2014

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** AR0039B6F011000

**6. Date Received by State:**

**7. State Application Identifier:**



## 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

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

### 8. Applicant

**a. Legal Name:** Seven Hills Homeless Center

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 73-1603960

	<b>c. Organizational DUNS:</b>	091443510	PL US 4	
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### d. Address

**Street 1:** 1555 W. Martin Luther King Blvd.

**Street 2:**

**City:** Fayetteville

**County:** Washington

**State:** Arkansas

**Country:** United States

**Zip / Postal Code:** 72701

### 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:** Jon  
**Middle Name:** Mark  
**Last Name:** Woodward  
**Suffix:**  
**Title:** Executive Director  
**Organizational Affiliation:** Seven Hills Homeless Center  
**Telephone Number:** (479) 251-7776  
**Extension:**  
**Fax Number:** (479) 251-8270  
**Email:** exec.sevenhills@gmail.com

## 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD 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-5800-N-30

**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.

**Proposed Project Start and End Dates:** In this required field, indicate the operating start date and end date for the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

**15. Descriptive Title of Applicant's Project:** DeNovo PSH Bonus 2010 Renewal 2014

### 16. Congressional District(s):

**a. Applicant:** AR-003  
(for multiple selections hold CTRL key)

**b. Project:** AR-003  
(for multiple selections hold CTRL key)

### 17. Proposed Project

**a. Start Date:** 02/01/2015

**b. End Date:** 01/31/2016

**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](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 HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** a. Yes

**If "YES", enter the date this application was made available to the State for review:** 10/29/2014

**20. Is the Applicant delinquent on any Federal debt?** Yes

**If "YES," provide an explanation:** We are currently delinquent to the IRS on payroll taxes. We have an internal payment plan and will be current next month (November 30, 2014).

## 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 - FY 2014 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 HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

All screens, 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:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Jon

**Middle Name:** Mark

**Last Name:** Woodward

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (479) 251-7776  
**(Format: 123-456-7890)**

**Fax Number:** (479) 251-8270  
**(Format: 123-456-7890)**



**Email:** exec.sevenhills@gmail.com

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

**Date Signed:** 10/30/2014



## 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		

## 3A. Project Detail

### Instructions:

The selections made on this screen 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 Screen "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. 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 2014 CoC Program 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 CoC Program Competition Appeals Notice.

**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 HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Expiring Grant Number:** AR0039B6F011000

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

**2a. CoC Number and Name:** AR-501 - Fayetteville/Northwest Arkansas CoC

**2b. CoC Applicant Name:** NWACoC

**3. Project Name:** DeNovo PSH Bonus 2010 Renewal 2014

**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. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

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:**

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select Yes from the dropdown menu. If not requesting rental assistance in this project application, select No.

**RENTAL ASSISTANCE PROJECTS ONLY:**

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

Is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance? (This change must have been listed on the final HUD-approved FY 2014 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected HUD approved a change from leasing to rental assistance during the FY 2014 GIW process

Additional Resources can be found at the HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

This Seven Hills Permanent Supportive Housing project will be scattered-site, with individuals and families living in apartments in whatever area or neighborhood they can find a place to stay, and with supportive services being offered both at a central program location and at clients' own homes. Core services include case management, tenant stabilization, building support systems, assisting with food and clothing, help securing housing and public benefits, and training in daily living skills, conflict resolution, budgeting, and money management.

Our target population for this PSH project is to identify homeless Veteran individuals and homeless disabled families with children with serious barriers to getting and keeping housing to the extent that permanent services are necessary for stabilization, learning, and life planning for them to stay housed. The 3 proposed one-bedroom units are dedicated solely to Veterans. The proposed 1 two-bedroom unit is dedicated to homeless disabled families with children.

**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	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>

Other (Click 'Save' to update)	<input type="text"/>
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**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. Does the project request costs under the rental assistance budget line item?** Yes

**7b. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.**

Participants are required to contribute 30% of their gross income towards housing costs. They are given choice in selecting their housing as long as it meets FMR and rent reasonableness guidelines. The duration of rental assistance is unlimited as this is a PSH program.

**7c. Is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance? (This change must have been listed on the final HUD-approved GIW. See 24 CFR 578.49(b)(8))** No

## **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 according to the following: 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 HUD Resource Exchange:

<https://www.hudexchange.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	As needed
Assistance with Moving Costs	Partner	Program van	As needed
Case Management	Applicant	Onsite	Weekly
Child Care	Partner	Bus, rail, ferry	As needed
Education Services	Applicant	Bus, rail, ferry	Monthly
Employment Assistance and Job Training	Applicant	Bus, rail, ferry	Monthly
Food	Applicant	Bus, rail, ferry	As needed
Housing Search and Counseling Services	Applicant	Program van	As needed
Legal Services	Partner	Bus, rail, ferry	Weekly
Life Skills Training	Applicant	Bus, rail, ferry	Monthly
Mental Health Services	Partner	Bus, rail, ferry	Weekly
Outpatient Health Services	Partner	Bus, rail, ferry	Weekly
Outreach Services	Applicant	Onsite	Weekly
Substance Abuse Treatment Services	Partner	Bus, rail, ferry	Weekly
Transportation	Partner	Bus, rail, ferry	As needed
Utility Deposits	Partner	Bus, rail, ferry	As needed

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

Most Community Amenities
Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities.

Access
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:** 4

**Total Beds:** 6

**Total Dedicated CH Beds:** 1

**Total Non-Dedicated CH Beds:** 5

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...)	3	3	1	2
Scattered-site apartments (...)	1	3	0	3

## 4B. Housing Type and Location Detail

### Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen 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. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. 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. Enter the number beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2014 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

**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 HUD Resource Exchange:

<https://www.hudexchange.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:** 3
- c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?** 1
- 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?** 2

**3. Address:**

**Street 1:** 788 Silverado Dr.

**Street 2:**

**City:** Fayetteville

**State:** Arkansas

**ZIP Code:** 72701

- 4. Select the geographic area(s) associated with the address:** 050894 FAYETTEVILLE, 059143 Washington County  
**(for multiple selections hold CTRL Key)**

## 4B. Housing Type and Location Detail

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

A unique detail screen 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. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. 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. Enter the number beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2014 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

**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 HUD Resource Exchange:

<https://www.hudexchange.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:** 3

**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?** 3

**3. Address:**

**Street 1:** 1764 North Leverett

**Street 2:**

**City:** Fayetteville

**State:** Arkansas

**ZIP Code:** 72703

**4. Select the geographic area(s) associated with the address:** 050894 FAYETTEVILLE, 059143 Washington County  
**(for multiple selections hold CTRL Key)**

## 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" or "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. "New project not yet operating," is appropriate only for first time renewals that have yet to begin operations.

If "Yes" was selected:

Indicate the number of clients served from 1/1/2013 – 12/31/2013: 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 1/1/2013 – 12/31/2013, 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 HUD Resource Exchange:

<https://www.hudexchange.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 1/1/2013 - 12/31/2013** 8

**2b. Of the clients served from 1/1/2013 - 12/31/2013, indicate the number reported in the HMIS** 8

**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".**



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

<https://www.hudexchange.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	1	5	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	2	5		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	1		0	1
Unaccompanied Disabled Children under age 18			0	0
Unaccompanied Non-disabled Children under age 18			0	0
<b>Total Number of Adults over age 24</b>	2	5		7
<b>Total Number of Adults ages 18-24</b>	0	0		0
<b>Total Number of Children under age 18</b>	1		0	1
<b>Total Persons</b>	3	5	0	8

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

**Instructions:**

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "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 this screen 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 HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represe nted by listed subpopu lations
Disabled Adults over age 24	0	0	2	0	0	0	0	2	0	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
Disabled Children under age 18										
Non-disabled Children under age 18	1			0	0	0	0	0	0	0

<b>Total Persons</b>	1	0	2	0	0	0	0	2	0	0
----------------------	---	---	---	---	---	---	---	---	---	---

**Click Save to automatically calculate totals**

**Persons in Households without Children**

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Develop mental Disability	Persons not represent ed by listed subpopu lations
Disabled Adults over age 24	0	3	2	3	0	2	0	3	0	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
<b>Total Persons</b>	0	3	2	3	0	2	0	3	0	0

**Click Save to automatically calculate totals**

**Persons in Households with Only Children**

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Develop mental Disability	Persons not represent ed by listed subpopu lations
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										
<b>Total Persons</b>	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 coming from TH are not considered to be chronically homeless)
- 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).

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

12%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
38%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.

12%	Directly from the street or other locations not meant for human habitation.
0%	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)
0%	Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
0%	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: If permanent housing, count each participant who is still living in your units supported by your facility in addition to clients who have exited your units and moved into another permanent housing situation. If transitional housing or a safe haven, only count persons who have exited your units/project and moved into a 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 HUD Resource Exchange:

<https://www.hudexchange.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.	5	6	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.	2	4	50%
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
Clients will meet...

## 6B. Additional Performance Measures Detail

**Instructions:**

For each additional measure, fill in the blank cells according to the following 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: (required)** 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)** Use the text field provided and be specific.

**Rationale for why the proposed measure is an appropriate indicator of performance for this program: (required)** 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 HUD Resource Exchange:

<https://www.hudexchange.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 (%) (Calculated)
Clients will meet at least one goal on their Individual Service Plan within the first 3 months.	4	4	100%

### 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

Data collected by case worker at 90 day ISP team review off of client's ISP and entered into Performance Measure Spreadsheet.

