

Project Information - Page 1

Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

The following fields must be completed for every project application.

CoC Number and Name OR-505 - Oregon Balance of State CoC

Project Name Rapid Re-Housing

Project Type New Project

Program Type

Content depends on "Project Type" selection

Component Type

Content depends on "Program Type" selection

In which state is the project located? Oregon
(for multiple state selections hold CTRL+Key)

In which Congressional District(s) is the project located? OR-001, OR-002, OR-003, OR-004, OR-005

(for multiple selections hold CTRL + Key)

Provide a general description of the project.
(Max 3000 characters)

Oregon Housing and Community Services will administer the Rapid Re-Housing project and work with local partners to provide services to families with dependent children with very few barriers to re-entering housing, employment and are willing to attend training and accept assistance in obtaining and remaining in housing. This project will fund 12 units over the course of 3 years with a total of 40 adults and children at any point in time, with few barriers preventing them from obtaining housing and increasing or improving their employment. The goal of this project is to provide a maximum of 6 months rental subsidy while providing weekly case management and ensuring that families are being supported in employment, counseling, child care, etc.

Project Information - Page 2

Instructions:

New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
- located in a rural area (reference the definition in 2008 NOFA before answering this question);
- and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

The following fields must be completed for every project application.

Is the project requesting funding under a Special Initiative? Yes
Select the "Save" button to identify Rapid Re-housing or Samaritan Housing

Special Initiative Applicable: Rapid Re-Housing

Grant Term 3 Years

NOTE: New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.

Does the project use Energy Star? Yes

Is the project located in a rural area? Yes

Is the project located on land previously owned by the military? No

***Select all applicable budget activities that the project is requesting:**

Leasing

Supportive Services

Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Scattered Site	2110 Newmark Ave	--	Coos Bay	Oregon	97420
Scattered Site	1076 SW 4th Avenue	--	Ontario	Oregon	97914
Scattered Site	125 N. 17th Street	--	St. Helens	Oregon	97051
Scattered Site	829 Klamath Avenue	--	Klamath Falls	Oregon	97601
Scattered Site	280 Kenneth Ford ...	--	Roseburg	Oregon	97470
Scattered Site	800 NE Second Street	--	McMinnville	Oregon	97128
Scattered Site	545 SW 2nd St. Su...	--	Corvallis	Oregon	97333
Scattered Site	721 SE Third, Sui...	--	Pendleton	Oregon	97801
Scattered Site	104 Elm Street	--	La Grande	Oregon	97850

Project Location Detail

Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.

Location Name Scattered Site
Property Ownership Lease
Street Address 1 2110 Newmark Ave
Street Address 2
City Coos Bay
State Oregon
Zip Code 97420
Format: (12345 or 12345-1234)

Project Location Detail

Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

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For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.

Location Name Scattered Site
Property Ownership Lease
Street Address 1 1076 SW 4th Avenue
Street Address 2
City Ontario
State Oregon
Zip Code 97914
Format: (12345 or 12345-1234)

Project Location Detail

Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.

Location Name Scattered Site
Property Ownership Lease
Street Address 1 125 N. 17th Street
Street Address 2
City St. Helens
State Oregon
Zip Code 97051
Format: (12345 or 12345-1234)

Project Location Detail

Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

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Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.

Location Name Scattered Site
Property Ownership Lease
Street Address 1 829 Klamath Avenue
Street Address 2
City Klamath Falls
State Oregon
Zip Code 97601
Format: (12345 or 12345-1234)

Project Location Detail

Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.

Location Name Scattered Site
Property Ownership Lease
Street Address 1 280 Kenneth Ford Drive
Street Address 2
City Roseburg
State Oregon
Zip Code 97470
Format: (12345 or 12345-1234)

Project Location Detail

Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.

Location Name Scattered Site
Property Ownership Lease
Street Address 1 800 NE Second Street
Street Address 2
City McMinnville
State Oregon
Zip Code 97128
Format: (12345 or 12345-1234)

Project Location Detail

Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.

