

2010 Western Tidewater Continuum of Care Council  
Supportive Housing Program and Shelter Plus Care

PRELIMINARY  
APPLICATION

2010

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Instructions: Please type responses and submit application electronically. The default for narrative sections is 11pt, Arial font. Please use the default fonts.

***Due Date:***

Wednesday, August 18, 2010  
***by 5:00 p.m.***

**Submit application to:**

Heather Martin  
Obici Healthcare Foundation  
[hmartinsuffolk@yahoo.com](mailto:hmartinsuffolk@yahoo.com)

**Ongoing Application Timeline**

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Technical Assistance Feedback  
Final Applications Due  
Ranking

August 23 – September 3  
Date Pending SuperNOFA Release  
Date Pending SuperNOFA Release

**Total HUD request may not exceed \$122,286 for transitional projects or \$140,629 for projects eligible for the COC Permanent Housing Bonus.**

# NEW PROJECT

## 1. Sponsor and Project Information

**Project Name:**

**DUNS Number:**

**Name of Lead Agency/Organization (project sponsor):**

**Mailing Address:**

**Contact Person:**

**Telephone:**                      **Fax:**                      **E-mail:**

**If you are submitting a project on behalf of a group of agencies/organizations, list below any agencies you are including in your proposal as sub recipients or subcontractors:**

<b>Total Project Cost:</b>	<b>Total HUD Funds Requested:</b>
\$	\$

**HUD program from which funding is being requested:**

- |   |  |
|---|--|
| <p><input type="checkbox"/> <b>Supportive Housing Program (SHP)</b> (check component below)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Permanent Housing for Persons with Disabilities</li> <li><input type="checkbox"/> Safe Havens Permanent Housing</li> <li><input type="checkbox"/> Transitional Housing</li> </ul> | <p><input type="checkbox"/> <b>Shelter Plus Care Program (S+C)</b> (check component below)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tenant-based Rental Assistance (TRA)</li> <li><input type="checkbox"/> Sponsor-based Rental Assistance (SRA)</li> <li><input type="checkbox"/> Project-based Rental Assistance (PRA)</li> </ul> |
|---|--|

**2. Homeless Management Information System (HMIS) Participation**

Will this project provide client level data to HMIS?

Yes       No

**3. Target Population**

HOUSING TYPE	UNITS	BEDS	BEDROOMS
<input type="checkbox"/> Shared Housing			
<input type="checkbox"/> Scattered Site apartments			
<input type="checkbox"/> Single Family home/townhouses			
<input type="checkbox"/> Not Applicable (HMIS, SHP, etc.)			
<input type="checkbox"/> Other			

Target Population A	
<input type="checkbox"/> SM	Single Males
<input type="checkbox"/> SF	Single Females
<input type="checkbox"/> SMF	Single Males and Females
<input type="checkbox"/> CO	Couples only, no children
<input type="checkbox"/> SMHC	Single Males and households with children
<input type="checkbox"/> SFHC	Single Females and households with children
<input type="checkbox"/> HC	Household with children
<input type="checkbox"/> YM	Youth males
<input type="checkbox"/> YF	Youth Females
<input type="checkbox"/> YMF	Youth Males and Females
<input type="checkbox"/> SMF+HC	Single Male and Females plus household with Children.

Target Population B
<input type="checkbox"/> DV Domestic Violence Victims only
<input type="checkbox"/> VET Veterans only
<input type="checkbox"/> HIV HIV/AIDS Population Only

**4. Project's Ability to Meet HUD Permanent Housing Bonus Criteria**

	Yes	No
If this is a permanent supportive housing project, (units included in HUD application only) will it <b>exclusively</b> serve persons who meet the HUD definition for permanent support housing and chronic homelessness (families or singles), as defined by HUD?		

## **5. Program Goals for the Project**

Each applicant for new SHP funding must provide at least one measurable program goal for program participants for each of the areas below. These should: 1) be appropriate to the program and the population served; 2) have a time frame for achievement; and 3) have a number indicating a level of achievement. These goals must also be no less than HUD's minimum standards.

### **1. Program Goal A. Residential Stability**



### **2. Program Goal B. Increased Skills or Income**



### **3. Program Goal C. Greater Self-Determination**



**6. Project’s Ability to Meet Local Priorities**

Project addresses a WTCCC Priority that is eligible for HUD CoC funding. **Check all that apply and provide a narrative response where indicated.**

- 1. Permanent Housing with Support for Mentally Disabled, Physically Disabled and Substance Abusers.
- 2. Transitional Housing for All Populations. \*Primary long-term goal of permanent housing, but these short-term solutions need to be in place to move people toward independence.

**A. Priorities for Effective Use of Community Resources**

(Project must address **all** of the following. Please limit response to **200 words.**)

- 1. Collaboration with and accessing resources from community-wide service systems appropriate to the consumer population. **Identify specific service systems below:**

- 2. Collaboration with other parts of the homeless continuum of care system. **Describe specific collaboration activities below:**

- 3. Reasonable costs to the community for the number of persons served and the type of housing and services being provided.

A. Cost Efficiency:

<b>A. Projected number of units</b> (Example: 2007 Exhibit 2, Section 1, Part C, 2c)	<b>B. Annual project cost</b> (ALL HUD and Cash Match, Example: 2007 Exhibit 2, Section 1, Part B- <i>excluding</i> acquisition, rehab, and construction).	<b>C. Annual cost per unit</b> (Divide B by A)
	\$	\$

B. HUD Request & Project Leveraging:

	HUD Request*	% of Total Budget	Total Budget
Housing Activities (includes operations)	\$		\$
Supportive Services	\$		\$
Administration	\$		\$
TOTAL	\$		\$

\*Total HUD request may not exceed \$122,286 for transitional projects or \$140,629 for project eligible for the COC Permanent Housing Bonus.

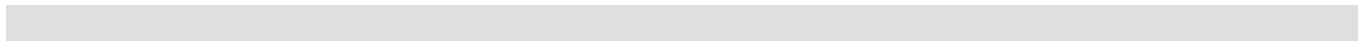
C. Budget (attach additional page with detail as needed): Applications MUST be for a **minimum of two years** and a maximum of three years.

	Year 1	Year 2	Year 3	Total Budget
Housing Activities (includes operations)	\$			
Supportive Services	\$			
Administration	\$			
SHP TOTAL	\$			

**B. Project Leveraging Chart**

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including state and local appropriated funds, to address homeless needs. Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s). (Insert additional rows as needed)

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Child Care</i>	CDBG	G	2/15/06	\$10,000



## 7. Participation in Energy Star

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiatives go to: <http://www.energystar.gov>.

Does this project use Energy Star appliances? \_\_\_ Yes \_\_\_ No \_\_\_ Not Applicable

## 8. Local Assurances

1. The applicant acknowledges that information provided in this application is, to the best of his/her knowledge, is true and correct.
2. The applicant acknowledges and understands that, although the Ranking Committee and Continuum of Care SuperNOFA Committee will review each application to be submitted in the 2009 Consolidated Continuum of Care Application for the Western Tidewater Continuum of Care and the WTCCC staff person will provide technical assistance to applicants and advise applicants of obvious errors and omissions as time permits, the applicant assumes ultimate responsibility for preparing an accurate and complete application for submission to HUD that meets all federal rules and regulations.

\_\_\_\_\_  
Signature, Chief Executive Officer

\_\_\_\_\_  
Printed name and title

\_\_\_\_\_  
Date