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

Case workers will review assigned goals on ISP and identify how many (if any) goals have been fully attained during the first 90 days that the client has been in program. If one or more goals have been accomplished then the case manager will record that the above measure was met, if not, then the case manager will record that the measure was not met.

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

I believe that the above measure is a good tool to identify self-determination. While developing self-determination has long been a SHP program cornerstone, I don't think there are many better concepts that are better able to measure a projects overall good to both the individual and the residential community as a whole. I believe Turnbull, et al. say it better than I ever could, "Becoming self-determined involves an interplay of motivation, skills, and a responsive context. This interaction develops dynamically and fluidly over time. Motivation and skills relate to aspects of the individual, whereas. the component of a responsive context relates to environmental support and opportunity. Motivation refers to intrinsic desire, energy, and positive anticipation of the future that result in an openness to learn, undertake challenges, and solve problems. Skills involve a broad range of domains including knowledge and acceptance of self, problem solving, communicating, learning from successes and failures, accessing individual and agency support, and being reciprocal in relationships. A responsive context consists of environments in which opportunities are available for enjoyable and reciprocal relationships, nonjudgmental and informative feedback, a reasonable degree of successive challenges, negotiation of reasonable and constructive limits, open and honest communication, facilitating but not controlling support, and celebratory affirmations of progress."

## 7A. Funding Request

### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen 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 CoC's Reallocation.

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, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2014 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:

<https://www.hudexchange.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?** Yes

**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:**

<b>Leased Units</b>	<input type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Rental Assistance</b>	<input checked="" type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operations</b>	<input type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

## 7D. 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.

<b>Total Request for Grant Term:</b>		\$27,408	
<b>Total Units:</b>		4	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AR - Fayetteville-Springdale-Rogers, ...	4	\$27,408

## Rental Assistance Budget Detail

### Instructions:

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

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2014 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.

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents:** In the FY 2014 CoC Program Competition, eligible renewal projects requesting rental assistance will now be permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select "Yes" from the dropdown for this question. The project applicant will then have the ability to enter an amount in the "HUD Paid Rent (applicant)" field that is less than the amount listed in the "FMR Area (applicant)" field

**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) listed should match the CoC's HUD-approved FY 2014 GIW.

**FMR:** These fields are populated with the FY 2014 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

**HUD Paid Rent:** For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select "No" above, this column will not be available for edit)

**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 "HUD Paid Rent" and by 12 months. . If the applicant selected "No" above, the automatic calculation will be based on the FMR and not the "HUD Paid Rent."

**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 with the value "1 Year" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

Additional Resources can be found at the HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>



**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** AR - Fayetteville-Springdale-Rogers, AR HUD Metro FMR Area (0500799999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$350	\$350	x 12	= \$0
0 Bedroom	x	\$466	\$466	x 12	= \$0
1 Bedroom	3 x	\$533	\$533	x 12	= \$19,188
2 Bedrooms	1 x	\$685	\$685	x 12	= \$8,220
3 Bedrooms	x	\$1,009	\$1,009	x 12	= \$0
4 Bedrooms	x	\$1,190	\$1,190	x 12	= \$0
5 Bedrooms	x	\$1,369	\$1,369	x 12	= \$0
6 Bedrooms	x	\$1,547	\$1,547	x 12	= \$0
7 Bedrooms	x	\$1,726	\$1,726	x 12	= \$0
8 Bedrooms	x	\$1,904	\$1,904	x 12	= \$0
9 Bedrooms	x	\$2,083	\$2,083	x 12	= \$0
<b>Total Units and Annual Assistance Requested</b>	4				\$27,408
<b>Grant Term</b>					1 Year
<b>Total Request for Grant Term</b>					\$27,408

**Click the 'Save' button to automatically calculate totals.**

## 7E. 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 CoC's HUD-approved FY 2014 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 HUD Resource Exchange:

<https://www.hudexchange.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 PT CM position salary + benefits to serve 4 families	\$6,621
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		
17. Operating Costs		\$0
<b>Total Annual Assistance Requested</b>		\$6,621
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$6,621

**Click the 'Save' button to automatically calculate totals.**

## 7H. 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:	\$8,800
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$8,800

### Summary for Leverage

Total Value of Cash Commitments:						\$0
Total Value of In-Kind Commitments:						\$0
Total Value of All Commitments:						\$0
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments	
Match	Cash	Private	Ted Beldon	01/24/2014	\$1,000	
Match	Cash	Private	Pamela Conner	07/09/2014	\$1,000	
Match	Cash	Private	Marybeth Cornwell	05/14/2014	\$1,000	
Match	Cash	Private	First Presbyteria...	02/10/2014	\$500	
Match	Cash	Private	Thurman Metcalf	01/24/2014	\$1,000	
Match	Cash	Private	Dennis Miller	06/11/2014	\$500	
Match	Cash	Private	Northside Rotary	07/22/2014	\$1,800	
Match	Cash	Private	Richard Rutherford	06/13/2014	\$1,000	
Match	Cash	Private	Lyle Shelor	10/06/2014	\$1,000	

## 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. Please review 24 CFR Part 578, the FY 2014 Funding Notice and the FY 2013 CoC – FY 2014 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.

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 screen will populate the Screen "71. Summary Budget". 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 HUD Resource Exchange:

<https://www.hudexchange.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:** Ted Beldon  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 01/24/2014
- 6. Value of Written Commitment:** \$1,000

## 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. Please review 24 CFR Part 578, the FY 2014 Funding Notice and the FY 2013 CoC – FY 2014 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.

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 screen will populate the Screen "71. Summary Budget". 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 HUD Resource Exchange:

<https://www.hudexchange.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:** Pamela Conner  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 07/09/2014
- 6. Value of Written Commitment:** \$1,000

## 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. Please review 24 CFR Part 578, the FY 2014 Funding Notice and the FY 2013 CoC – FY 2014 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.

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 screen will populate the Screen "71. Summary Budget". 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 HUD Resource Exchange:

<https://www.hudexchange.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:** Marybeth Cornwell  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 05/14/2014
- 6. Value of Written Commitment:** \$1,000

## 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. Please review 24 CFR Part 578, the FY 2014 Funding Notice and the FY 2013 CoC – FY 2014 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.

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 screen will populate the Screen "71. Summary Budget". 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 HUD Resource Exchange:

<https://www.hudexchange.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:** First Presbyterian Church  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 02/10/2014
- 6. Value of Written Commitment:** \$500



## 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. Please review 24 CFR Part 578, the FY 2014 Funding Notice and the FY 2013 CoC – FY 2014 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.

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 screen will populate the Screen "71. Summary Budget". 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 HUD Resource Exchange:

<https://www.hudexchange.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:** Thurman Metcalf  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 01/24/2014
- 6. Value of Written Commitment:** \$1,000

## 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. Please review 24 CFR Part 578, the FY 2014 Funding Notice and the FY 2013 CoC – FY 2014 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.

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 screen will populate the Screen "71. Summary Budget". 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 HUD Resource Exchange:

<https://www.hudexchange.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:** Dennis Miller  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 06/11/2014
- 6. Value of Written Commitment:** \$500

## 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. Please review 24 CFR Part 578, the FY 2014 Funding Notice and the FY 2013 CoC – FY 2014 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.

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 screen will populate the Screen "71. Summary Budget". 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 HUD Resource Exchange:

<https://www.hudexchange.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:** Northside Rotary  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 07/22/2014
- 6. Value of Written Commitment:** \$1,800

## 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. Please review 24 CFR Part 578, the FY 2014 Funding Notice and the FY 2013 CoC – FY 2014 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.

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 screen will populate the Screen "71. Summary Budget". 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 HUD Resource Exchange:

<https://www.hudexchange.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:** Richard Rutherford  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 06/13/2014
- 6. Value of Written Commitment:** \$1,000

## 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. Please review 24 CFR Part 578, the FY 2014 Funding Notice and the FY 2013 CoC – FY 2014 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.

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 screen will populate the Screen "71. Summary Budget". 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 HUD Resource Exchange:

<https://www.hudexchange.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:** Lyle Shelor  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 10/06/2014
- 6. Value of Written Commitment:** \$1,000

## 7I. 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 of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2014 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." Additionally, HUD will not fund greater than 7% of the request listed in the field "Sub-Total Eligible Costs Requested," if the CoC received bonus points in the FY 2014 CoC Program competition for submitting all CoC projects at or below 7%. If an amount above 10% is entered, the system will report an error and prevent application submission when the screen 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 2014 CoC Program Competition.