Location Name Scattered Site
Property Ownership Lease
Street Address 1 545 SW 2nd St. Suite A
Street Address 2
City Corvallis
State Oregon
Zip Code 97333
Format: (12345 or 12345-1234)

Project Location Detail

Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.

Location Name Scattered Site
Property Ownership Lease
Street Address 1 721 SE Third, Suite D
Street Address 2
City Pendleton
State Oregon
Zip Code 97801
Format: (12345 or 12345-1234)

Project Location Detail

Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.

Location Name Scattered Site
Property Ownership Lease
Street Address 1 104 Elm Street
Street Address 2
City La Grande
State Oregon
Zip Code 97850
Format: (12345 or 12345-1234)

Project Expansion Information

Instructions:

Expansion projects - identify and describe the expansion of an existing facility or activities being proposed. Projects may only expand facilities that are currently operating and activities that are currently undertaking, to include one or more of the five (5) activities listed. For additional guidance on expanding existing facilities and/or activities, contact the local HUD Field Office: <http://www.hud.gov/offices/cpd/about/local/index.cfm>.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

The following fields relate to new projects that plan to expand one or more existing housing facilities or service activities currently being provided.

Will the project use an existing homeless facility or incorporate activities provided by an existing project? No
(if yes, select the "Save" button to identify the expansion activities)

Project Sponsor Information

Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.

Is the project applicant the same as the project sponsor? No
(If yes select the "Save" button to auto-fill the fields below)

Organization Name Oregon Coast Community Action Agency

Organization Type M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

DUNS Number 39214416
Format: xxxxxxxxx or xxxxxxxxxxxxxx

Tax ID or EIN 93-0547036
Format: 12-3456789

Street Address 1 1741 Newmark Avenue

Street Address 2

City Coos Bay

State Oregon

Zip Code 97420
Format: 12345 or 12345-1234

Is the sponsor a Faith-Based Organization? No

Has the sponsor ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

Identify source documentation for sponsor's nonprofit status: IRS letter or ruling showing 501(c)(3) status

Non-Profit Documentation Attachment

Document Type	Required?	Document Description	Date Attached
Proof of non-profit status	Yes	ORCAA IRS 501-C3	10/16/2008

Non-Profit Documentation Attachment Detail

Document Description: ORCAA IRS 501-C3

Project Sponsor Contact Information

Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.

Prefix
First Name Bob
Middle Name
Last Name More
Suffix
Title Director of Housing Services
E-mail Address robertm@orcca.us
Confirm E-mail Address robertm@orcca.us
Phone Number 541-888-7022
Format: 123-456-7890
Extension
Fax Number 541-888-7027
Format: 123-456-7890

Experience of Project Applicant, Sponsor, and Partners

Instructions:

The purpose of this screen is to determine the ability of the project partners to operate and carry-out the housing and/or supportive service activities of the project.

All projects - describe the specific type and length of experience for the applicant, project sponsor, housing and supportive service providers, and if applicable, key subcontractors involved in implementing the project. In addition, describe the experience in working with homeless persons, and the experience directly related to the proposed activities being carried out, including housing development, housing management, housing families (especially for Rapid Re-housing projects), service delivery, and HMIS activities (for new HMIS projects).

Rapid Re-housing projects - must also describe specific experience serving homeless households with dependent children and include a description of the performance for previous Rapid Re-housing for Families and/or households with dependent children projects. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

Describe how the project applicant, sponsor, and partners meet the experience standards outlined in the NOFA.

Describe experience of project partners related to providing activities and working with homeless persons.