**Cash Match:** This field is automatically populated. If it needs to be changed, return to Screen "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 Screen "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 Screen "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 HUD Resource Exchange:

<https://www.hudexchange.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)
<b>1a. Leased Units</b>	\$0	1 Year	\$0
<b>1b. Leased Structures</b>	\$0	1 Year	\$0

<b>2. Rental Assistance</b>	\$27,408	1 Year	\$27,408
<b>3. Supportive Services</b>	\$6,621	1 Year	\$6,621
<b>4. Operating</b>	\$0	1 Year	\$0
<b>5. HMIS</b>	\$0	1 Year	\$0
<b>6. Sub-total Costs Requested</b>			\$34,029
<b>7. Admin (Up to 10%)</b>			\$103
<b>8. Total Assistance plus Admin Requested</b>			\$34,132
<b>9. Cash Match</b>			\$8,800
<b>10. In-Kind Match</b>			\$0
<b>11. Total Match</b>			\$8,800
<b>12. Total Budget</b>			\$42,932

## 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 Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 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 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 projects that selected "No CoC" on form 3A, a Screen 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 HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	7hills IRS letter	10/28/2014
2) Other Attachment	No		
3) Other Attachment	No		



## **Attachment Details**

**Document Description:** 7hills IRS letter

## **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** Jon Woodward

**Date:** 10/30/2014

**Title:** Executive Director

**Applicant Organization:** Seven Hills Homeless Center

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

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

X
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## 9B. Submission Summary

Page	Last Updated
<b>1A. Application Type</b>	10/28/2014
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required
<b>1D. Congressional District(s)</b>	10/28/2014
<b>1E. Compliance</b>	10/28/2014
<b>1F. Declaration</b>	10/28/2014
<b>2A. Subrecipients</b>	No Input Required
<b>3A. Project Detail</b>	10/28/2014
<b>3B. Description</b>	10/30/2014
<b>4A. Services</b>	10/28/2014
<b>4B. Housing Type</b>	10/30/2014
<b>4C. HMIS Participation</b>	10/30/2014
<b>5A. Households</b>	10/30/2014
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	10/30/2014
<b>6A. Standard</b>	10/30/2014
<b>6B. Additional Performance Measures</b>	10/30/2014
<b>7A. Funding Request</b>	10/28/2014
<b>7D. Rental Assistance</b>	10/30/2014
<b>7E. Supp. Srvcs. Budget</b>	10/28/2014
<b>7H. Match/Leverage</b>	10/30/2014
<b>7I. Summary Budget</b>	No Input Required
<b>8A. Attachment(s)</b>	10/28/2014
<b>8B. Certification</b>	10/28/2014

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 28 2006**

SEVEN HILLS HOMELESS CENTER  
PO BOX 474  
PAYETTEVILLE, AR 72702-0474

Employer Identification Number:  
73-1603960  
DIN:  
17053091826066  
Contact Person:  
GREGORY S PAUDA ID# 31533  
Contact Telephone Number:  
(877) 829-5500  
Public Charity Status:  
170(b) (1) (A) (v1)

Dear Applicant:

Our letter dated April 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

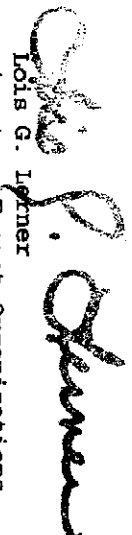
Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely yours,

  
Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

## Before Starting the Project Application

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

### Things to Remember

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

## 1A. Application Type

### Instructions:

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

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

### 1. Type of Submission:

2. Type of Application: New Project

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/28/2011

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

(e.g., expiring grant number)

6. Date Received by State:

7. State Application Identifier:



## 1B. Legal Applicant

**Instructions:**

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

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

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

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

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

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

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

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

**8. Applicant**

**a. Legal Name:** Seven Hills Homeless Center

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 73-1603960

	<b>c. Organizational DUNS:</b>	091443510	<b>PL US 4</b>	
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**d. Address**

**Street 1:** 1555 W. Martin Luther King Blvd.

**Street 2:**

**City:** Fayetteville

**County:** Washington

**State:** Arkansas

**Country:** United States  
**Zip / Postal Code:** 72701

**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:** Jon  
**Middle Name:** Mark  
**Last Name:** Woodward  
**Suffix:**  
**Title:** Executive Director  
**Organizational Affiliation:** Seven Hills Homeless Center  
**Telephone Number:** (479) 251-7776  
**Extension:**  
**Fax Number:** (479) 251-8270  
**Email:** exec.sevenhills@gmail.com

## 1C. Application Details

### Instructions:

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

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

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

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

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

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

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

**If "Other" please specify:**

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

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

**CFDA Number:** 14.235

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

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

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

### Instructions:

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

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

16. Congressional District(s):

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

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

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

18. Estimated Funding: Leave these fields blank.

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

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

**15. Descriptive Title of Applicant's Project:** Seven Hills New PH Families

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

**a. Applicant:** AR-003

**b. Project:** AR-003

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

**17. Proposed Project**

**a. Start Date:** 07/01/2012

**b. End Date:** 06/30/2014

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

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

## 1E. Compliance

### Instructions:

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

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

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

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

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

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** 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: 10/20/2011

**20. Is the Applicant delinquent on any Federal debt?** No  
If "YES," provide an explanation:

## 1F. Declaration

### Instructions:

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

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

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

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

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

**I AGREE:**

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Jon

**Middle Name:** Mark

**Last Name:** Woodward

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (479) 251-7776  
**(Format: 123-456-7890)**

**Fax Number:** (479) 251-8270  
**(Format: 123-456-7890)**

**Email:** exec.sevenhills@gmail.com

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

**Date Signed:** 10/28/2011



## 2A. Project Sponsor(s)

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

Organization	Type
This list contains no items	

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

### **Instructions:**

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

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

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

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

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

Seven Hills Homeless Center started providing Day Center Services to homeless individuals in 2000 (last year we served nearly 2700 unique individuals). In 2004, Seven Hills Homeless Center applied for HUD funding to provide Transitional and Permanent Supportive Housing for those individuals receiving Day Center and Supportive Services. Since 2008, Seven Hills has provided Transitional Housing and Permanent Supportive Housing. In 2009 Seven Hills was selected as the CoC's lead agency in providing Homelessness Prevention and Rapid Rehousing Project (HPRP) programming and has served approximately 350 households since November of 2009. In 2010, Seven Hills received a grant to provide mentoring services to homeless youth. In 2012 we are offering the first Outreach services for the homeless in our region.

Seven Hills received 2.5 million from federal grants, foundations and private contributions to provide transitional and supportive housing to homeless individuals and families. The Residential Community Program will serve up to 36 homeless individuals. Seven Hills has partnered with local mental health, health care, substance abuse, disability, workforce, legal, transportation, benefits, domestic violence, VA hospital, and housing agencies and programs for more than 10 years and is able to leverage those relationships and community credibility to provide successful services for homeless individuals and families.

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

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

Seven Hills gained a great deal of experience with regard to leasing, rental assistance, providing support services, and implementing HMIS since we have operated our HPRP program as lead agency for two CoC's since 2009, serving more than 350 families. Seven Hills has been providing support services in our Day Center since 2000, in our transitional housing since 2004, and in our permanent supportive housing since 2008. We have implemented HMIS in all programs that we have had open in our organizational life cycle for more than five years and have excellent data quality. We have sufficient organizational capacity to operate this project as we served nearly 2700 unique clients this past year. We are also dedicated to process improvement and providing quality services for our clients.

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

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

## 3A. Project Detail

### Instructions:

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

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

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

### 1. Expiring Grant Number

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

- 2. CoC Number and Name** AR-501 - Fayetteville/Northwest Arkansas CoC
- 3. Project Name** Seven Hills New PH Families
- 4. Project Type** New Project
- 5. Program Type** SHP  
Content depends on "CFDA Number" selection
- 6. Component Type** PH  
Content depends on "Program Type" selection
- 7. Is Energy Star used at one or more of the properties within this project?** Yes
- 8. Does this project include one or more Title V properties?** No
- 9. Is the project providing services to participants in another PH or TH project?** No
- 10. Is the proposed project submitted for consideration under the Innovative Supportive Housing component?** No

## 3B. Project Description

**Instructions:**

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

**ALL PROJECTS**

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

**RENEWAL SHP PROJECTS ONLY**

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

**NEW PROJECTS ONLY**

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

**NEW SHP-HMIS ONLY**

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

**NEW SHP-TH PROJECTS ONLY**

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

**NEW SHP-PH ONLY**

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

**NEW S+C-TRA ONLY**

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

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

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

This Seven Hills Permanent Supportive Housing project will be scattered-site, with individuals and families living in apartments in whatever area or neighborhood they can find a place to stay, and with supportive services being offered both at a central program location and at clients' own homes.

Core services include case management, tenant stabilization, building support systems, assisting with food and clothing, help securing housing and public benefits, and training in daily living skills, conflict resolution, budgeting, and money management.

Our target population for this PSH project is to identify disabled homeless individuals and homeless disabled families with children with serious barriers to getting and keeping housing to the extent that permanent services are necessary for stabilization, learning, and life planning for them to stay housed.

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

We will use scattered site community apartments, so the rehabilitation responsibilities belong to the property management companies who manage the units. Applicants are obviously responsible for reasonable upkeep of the units as described in their lease.

**3. Will more than 16 persons live in one structure** Yes

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

**3a. Describe local market conditions that necessitate a project of this size.**

We will offer a reasonable amount of choice to applicants in our program to choose the scattered-site community apartment that best fits their needs and existing support network. Some of those options may have more than 16 persons in them.

**3b. Describe how the project will be integrated into the neighborhood.**

The apartment complexes already exist in the community, there will be no new construction involved in this project.