Oregon Housing and Community Services will be administering this project in conjunction with several partners throughout the Rural Oregon Continuum of Care (Balance of State). The partners who have agreed to participate have several years of experience providing services and housing to homeless families. Oregon Coast Community Action Agency (ORCAA) and its partners in Coos and Curry county are currently operating successful SHP homeless transitional housing projects for singles and families, and have done so for the past 5 years. ORCAA and their partners have developed an extensive list of landlords who are willing to participate and house homeless families with children. ORCAA's partner, Bay Area First Steps has a major property management company CEO on their board, which has provided a stable supply of housing for homeless families with children in Coos County over the years. The Women's Safety and Resource Center in Coos County has been operating since the 1980's and provides services primarily to women with children who are experiencing domestic violence issues. The Oasis Shelter in Curry County has been in operation for the past 10 years and in addition to operating a domestic violence shelter, also operates a transitional housing project. ORCAA and their partners have experience in Rapid Re-housing type activities in that they are able to quickly re-house families with children through the use of their extensive landlord connections and transitional housing projects available, the use of emergency rental assistance funds and HTBA deposit only funds. Our partners in Columbia county have been providing housing and services to homeless families for the past 21 years. They currently have 2 successful transitional housing projects that serve both singles and families. Over 80% of the participants in those projects obtain permanent housing by the time they exit transitional housing. Our partners in Malheur and Klamath County also have several years of experience in providing transitional housing for singles and families with children. The project in Malheur County is a transitional housing project, which has been operating successfully for the past 6 years. All of the partners use specific criteria to determine homeless status, income eligibility and current financial status and to assess eligibility for current programs, such as the families ability to become self-sufficient once their housing is stabilized, what referrals are needed and their willingness to participate in job training and case management to build towards self-sufficiency. All of the partners work with local mainstream resources such as the local Department of Human Services, local health and mental health facilities, corrections, employment services, veterans services, legal aid, local food banks and vocational rehabilitation programs.

Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG? No
(If yes, select the "Save" button to explain findings)

Special Housing Project

All new projects requesting special housing funds (Samaritan Housing or Rapid Re-housing for Families) must address all mandatory fields below. It is imperative that applicants carefully review the 2008 NOFA for program eligibility requirements.

Experience in forming relationships with landlords, including:

- The outreach efforts that the agency uses
- How relationships are maintained
- How the agency deals with conflicts between landlords and clients
- How the agency documents cooperative landlords and affordable units (i.e. a web-based housing locator, distribution list)

The partners who are participating in this project have very solid relationships with landlords in their local continuums. Oregon Coast Community Action Agency (ORCAA) has maintained the only rental listing service in the area for the past 8 years. Solid relationships have been formed over the years and now landlords voluntarily update available rental information with ORCAA. Our partners in Columbia County make sure that they have commitments from landlords prior to applying for housing grants and maintains a distribution list of those rentals. Malheur County has developed relationships with many landlords over the years. They make regular home visits and ensure that the landlords property is well cared for and communicates on a regular basis with the landlords. All partners in this project maintain lists of available rentals. Some partners review local listings on a regular basis for available units and reach out to the landlords to develop relationships.

The CoCs centralized intake process for families, as defined by HUD in the 2008 NOFA, including how families will be made aware of the Rapid Re-housing program being offered by your agency.

In the Coos/Curry area, ORCAA and their partners have formed a centralized intake system, with specific identified individuals who are responsible for making sure that all intakes are standardized in those counties. The other partners in this project have standardized intakes in their agencies and with their local partners. Some partners have forms that are given to referral agencies. The referring agency uses the form to determine eligibility and documentation needs and are then able to make the appropriate referral. In an effort to create standarization throughout the Continuum, we are submitting a standard intake form that all participants will use for this project.

The agency's assessment process, including:

- The criteria that you will use to determine whether a family is eligible for the demonstration project
- The types of services or referrals families will receive if they are determined to be ineligible for assistance through the demonstration project
- The assessment tool that the agency uses for evaluating families. On the following screen, you will be able to attach the tool your agency currently uses after you have completed this section.

All partners in this project will use the HUD definition of homeless to determine eligibility for the program. Secondly, an assessment will be made to determine the families ability to obtain housing with few barriers, and their willingness to attend classes and training for employment and other self-sufficiency oriented training. Even if a family is not eligible for services they will still receive emergency services, advocacy, crisis intervention, housing counseling, access to rental listing services, access to affordable housing, energy assistance, employment referrals, veterans assistance, Head Start referrals, and more. We are attaching an assessment tool that we are going to try out during this project to see if we can create some standardization throughout the Continuum.