## 3C. Project Expansion Information

### Instructions:

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

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

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

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

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** No

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

## 4A. Supportive Services for Participants

### Instructions:

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

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

2. Designated staff person to ensure that the children in the project are enrolled in school and receive educational services, as appropriate: (required) - select Yes or No to indicate whether or not the project has a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution, if 'No' has been selected for either questions 1 or 2.

### NEW PROJECTS ONLY

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

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

6. Specify the frequency of supportive services to be provided to project participants: (required) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) of each basic supportive service provided to participants. Basic supportive services include: outreach, case management, life skills, job training, alcohol and drug abuse services, mental health and counseling, HIV/AIDS services, health/home health services, education and instruction, employment services, child care, and transportation.

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

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

### Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

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

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

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

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

Seven Hills currently provides single site transitional and permanent housing. New funds are being asked to provide scattered site permanent supportive housing to homeless disabled individuals and homeless disabled families with children who are in need of this type of programming. Services will include assessment for services needs, case management, tenant stabilization, building support systems, assisting with food and clothing, help securing housing and public benefits, and training in daily living skills, conflict resolution, job readiness training/coaching, budgeting, and money management.

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

The prime objective of Seven Hills permanent supportive housing is to provide supportive and educational services for the individuals residing in the program. Seven Hills will offer educational programs such as life skill training, budget counseling, education on self sufficiency and group educational programs. Seven Hills will provide assistance in receiving funds for individuals to expand their educational experience. Seven Hills will partner with other agencies to provide on the job training for those individuals who are in need of a job that pays more than just minimum wage and will provide these services, along with job coaching, in house as well. Case Managers will assist individuals in accessing mainstream supportive services to help stabilize the individual's current situation and help them work toward their goals of maintaining their permanent housing and increasing their quality of life.

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

Supportive Services	Select frequency
Outreach	Weekly
Case Management	Weekly
Life Skills	Bi-weekly
Job Training	Bi-weekly
Alcohol and Drug Abuse Services	Weekly
Mental Health and Counseling	Bi-weekly
HIV/AIDS Services	Monthly
Health/Home Health Services	Monthly
Education and Instruction	Bi-weekly

Employment Services
Child Care
Transportation
Other (Specify Below)
Other (Specify Below)
Other (Specify Below)

Weekly
Does not apply
Does not apply

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

## 4B. Housing Type and Scale

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

Housing Type	Units	Bedrooms	Beds
Scattered-site apartments (...)	3	1	1
Scattered-site apartments (...)	11	2	3
Scattered-site apartments (...)	2	3	5

## 4B. Housing Type and Scale Detail

### Instructions:

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

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

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

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

**a. Units:** 3

**b. Bedrooms:** 1

**c. Beds:** 1

**3. Select the geographic area(s) associated with the selected housing type. For new projects, select the area(s) expected to be served.** 059143 Washington County, 059007 Benton County

(for multiple selections hold CTRL+Key)

## 4B. Housing Type and Scale Detail

### Instructions:

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

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

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

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

**a. Units:** 11

**b. Bedrooms:** 2

**c. Beds:** 3

**3. Select the geographic area(s) associated with the selected housing type. For new projects, select the area(s) expected to be served.** 059143 Washington County, 059007 Benton County

(for multiple selections hold CTRL+Key)

## 4B. Housing Type and Scale Detail

**Instructions:**

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

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

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

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

**a. Units:** 2

**b. Bedrooms:** 3

**c. Beds:** 5

**3. Select the geographic area(s) associated with the selected housing type. For new projects, select the area(s) expected to be served.** 059143 Washington County, 059007 Benton County

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



## 4C. Project Location(s)

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

Location Name	Ownership	Street Address 1	Street Address 2	City	State	Zip
Keystone Crossing	Lease	1299 Electric Ave.	--	Springdale	Arkansas	72764
Mi Casa Realty	Lease	1200 Shipley	--	Springdale	Arkansas	72764
Trinity Multi-Family	Lease	4404 W. Wedington	--	Fayetteville	Arkansas	72704
Sweetser Properties	Lease	730 N. Leverett	--	Fayetteville	Arkansas	72701
South Creekside A...	Lease	900 N. Leverett	--	Fayetteville	Arkansas	72701
North Creekside A...	Lease	1764 N Leverett	--	Fayetteville	Arkansas	72701
Elder Properties	Lease	4902 S. Thompson	--	Springdale	Arkansas	72764
Chapel Ridge	Lease	5325 North Oak St.	--	Springdale	Arkansas	72764
Lindsey Properties	Lease	1316 Moberly Lane	--	Bentonville	Arkansas	72712
Trinco	Lease	788 Silverado Dr.	--	Fayetteville	Arkansas	72701

## 4c. Project Location Detail

### Instructions:

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

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

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

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

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

**Location Name** Keystone Crossing  
**Property Ownership** Lease  
**Street Address 1** 1299 Electric Ave.  
**Street Address 2**  
**City** Springdale  
**State** Arkansas  
**Zip Code** 72764  
**Format: (12345 or 12345-1234)**

## 4c. Project Location Detail

### Instructions:

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

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

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

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

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

**Location Name** Mi Casa Realty  
**Property Ownership** Lease  
**Street Address 1** 1200 Shipley  
**Street Address 2**  
**City** Springdale  
**State** Arkansas  
**Zip Code** 72764  
**Format: (12345 or 12345-1234)**

### 4c. Project Location Detail

**Instructions:**

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

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

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

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

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

**Location Name** Trinity Multi-Family  
**Property Ownership** Lease  
**Street Address 1** 4404 W. Wedington  
**Street Address 2**  
**City** Fayetteville  
**State** Arkansas  
**Zip Code** 72704  
**Format: (12345 or 12345-1234)**

### 4c. Project Location Detail

**Instructions:**

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

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

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

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

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

**Location Name** Sweetser Properties  
**Property Ownership** Lease  
**Street Address 1** 730 N. Leverett  
**Street Address 2**  
**City** Fayetteville  
**State** Arkansas  
**Zip Code** 72701  
**Format: (12345 or 12345-1234)**

### 4c. Project Location Detail

**Instructions:**

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

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

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

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

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

**Location Name** South Creekside Apartments  
**Property Ownership** Lease  
**Street Address 1** 900 N. Leverett  
**Street Address 2**  
**City** Fayetteville  
**State** Arkansas  
**Zip Code** 72701  
**Format: (12345 or 12345-1234)**

### 4c. Project Location Detail

**Instructions:**

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

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

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

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

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

**Location Name** North Creekside Apartments  
**Property Ownership** Lease  
**Street Address 1** 1764 N Leverett  
**Street Address 2**  
**City** Fayetteville  
**State** Arkansas  
**Zip Code** 72701  
**Format: (12345 or 12345-1234)**

## 4c. Project Location Detail

**Instructions:**

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

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

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

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

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

**Location Name** Elder Properties  
**Property Ownership** Lease  
**Street Address 1** 4902 S. Thompson  
**Street Address 2**  
**City** Springdale  
**State** Arkansas  
**Zip Code** 72764  
**Format: (12345 or 12345-1234)**

### 4c. Project Location Detail

**Instructions:**



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

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

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

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

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

**Location Name** Chapel Ridge  
**Property Ownership** Lease  
**Street Address 1** 5325 North Oak St.  
**Street Address 2**  
**City** Springdale  
**State** Arkansas  
**Zip Code** 72764  
**Format: (12345 or 12345-1234)**

### 4c. Project Location Detail

**Instructions:**

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

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

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

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

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

**Location Name** Lindsey Properties  
**Property Ownership** Lease  
**Street Address 1** 1316 Moberly Lane  
**Street Address 2**  
**City** Bentonville  
**State** Arkansas  
**Zip Code** 72712  
**Format: (12345 or 12345-1234)**

## 4c. Project Location Detail

**Instructions:**

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

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

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

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

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

**Location Name** Trinco  
**Property Ownership** Lease  
**Street Address 1** 788 Silverado Dr.  
**Street Address 2**  
**City** Fayetteville  
**State** Arkansas  
**Zip Code** 72701  
**Format: (12345 or 12345-1234)**

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

**Instructions:**

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

1. Total number of households: (required) - enter the total number of households served (or proposed to be served).
2. Disabled adults: (in this row) - enter the un-duplicated total number of adult persons with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
3. Non-disabled adults: (in this row) - enter the un-duplicated total number of adult persons without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
4. Disabled children: (in this row) - enter the un-duplicated total number of children with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
5. Non-disabled children: (in this row) - enter the un-duplicated total number of children without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
6. Total persons: (calculated row) - the total number of persons within each subpopulation is automatically calculated.
7. Total number of adults: (calculated row) - the total number of adults served (or proposed to be served) is automatically calculated.
8. Total number of children: (calculated row) - the total number of children served (or proposed to be served) is automatically calculated.

**Additional Resources:**

Point in time - PIT (definition) - a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. For a new project, this count is based on the applicant's best guess at the time of application. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

<b>1. Total Number of Households</b>	13						
	<b>Total Persons (unduplicated)</b>	<b>Chronically Homeless</b>	<b>Severely Mentally Ill</b>	<b>Chronic Substance Abuse</b>	<b>Veterans</b>	<b>Persons with HIV/AIDS</b>	<b>Victims of Domestic Violence</b>
<b>2. Disabled Adults</b>	13	8	5	8	3		1
<b>3. Non-Disabled Adults</b>	4						1
<b>4. Disabled Children</b>	2						

<b>5. Non-Disabled Children</b>	26						
<b>6. Total Persons</b> (click on "Save" to auto-calculate)	45	8	5	8	3	0	2
<b>7. Total Number of Adults</b> (click on "Save" to auto-calculate)	17						
<b>8. Total Number of Children</b> (click on "Save" to auto-calculate)	28						

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

**Instructions:**

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

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

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

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

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

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

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

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

8. Total number of unaccompanied youth: (calculated row) - the total number of unaccompanied youth served (or proposed to be served) is automatically calculated.