The agency's and partner's connection with mainstream community social services and benefits, including:

- The types of services to which the agency/partner routinely connects clients
- The mainstream service agencies with which your agency has formal agreements

The partners in this project routinely connect clients with Oregon Department of Human Services - Family Self-sufficiency, Child Welfare Services, Seniors and People with Disabilities, Vocational Rehabilitation, Volunteer Services, Social Security, Mental Health agencies, Public Health agencies, Corrections, Employment, Veteran Services, Housing Authorities, Faith based agencies, Vocational Rehabilitation Services, utility assistance programs, food banks, medical assistance.

Rapid Re-Housing Assessment Tool

Document Type	Required?	Document Description	Date Attached
Rapid Re-Housing Assessment Tool	Yes	Rapid Re-Housing ...	10/02/2008

Assessment Tool Attachment Detail

Document Description: Rapid Re-Housing Assessment form

Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Scattered-site apartments (...)	12	34	23

Type and Scale of Housing Detail

Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.

Housing Type: Scattered-site apartments (including efficiencies)

Total for Selected Housing Type

Units: 12

Beds: 34

Bedrooms: 23

Project Participants - Households with Dependent Children

Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form. .

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.

Total Number of Households	12					
	Total Persons	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	5	0	0	2	1	1
Non-Disabled Adults	10		0	0		2
Disabled Children	5	0	0		0	1
Non-Disabled Children	20		0			4
Total Persons (select "Save" to auto-calculate)	40	0	0	2	1	8
Total Number of Adults (select "Save" to auto-calculate)	15					
Total Number of Children (select "Save" to auto-calculate)	25					

Project Participants - Households without Dependent Children

Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.

Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	0
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Oregon Housing and Community Services						EX2_008452	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	0	0	0	0	0	0	0
Non-Disabled Adults	0			0	0		0
Disabled Unaccompanied Youth	0		0	0		0	0
Non-Disabled Unaccompanied Youth	0			0			0
Total Persons (select "Save" to auto-calculate)	0	0	0	0	0	0	0
Total Number of Adults (select "Save" to auto-calculate)	0						
Total Number of Unaccompanied Youth (select "Save" to auto-calculate)	0						

Supportive Services for Participants

Instructions:

The information entered in this form will help determine the project's capacity to provide services or access to services for participants. If the project is requesting supportive services funding, the level of services must be reflected here.

Describe supportive services being offered - all new projects must describe the supportive services that will help participants obtain and remain in permanent housing, access mainstream resources, and/or obtain employment.

Frequency of supportive services - Each new project must also indicate the frequency (daily, weekly, bi-weekly, monthly, quarterly, does not apply) at which these basic supportive services are provided to project participants.

Rapid Re-housing projects- in the "other" boxes, indicate the frequency at which housing placement, literacy training, and legal assistance services will be provided to participants.

Indicate the level of accessibility of community amenities for project participants - basic community amenities include medical facilities, grocery stores, recreation facilities, schools, etc, and should be accessible to participants via walking, public transportation, driving, or transportation provided by the project. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

In the fields below, provide information about the type of supportive services that will be provided to participants in the project as well as the frequency in which they are provided. In addition, describe how participants will be assisted to increase self-sufficiency.

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

The partners who are going to participate in this project all utilize case management to provide supportive services to the families as they become self-sufficient. Program goals are established towards gaining self sufficiency and progress is tracked for economic self-reliance, family/community self-reliance, education self-reliance, child care and development self-reliance, and chemical self-reliance. Through case management clients are enrolled in classes and training for life skills, job training, counseling, and education. Clients are also assisted with applying for mainstream benefits.