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

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

<b>4. Disabled Unaccompanied Youth (under 18)</b>							
<b>5. Non-Disabled Unaccompanied Youth (under 18)</b>							
<b>6. Total Persons (click on "Save" to auto-calculate)</b>	3	1	1	2	0	0	0
<b>7. Total Number of Adults (click on "Save" to auto-calculate)</b>	3						
<b>8. Total Number of Unaccompanied Youth (click on "Save" to auto-calculate)</b>	0						

## 5C. Outreach for Participants

**Instructions:**

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

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

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

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

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

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (90 consecutive days or less) in a jail, hospital, or other institution.**

12%	Persons who came from the street or other locations not meant for human habitation.
50%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
38%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

**2. If the total is less than 100 percent, identify the other location(s), and how the persons will meet the HUD homeless definition.**

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



Seven Hills Homeless Center belongs to NWAHC CoC and networks with other agencies who provide services to homeless individuals, families and veterans. Seven Hills sends out a weekly census report to all participating partners and many other community partners (including schools, churches, etc.) and local benefit providers. This census report identifies what beds are available and how to make referrals to Seven Hills Residential Programs. Seven Hills also participates in local agency fairs targeted to homeless individuals, families and veterans. This allows individuals to access services on their own without a referral from another agency. Seven Hills also provided services in all of our programs to over 2400 homeless and near-homeless individuals and families, so there is a great deal of internal opportunities to complete internal referrals as well. Our single point of entry agency system (all enter through Day Center program) helps to direct clients toward appropriate internal and external programming.

## 6A. Standard Performance Measures

**Instructions:**

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

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

Housing Measure	Universe (#)	Target (#)	Target (%)
a. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.	16	13	81%

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

Income Measure	Universe (#)	Target (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.			0%
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.	16	13	81%

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

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

## 6B. Additional Performance Measures Detail

### Instructions

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

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

a. Proposed Measure	b. Universe (#)	c. Target (#)	d. Target (%) (Calculated)
Clients will meet at least one goal on their Individual Service Plan within the first 3 months.	16	13	81%

### 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

Data collected by case worker at 90 day ISP team review off of client's ISP and entered into Performance Measure Spreadsheet.

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

Case workers will review assigned goals on ISP and identify how many (if any) goals have been fully attained during the first 90 days that the client has been in program. If one or more goals have been accomplished then the case manager will record that the above measure was met, if not, then the case manager will record that the measure was not met.

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

I believe that the above measure is a good tool to identify self-determination. While developing self-determination has long been a SHP program cornerstone, I don't think there are many better concepts that are better able to measure a projects overall good to both the individual and the residential community as a whole. I believe Turnbull, et al. say it better than I ever could, "Becoming self-determined involves an interplay of motivation, skills, and a responsive context. This interaction develops dynamically and fluidly over time. Motivation and skills relate to aspects of the individual, whereas. the component of a responsive context relates to environmental support and opportunity. Motivation refers to intrinsic desire, energy, and positive anticipation of the future that result in an openness to learn, undertake challenges, and solve problems. Skills involve a broad range of domains including knowledge and acceptance of self, problem solving, communicating, learning from successes and failures, accessing individual and agency support, and being reciprocal in relationships. A responsive context consists of environments in which opportunities are available for enjoyable and reciprocal relationships, nonjudgmental and informative feedback, a reasonable degree of successive challenges, negotiation of reasonable and constructive limits, open and honest communication, facilitating but not controlling support, and celebratory affirmations of progress."

## Funding Request

### Instructions:

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

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

#### NEW PROJECTS ONLY:

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

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

#### RENEWAL PROJECTS ONLY:

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

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

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

#### NEW AND RENEWAL PROJECTS:

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

4. Select the activities for which funding is being requested: (required for SHP projects only) - all SHP projects must identify the budget activities for which funding is being requested. Depending on the project type, the following budget activities may be listed: acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operating, and HMIS. Renewal projects may indicate only those activities listed on the 2011 SHP GIW.

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

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

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

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

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

**3. Grant Term:** 2 Years

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

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

## Leasing Budget

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

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

Summary SHP Leased Budgets \$0



## SHP Leasing Budget Detail

**Instructions:**

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

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

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

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

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

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

Additional resources:

Application Detailed Instructions (on left menu)

<http://www.hudhre.info>

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

**Metropolitan or non-metropolitan fair market rent area** AR - Fayetteville-Springdale-Rogers, AR HUD Metro FMR Area (0500799999)

Unit Size	Number of Units	HUD Paid Rent	Number of Months	Total Rent (per unit size)
SRO			24	\$0
0 Bedroom			24	\$0
1 Bedroom	3		24	\$0
2 Bedroom	11		24	\$0
3 Bedroom	2		24	\$0
4 Bedroom			24	\$0
5 Bedroom			24	\$0
6 Bedroom			24	\$0
7 Bedroom			24	\$0
8 Bedroom			24	\$0
<b>Totals</b>	16			\$0

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

## Leased Structures Budget

The following information summarizes the SHP funds being requested for one or more structures leased for operating the project.  
To add information to this list, click on the icon and enter the requested information.

Structure Name	Paid Amount	Number of Months	Total
Keystone Crossing	\$1,524	24	\$36,576
Mi Casa Realty	\$1,560	24	\$37,440
Trinity Multi-Family	\$635	24	\$15,240
Sweetser Properties	\$1,270	24	\$30,480
South Creekside A...	\$635	24	\$15,240
North Creekside A...	\$635	24	\$15,240
Elder Properties	\$635	24	\$15,240
Chapel Ridge	\$1,560	24	\$37,440
Trinco	\$635	24	\$15,240
Lindsey Properties	\$1,270	24	\$30,480

## SHP Leased Structure(s) Budget Detail

### Instructions:

Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

<b>Structure Name</b>	Keystone Crossing
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	1299 Electric Ave.
<b>Street Address 2</b>	
<b>City</b>	Springdale
<b>State</b>	Arkansas
<b>Zip Code</b>	72764
<b>HUD Paid Rent</b>	\$1,524
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$36,576

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## SHP Leased Structure(s) Budget Detail

### Instructions:

Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

<b>Structure Name</b>	Mi Casa Realty
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	1200 Shipley
<b>Street Address 2</b>	
<b>City</b>	Springdale
<b>State</b>	Arkansas
<b>Zip Code</b>	72764
<b>HUD Paid Rent</b>	\$1,560
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$37,440

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## SHP Leased Structure(s) Budget Detail

**Instructions:**

Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

<b>Structure Name</b>	Trinity Multi-Family
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	4404 W. Wedington
<b>Street Address 2</b>	
<b>City</b>	Fayetteville
<b>State</b>	Arkansas
<b>Zip Code</b>	72704
<b>HUD Paid Rent</b>	\$635
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$15,240

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## SHP Leased Structure(s) Budget Detail

**Instructions:**

Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

<b>Structure Name</b>	Sweetser Properties
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	730 N. Leverett
<b>Street Address 2</b>	
<b>City</b>	Fayetteville
<b>State</b>	Arkansas
<b>Zip Code</b>	72701
<b>HUD Paid Rent</b>	\$1,270
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$30,480

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## SHP Leased Structure(s) Budget Detail

**Instructions:**

Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

<b>Structure Name</b>	South Creekside Apartments
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	900 N. Leverett
<b>Street Address 2</b>	
<b>City</b>	Fayetteville
<b>State</b>	Arkansas
<b>Zip Code</b>	72701
<b>HUD Paid Rent</b>	\$635
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$15,240

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## SHP Leased Structure(s) Budget Detail

**Instructions:**

Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

<b>Structure Name</b>	North Creekside Apartments
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	1764 N. Leverett
<b>Street Address 2</b>	
<b>City</b>	Fayetteville
<b>State</b>	Arkansas
<b>Zip Code</b>	72701
<b>HUD Paid Rent</b>	\$635
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$15,240

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## SHP Leased Structure(s) Budget Detail

**Instructions:**



Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

<b>Structure Name</b>	Elder Properties
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	4902 S. Thompson
<b>Street Address 2</b>	
<b>City</b>	Springdale
<b>State</b>	Arkansas
<b>Zip Code</b>	72764
<b>HUD Paid Rent</b>	\$635
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$15,240

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## SHP Leased Structure(s) Budget Detail

**Instructions:**

Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

**Structure Name** Chapel Ridge  
**Example: Structure 1**  
**Street Address 1** 5325 North Oak St.  
**Street Address 2**  
**City** Springdale  
**State** Arkansas  
**Zip Code** 72764  
**HUD Paid Rent** \$1,560  
**Number of Months** 24  
**Total** \$37,440  
**Calculated**

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## SHP Leased Structure(s) Budget Detail

**Instructions:**

Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

<b>Structure Name</b>	Trinco
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	788 Silverado Dr.
<b>Street Address 2</b>	
<b>City</b>	Fayetteville
<b>State</b>	Arkansas
<b>Zip Code</b>	72701
<b>HUD Paid Rent</b>	\$635
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$15,240

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## SHP Leased Structure(s) Budget Detail

**Instructions:**

Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

<b>Structure Name</b>	Lindsey Properties
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	1316 Moberly Lane
<b>Street Address 2</b>	
<b>City</b>	Bentonville
<b>State</b>	Arkansas
<b>Zip Code</b>	72712
<b>HUD Paid Rent</b>	\$1,270
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$30,480

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## Supportive Services Budget

**Instructions:**

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

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

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

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

Total: (calculated) - the total SHP funding (\$) requested for each activity will automatically calculate in the Total column.

Cash Match: (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total Supportive Service annual budget.

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

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

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

Supportive Services Costs	Quantity (limit 400 characters)	SHP Request Year 1	SHP Request Year 2	Total
1. Outreach				\$0
2. Case Management	1 FT CM salary + benefits	\$35,000	\$35,000	\$70,000
3. Life Skills (outside of case management)	1 PT Life Skills Trainer/Coach	\$9,507	\$9,506	\$19,013
4. Alcohol and Drug Abuse Services				\$0
5. Mental Health and Counseling Services				\$0
6. HIV/AIDS Services				\$0
7. Health Related and Home Health Services				\$0
8. Education and Instruction				\$0
9. Employment Services				\$0
10. Child Care				\$0
11. Transportation				\$0

<b>13. Other (must specify )</b>				
				\$0
				\$0
				\$0
<b>14. Total SHP dollars requested</b>		\$44,507	\$44,506	\$89,013
<b>15. Cash Match</b>		\$11,150	\$11,150	\$22,300
<b>16. Total SHP Supportive Services Budget</b>		\$55,657	\$55,656	\$111,313
<b>17. Other resources (cash and in-kind)</b>				\$0

## Supportive Housing Program (SHP) Summary Budget

The following information summarizes the SHP funding request and the available cash match for the total term of the project. However, the appropriate amount of administrative costs must be entered in the field below. Please make sure that the budget amounts requested for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.

Selected Grant Term 2 Years

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	\$0	\$0	\$0
2. Rehabilitation	\$0	\$0	\$0
3. New Construction	\$0	\$0	\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$248,616		\$248,616
6. Supportive Services From Supportive Services Budget Chart	\$89,013	\$22,300	\$111,313
7. Operations From Operating Budget Chart	\$0		\$0
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$337,629		
10. Administrative Costs (Up to 5% of line 9)	\$16,881		
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$354,510	\$22,300	\$376,810

## Project Leveraging

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

**Total value of written commitment \$24,500**

Contributor	Source	Date of Commitment	Value of Commitments
Chase Foundation	Private	08/12/2011	\$5,000
Bagwell Fund	Private	09/02/2011	\$2,000
Francis Cole	Private	09/27/2011	\$17,500



## Project Leveraging Detail

### Instructions:

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

1. Type of Contribution: (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.
2. Name of Contributor: (required) - enter the name of the contribution.
3. Type of source: (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicant identifies NSP funds as a source of leveraging for one or more projects.
4. Date of written commitment: (required) - enter the date of the written contribution.
5. Value of written commitment: (required) - enter the total dollar value of the contribution.

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

1. **Type of Contribution** Cash
2. **Name the Source of the Contribution** Chase Foundation
3. **Type of Source** Private
4. **Date of Written Commitment** 08/12/2011
5. **Value of Written Commitments** \$5,000

## Project Leveraging Detail

### Instructions:

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

1. Type of Contribution: (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.
2. Name of Contributor: (required) - enter the name of the contribution.
3. Type of source: (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicant identifies NSP funds as a source of leveraging for one or more projects.
4. Date of written commitment: (required) - enter the date of the written contribution.
5. Value of written commitment: (required) - enter the total dollar value of the contribution.

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

- 1. Type of Contribution** Cash
- 2. Name the Source of the Contribution** Bagwell Fund
- 3. Type of Source** Private
- 4. Date of Written Commitment** 09/02/2011
- 5. Value of Written Commitments** \$2,000

## Project Leveraging Detail

### Instructions:

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

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

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

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

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

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

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

- 1. Type of Contribution** Cash
- 2. Name the Source of the Contribution** Francis Cole
- 3. Type of Source** Private
- 4. Date of Written Commitment** 09/27/2011
- 5. Value of Written Commitments** \$17,500

## 8A. Attachment(s)

### Instructions

1. Sponsor Nonprofit Documentation - Documentation of the sponsor's nonprofit status must be uploaded, if the applicant and project sponsor are different entities, and the sponsor is a nonprofit organization.

2. PHA Certification - Non-PHA Applicants for S+C SRO and Section 8 SRO projects must submit a signed and dated letter from an authorized representative of the local PHA certify that the Applicant is authorized to act on behalf of the PHA. Applicant is authorized to act on behalf of the PHA.

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

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

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **8B. Certification**

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

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

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

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

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

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

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

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

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

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

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

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

**Additional for S+C:**

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

**B. For SHP Only.**

**20-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

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

**D. Explanation.**

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

**Name of Authorized Certifying Official** Jon Woodward

**Date:** 10/28/2011

**Title:** Executive Director

**Applicant Organization:** Seven Hills Homeless Center

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

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

X

## Before Starting the Project Application

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

### Things to Remember

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



## 1A. Application Type

### Instructions:

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

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

### 1. Type of Submission:

2. Type of Application: New Project

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/28/2011

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

(e.g., expiring grant number)

6. Date Received by State:

7. State Application Identifier:

## 1B. Legal Applicant

**Instructions:**

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

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

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

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

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

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

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

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

**8. Applicant**

**a. Legal Name:** Seven Hills Homeless Center

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 73-1603960

	<b>c. Organizational DUNS:</b>	091443510	<b>PL US 4</b>	
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**d. Address**

**Street 1:** 1555 W. Martin Luther King Blvd.

**Street 2:**

**City:** Fayetteville

**County:** Washington

**State:** Arkansas

**Country:** United States  
**Zip / Postal Code:** 72701

**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:** Jon  
**Middle Name:** Mark  
**Last Name:** Woodward  
**Suffix:**  
**Title:** Executive Director  
**Organizational Affiliation:** Seven Hills Homeless Center  
**Telephone Number:** (479) 251-7776  
**Extension:**  
**Fax Number:** (479) 251-8270  
**Email:** exec.sevenhills@gmail.com

## 1C. Application Details

### Instructions:

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

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

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

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

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

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

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

**If "Other" please specify:**

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

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

**CFDA Number:** 14.235

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

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

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

### Instructions:

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

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

16. Congressional District(s):

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

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

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

18. Estimated Funding: Leave these fields blank.

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

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

**15. Descriptive Title of Applicant's Project:** Seven Hills PH Bonus 2011

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

**a. Applicant:** AR-003

**b. Project:** AR-003

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

**17. Proposed Project**

**a. Start Date:** 07/01/2012

**b. End Date:** 06/30/2013

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

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

## 1E. Compliance

### Instructions:

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

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

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

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

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

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** a. Yes

**If "YES", enter the date this application was made available to the State for review:** 10/24/2011

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

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

## 1F. Declaration

### Instructions:

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

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

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

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

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

**I AGREE:**

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Jon

**Middle Name:** Mark

**Last Name:** Woodward

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (479) 251-7776  
**(Format: 123-456-7890)**

**Fax Number:** (479) 251-8270  
**(Format: 123-456-7890)**



**Email:** exec.sevenhills@gmail.com

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

**Date Signed:** 10/28/2011

## 2A. Project Sponsor(s)

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

Organization	Type
This list contains no items	

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

### **Instructions:**

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

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

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

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

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

Seven Hills Homeless Center started providing Day Center Services to homeless individuals in 2000 (last year we served nearly 2700 unique individuals). In 2004, Seven Hills Homeless Center applied for HUD funding to provide Transitional and Permanent Supportive Housing for those individuals receiving Day Center and Supportive Services. Since 2008, Seven Hills has provided Transitional Housing and Permanent Supportive Housing. In 2009 Seven Hills was selected as the CoC's lead agency in providing Homelessness Prevention and Rapid Rehousing Project (HPRP) programming and has served approximately 350 households since November of 2009. In 2010, Seven Hills received a grant to provide mentoring services to homeless youth. Starting in early 2012, Seven Hills will be opening our region's first outreach program to the homeless.

Seven Hills received 3 million from federal grants, foundations and private contributions to provide transitional and supportive housing to homeless individuals and families. Seven Hills has partnered with local mental health, health care, substance abuse, disability, workforce, legal, transportation, benefits, domestic violence, VA hospital, and housing agencies and programs for nearly 10 years and is able to leverage those relationships and community credibility to provide successful services for homeless individuals and families.

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

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

Seven Hills gained a great deal of experience with regard to leasing, rental assistance, providing support services, and implementing HMIS since we have operated our HPRP program as lead agency for two CoC's since 2009, serving more than 350 families. Seven Hills has been providing support services in our Day Center since 2000, in our transitional housing since 2004, and in our permanent supportive housing since 2008. We have implemented HMIS in all programs that we have had open in our organizational life cycle for more than five years and have excellent data quality. We have sufficient organizational capacity to operate this project as we served nearly 2700 unique clients this past year. We are also dedicated to process improvement and providing quality services for our clients.

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

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

## 3A. Project Detail

### Instructions:

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

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

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

### 1. Expiring Grant Number

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

- 2. CoC Number and Name** AR-501 - Fayetteville/Northwest Arkansas CoC
- 3. Project Name** Seven Hills PH Bonus 2011
- 4. Project Type** New Project
- 5. Program Type** SHP  
Content depends on "CFDA Number" selection
- 6. Component Type** PH  
Content depends on "Program Type" selection
- 7. Is Energy Star used at one or more of the properties within this project?** Yes
- 8. Does this project include one or more Title V properties?** No
- 9. Is the project providing services to participants in another PH or TH project?** No
- 10. Is the proposed project submitted for consideration under the Innovative Supportive Housing component?** No

## 3B. Project Description

**Instructions:**

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

**ALL PROJECTS**

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

**RENEWAL SHP PROJECTS ONLY**

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

**NEW PROJECTS ONLY**

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

**NEW SHP-HMIS ONLY**

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

**NEW SHP-TH PROJECTS ONLY**

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

**NEW SHP-PH ONLY**

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

**NEW S+C-TRA ONLY**

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

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



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

Seven Hills currently provides single site transitional and permanent housing. New funds are being asked to provide scattered site, permanent supportive housing to disabled homeless individuals and families with children who are in need of this type of programming. Services will include assessment for services needs, case management, tenant stabilization, building support systems, assisting with food and clothing, help securing housing and public benefits, and training in daily living skills, conflict resolution, job readiness training/coaching, budgeting, and money management.

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

We will use scattered site community apartments, so the rehabilitation responsibilities belong to the property management companies who manage the units. Applicants are obviously responsible for reasonable upkeep of the units as described in their lease.

**3. Will more than 16 persons live in one structure** Yes

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

**3a. Describe local market conditions that necessitate a project of this size.**

We will offer a reasonable amount of choice to applicants in our program to choose the scattered-site community apartment that best fits their needs and existing support network. Some of those options may have more than 16 persons in them.

**3b. Describe how the project will be integrated into the neighborhood.**

The apartment complexes already exist in the community; there will be no new construction involved in this project.

## 3C. Project Expansion Information

### Instructions:

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

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

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

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

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** No

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

## 4A. Supportive Services for Participants

### Instructions:

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

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

2. Designated staff person to ensure that the children in the project are enrolled in school and receive educational services, as appropriate: (required) - select Yes or No to indicate whether or not the project has a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution, if 'No' has been selected for either questions 1 or 2.

### NEW PROJECTS ONLY

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

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

6. Specify the frequency of supportive services to be provided to project participants: (required) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) of each basic supportive service provided to participants. Basic supportive services include: outreach, case management, life skills, job training, alcohol and drug abuse services, mental health and counseling, HIV/AIDS services, health/home health services, education and instruction, employment services, child care, and transportation.

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

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

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

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

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

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

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

Seven Hills currently provides single site transitional and permanent housing. New funds are being asked to provide scattered site, permanent supportive housing to individuals and families with children who are in need of this type of programming. Services will include assessment for services needs, case management, tenant stabilization, building support systems, assisting with food and clothing, help securing housing and public benefits, and training in daily living skills, conflict resolution, job readiness training/coaching, budgeting, and money management.

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

The prime objective of Seven Hills permanent supportive housing is to provide supportive and educational services for the individuals residing in the program. Seven Hills will offer educational programs such as life skill training, budget counseling, education on self sufficiency and group educational programs. Seven Hills will provide assistance in receiving funds for individuals to expand their educational experience. Seven Hills will partner with other agencies to provide on the job training for those individuals who are in need of a job that pays more than just minimum wage and will provide these services, along with job coaching, in house as well.. Case Managers will assist individuals in accessing mainstream supportive services to help stabilize the individual's current situation and help them work toward their goals of remaining in permanent housing.

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

Supportive Services	Select frequency
Outreach	Weekly
Case Management	Weekly
Life Skills	Bi-weekly
Job Training	Bi-weekly
Alcohol and Drug Abuse Services	Weekly
Mental Health and Counseling	Bi-weekly
HIV/AIDS Services	Monthly
Health/Home Health Services	Monthly
Education and Instruction	Bi-weekly

Employment Services
Child Care
Transportation
Other (Specify Below)
Other (Specify Below)
Other (Specify Below)

Weekly
Does not apply
Does not apply

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

## 4B. Housing Type and Scale

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

Housing Type	Units	Bedrooms	Beds
Scattered-site apartments (...)	3	1	1
Scattered-site apartments (...)	1	2	3

## 4B. Housing Type and Scale Detail

### Instructions:

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

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

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

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

**a. Units:** 3

**b. Bedrooms:** 1

**c. Beds:** 1

**3. Select the geographic area(s) associated with the selected housing type. For new projects, select the area(s) expected to be served.** 059143 Washington County, 059007 Benton County

(for multiple selections hold CTRL+Key)

## 4B. Housing Type and Scale Detail

### Instructions:

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

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

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

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

**a. Units:** 1

**b. Bedrooms:** 2

**c. Beds:** 3

**3. Select the geographic area(s) associated with the selected housing type. For new projects, select the area(s) expected to be served.** 059143 Washington County, 059007 Benton County

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



## 4C. Project Location(s)

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

Location Name	Ownership	Street Address 1	Street Address 2	City	State	Zip
Keystone Crossing	Lease	1299 Electric Ave.	--	Springdale	Arkansas	72764
Elder Properties	Lease	4902 S. Thompson	--	Springdale	Arkansas	72764
Trinco	Lease	788 Silverado Dr.	--	Fayetteville	Arkansas	72701

## 4c. Project Location Detail

### Instructions:

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

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

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

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

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

**Location Name** Keystone Crossing  
**Property Ownership** Lease  
**Street Address 1** 1299 Electric Ave.  
**Street Address 2**  
**City** Springdale  
**State** Arkansas  
**Zip Code** 72764  
**Format: (12345 or 12345-1234)**

## 4c. Project Location Detail

### Instructions:

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

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

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

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

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

**Location Name** Elder Properties  
**Property Ownership** Lease  
**Street Address 1** 4902 S. Thompson  
**Street Address 2**  
**City** Springdale  
**State** Arkansas  
**Zip Code** 72764  
**Format: (12345 or 12345-1234)**

## 4c. Project Location Detail

**Instructions:**

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

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

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

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

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

**Location Name** Trinco  
**Property Ownership** Lease  
**Street Address 1** 788 Silverado Dr.  
**Street Address 2**  
**City** Fayetteville  
**State** Arkansas  
**Zip Code** 72701  
**Format: (12345 or 12345-1234)**

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

**Instructions:**

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

1. Total number of households: (required) - enter the total number of households served (or proposed to be served).
2. Disabled adults: (in this row) - enter the un-duplicated total number of adult persons with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
3. Non-disabled adults: (in this row) - enter the un-duplicated total number of adult persons without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
4. Disabled children: (in this row) - enter the un-duplicated total number of children with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
5. Non-disabled children: (in this row) - enter the un-duplicated total number of children without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
6. Total persons: (calculated row) - the total number of persons within each subpopulation is automatically calculated.
7. Total number of adults: (calculated row) - the total number of adults served (or proposed to be served) is automatically calculated.
8. Total number of children: (calculated row) - the total number of children served (or proposed to be served) is automatically calculated.

**Additional Resources:**

Point in time - PIT (definition) - a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. For a new project, this count is based on the applicant's best guess at the time of application. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

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

<b>5. Non-Disabled Children</b>	2						
<b>6. Total Persons</b> (click on "Save" to auto-calculate)	3	1	0	1	0	0	0
<b>7. Total Number of Adults</b> (click on "Save" to auto-calculate)	1						
<b>8. Total Number of Children</b> (click on "Save" to auto-calculate)	2						

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

**Instructions:**

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

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

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

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

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

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

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

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

8. Total number of unaccompanied youth: (calculated row) - the total number of unaccompanied youth served (or proposed to be served) is automatically calculated.

**Additional Resources:**

Point in time - PIT (definition) - a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. For a new project, this count is based on the applicant's best guess at the time of application. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

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

<b>4. Disabled Unaccompanied Youth (under 18)</b>							
<b>5. Non-Disabled Unaccompanied Youth (under 18)</b>							
<b>6. Total Persons (click on "Save" to auto-calculate)</b>	3	1	1	2	0	0	0
<b>7. Total Number of Adults (click on "Save" to auto-calculate)</b>	3						
<b>8. Total Number of Unaccompanied Youth (click on "Save" to auto-calculate)</b>	0						



## 5C. Outreach for Participants

**Instructions:**

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

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

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

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

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

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (90 consecutive days or less) in a jail, hospital, or other institution.**

50%	Persons who came from the street or other locations not meant for human habitation.
12%	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
38%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

**2. If the total is less than 100 percent, identify the other location(s), and how the persons will meet the HUD homeless definition.**

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

Seven Hills Homeless Center belongs to NWAHC CoC and networks with other agencies who provide services to homeless individuals, families and veterans. Seven Hills sends out a weekly census report to all participating partners and many other community partners (including schools, churches, etc.) and local benefit providers. This census report identifies what beds are available and how to make referrals to Seven Hills Residential Programs. Seven Hills also participates in local agency fairs targeted to homeless individuals, families and veterans. This allows individuals to access services on their own without a referral from another agency. Seven Hills also provided services in all of our programs to over 2600 homeless and near-homeless individuals and families, so there is a great deal of internal opportunities to complete internal referrals as well. Our single point of entry agency system (all enter through Day Center program) helps to direct clients toward appropriate internal and external programming.

## 6A. Standard Performance Measures

**Instructions:**

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

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

Housing Measure	Universe (#)	Target (#)	Target (%)
a. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.	6	5	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	Universe (#)	Target (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.			0%
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.	4	2	50%

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

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

## 6B. Additional Performance Measures Detail

### Instructions

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

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

a. Proposed Measure	b. Universe (#)	c. Target (#)	d. Target (%) (Calculated)
Clients will meet at least one goal on their Individual Service Plan within the first 3 months.	6	5	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

Data collected by case worker at 90 day ISP team review off of client's ISP and entered into Performance Measure Spreadsheet.

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

Case workers will review assigned goals on ISP and identify how many (if any) goals have been fully attained during the first 90 days that the client has been in program. If one or more goals have been accomplished then the case manager will record that the above measure was met, if not, then the case manager will record that the measure was not met.

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

I believe that the above measure is a good tool to identify self-determination. While developing self-determination has long been a SHP program cornerstone, I don't think there are many better concepts that are better able to measure a projects overall good to both the individual and the residential community as a whole. I believe Turnbull, et al. say it better than I ever could, "Becoming self-determined involves an interplay of motivation, skills, and a responsive context. This interaction develops dynamically and fluidly over time. Motivation and skills relate to aspects of the individual, whereas. the component of a responsive context relates to environmental support and opportunity. Motivation refers to intrinsic desire, energy, and positive anticipation of the future that result in an openness to learn, undertake challenges, and solve problems. Skills involve a broad range of domains including knowledge and acceptance of self, problem solving, communicating, learning from successes and failures, accessing individual and agency support, and being reciprocal in relationships. A responsive context consists of environments in which opportunities are available for enjoyable and reciprocal relationships, nonjudgmental and informative feedback, a reasonable degree of successive challenges, negotiation of reasonable and constructive limits, open and honest communication, facilitating but not controlling support, and celebratory affirmations of progress."

## Funding Request

### Instructions:

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

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

#### NEW PROJECTS ONLY:

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

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

#### RENEWAL PROJECTS ONLY:

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

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

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

#### NEW AND RENEWAL PROJECTS:

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

4. Select the activities for which funding is being requested: (required for SHP projects only) - all SHP projects must identify the budget activities for which funding is being requested. Depending on the project type, the following budget activities may be listed: acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operating, and HMIS. Renewal projects may indicate only those activities listed on the 2011 SHP GIW.

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

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

**1b. Are special housing funds being requested for this project?** Yes

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

**1c. Applicable special housing:** Permanent Housing Bonus

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

**3. Grant Term:** 2 Years

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

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



## Leasing Budget

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

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

Summary SHP Leased Budgets \$0

## SHP Leasing Budget Detail

**Instructions:**

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

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

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

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

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

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

Additional resources:

Application Detailed Instructions (on left menu)

<http://www.hudhre.info>

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

**Metropolitan or non-metropolitan fair market rent area** AR - Fayetteville-Springdale-Rogers, AR HUD Metro FMR Area (0500799999)

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

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

## Leased Structures Budget

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

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

Structure Name	Paid Amount	Number of Months	Total
Keystone Crossing	\$508	24	\$12,192
Elder Properties	\$635	24	\$15,240
Trinco	\$1,016	24	\$24,384

## SHP Leased Structure(s) Budget Detail

### Instructions:

Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

<b>Structure Name</b>	Keystone Crossing
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	1299 Electric Ave.
<b>Street Address 2</b>	
<b>City</b>	Springdale
<b>State</b>	Arkansas
<b>Zip Code</b>	72764
<b>HUD Paid Rent</b>	\$508
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$12,192

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## SHP Leased Structure(s) Budget Detail

### Instructions:

Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

<b>Structure Name</b>	Elder Properties
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	4902 S. Thompson
<b>Street Address 2</b>	
<b>City</b>	Springdale
<b>State</b>	Arkansas
<b>Zip Code</b>	72764
<b>HUD Paid Rent</b>	\$635
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$15,240

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## SHP Leased Structure(s) Budget Detail

**Instructions:**

Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.

Structure Name: (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location: (required) - indicate the location of the structure.

Paid Amount: (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

Number of months: (required) - indicate the number of months for which rent is requested. The number of months must correspond to the grant term selected on the Funding Request formlet.

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

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

<b>Structure Name</b>	Trinco
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	788
<b>Street Address 2</b>	
<b>City</b>	Fayetteville
<b>State</b>	Arkansas
<b>Zip Code</b>	72701
<b>HUD Paid Rent</b>	\$1,016
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$24,384

Select the "Save" button to calculate the "Total" leasing budget for the structure.

## Supportive Services Budget

**Instructions:**

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

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

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

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

Total: (calculated) - the total SHP funding (\$) requested for each activity will automatically calculate in the Total column.

Cash Match: (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total Supportive Service annual budget.

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

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

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

Supportive Services Costs	Quantity (limit 400 characters)	SHP Request Year 1	SHP Request Year 2	Total
1. Outreach			\$0	\$0
2. Case Management	1 PT CM position salary + benefitis to serve 4 families	\$6,621	\$6,621	\$13,242
3. Life Skills (outside of case management)			\$0	\$0
4. Alcohol and Drug Abuse Services			\$0	\$0
5. Mental Health and Counseling Services			\$0	\$0
6. HIV/AIDS Services			\$0	\$0
7. Health Related and Home Health Services			\$0	\$0
8. Education and Instruction			\$0	\$0
9. Employment Services			\$0	\$0
10. Child Care			\$0	\$0
11. Transportation			\$0	\$0

<b>13. Other (must specify )</b>				
			\$0	\$0
			\$0	\$0
			\$0	\$0
<b>14. Total SHP dollars requested</b>		\$6,621	\$6,621	\$13,242
<b>15. Cash Match</b>		\$1,700	\$1,700	\$3,400
<b>16. Total SHP Supportive Services Budget</b>		\$8,321	\$8,321	\$16,642
<b>17. Other resources (cash and in-kind)</b>			\$0	\$0



## Supportive Housing Program (SHP) Summary Budget

The following information summarizes the SHP funding request and the available cash match for the total term of the project. However, the appropriate amount of administrative costs must be entered in the field below. Please make sure that the budget amounts requested for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.

Selected Grant Term 2 Years

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	\$0	\$0	\$0
2. Rehabilitation	\$0	\$0	\$0
3. New Construction	\$0	\$0	\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$51,816		\$51,816
6. Supportive Services From Supportive Services Budget Chart	\$13,242	\$3,400	\$16,642
7. Operations From Operating Budget Chart	\$0		\$0
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$65,058		
10. Administrative Costs (Up to 5% of line 9)	\$3,252		
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$68,310	\$3,400	\$71,710

## Project Leveraging

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

**Total value of written commitment \$3,500**

Contributor	Source	Date of Commitment	Value of Commitments
Arvest Bank	Private	09/09/2011	\$2,500
Dr. Joel and Lynn...	Private	08/26/2011	\$1,000

## Project Leveraging Detail

### Instructions:

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

1. Type of Contribution: (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.
2. Name of Contributor: (required) - enter the name of the contribution.
3. Type of source: (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicant identifies NSP funds as a source of leveraging for one or more projects.
4. Date of written commitment: (required) - enter the date of the written contribution.
5. Value of written commitment: (required) - enter the total dollar value of the contribution.

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

1. **Type of Contribution** Cash
2. **Name the Source of the Contribution** Arvest Bank
3. **Type of Source** Private
4. **Date of Written Commitment** 09/09/2011
5. **Value of Written Commitments** \$2,500

## Project Leveraging Detail

### Instructions:

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

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

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

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

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

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

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

- 1. Type of Contribution** Cash
- 2. Name the Source of the Contribution** Dr. Joel and Lynn Carver
- 3. Type of Source** Private
- 4. Date of Written Commitment** 08/26/2011
- 5. Value of Written Commitments** \$1,000

## 8A. Attachment(s)

### Instructions

1. Sponsor Nonprofit Documentation - Documentation of the sponsor's nonprofit status must be uploaded, if the applicant and project sponsor are different entities, and the sponsor is a nonprofit organization.

2. PHA Certification - Non-PHA Applicants for S+C SRO and Section 8 SRO projects must submit a signed and dated letter from an authorized representative of the local PHA certify that the Applicant is authorized to act on behalf of the PHA. Applicant is authorized to act on behalf of the PHA.

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

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

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **8B. Certification**

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

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

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

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

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

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

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

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

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

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

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

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

**Additional for S+C:**

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

**B. For SHP Only.**

**20-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

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

**D. Explanation.**

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

**Name of Authorized Certifying Official** Jon Woodward

**Date:** 10/28/2011

**Title:** Executive Director

**Applicant Organization:** Seven Hills Homeless Center

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

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

X