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

All partners in this project have close working relationships with the local employment offices, temporary employment agencies and other employment related agencies. The partners also have close working relationships with the local agencies who participate in the Workforce Investment Action (WIA) Program. Participants in the Rapid Re-Housing project will be required through case management to develop an action plan to increase/improve employment through not only searching for employment, but also participating in training and education classes to increase skill level.

Supportive Service		Select frequency
Exhibit 2	Page 30	10/21/2008

Oregon Housing and Community Services		EX2_008452
Outreach		Daily
Case Management		Weekly
Life Skills		Weekly
Job Training		Weekly
Alcohol and Drug Abuse Services		Weekly
Mental Health and Counseling		Weekly
HIV/AIDS Services		Weekly
Health/Home Health Services		Weekly
Education and Instruction		Weekly
Employment Services		Weekly
Child Care		Weekly
Transportation		Weekly
Other (Specify Below)		
Other (Specify Below)		
Other (Specify Below)		

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

Outreach for Participants

Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

Complete the following fields related to the outreach plans to bring participants into the project.

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

60%	Persons who came from the street or other locations not meant for human habitation.
40%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
0%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.

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

The partners who are participating in this project have a number of methods in place to do outreach, over and above the sheer number of clients who come into their agencies needing services. In each local area the partners have good working relationships with other service agencies through monthly networking meetings, fliers, posters and local newspapers. Some of the local service agencies include emergency shelters, the food bank networks, Head Start programs, churches and health clinics.

Housing for Participants

Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

Complete the following fields related to housing participants in the project.

*** Maximum length of stay allowed 6
(up to 24 months)**

Discharge Planning Policy

The following question must be completed by project applicants that are State or Local government agencies.

Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?

Yes

Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

Total value of written commitment \$890,886

Contributor	Source	Date of Commitment	Value of Commitment
Oregon Coast Comm...	Private	10/10/2008	\$27,010
Department of Hum...	Government	10/01/2008	\$96,384
Department of Hum...	Government	10/03/2008	\$44,905
Coos County Menta...	Government	10/09/2008	\$29,400
Oregon Human Deve...	Private	10/15/2008	\$15,378
Oregon Human Deve...	Private	10/15/2008	\$9,464
Treasure Valley C...	Government	10/16/2008	\$1,116
Oregon Law Center	Private	10/15/2008	\$1,500
Community Action ...	Private	10/16/2008	\$400,000
Oregon Coast Comm...	Private	10/10/2008	\$5,775
Bay Area First Steps	Private	10/20/2008	\$5,785
Bay Area First Steps	Private	10/20/2008	\$198,300
Oasis Transitiona...	Private	10/20/2008	\$5,869
Curry County Huma...	Government	10/20/2008	\$37,400
Klamath Housing A...	Government	10/15/2008	\$300
Klamath & Lake Co...	Private	10/17/2008	\$1,200
Malheur Council o...	Private	10/17/2008	\$2,600
Community Action ...	Private	10/20/2008	\$8,500

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution In Kind
Name the Source of the Contribution Oregon Coast Community Action
Select Type of Source Private
Date of Written Commitment 10/10/2008
Value of Written Commitment \$27,010

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

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Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution In Kind
Name the Source of the Contribution Department of Human Services
Select Type of Source Government
Date of Written Commitment 10/01/2008
Value of Written Commitment \$96,384

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution In Kind

Name the Source of the Contribution Department of Human Services
Select Type of Source Government
Date of Written Commitment 10/03/2008
Value of Written Commitment \$44,905

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution In Kind
Name the Source of the Contribution Coos County Mental Health Department
Select Type of Source Government
Date of Written Commitment 10/09/2008
Value of Written Commitment \$29,400

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution Cash
Name the Source of the Contribution Oregon Human Development Corporation
Select Type of Source Private
Date of Written Commitment 10/15/2008
Value of Written Commitment \$15,378

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution In Kind

Name the Source of the Contribution Oregon Human Development Corporation
Select Type of Source Private
Date of Written Commitment 10/15/2008
Value of Written Commitment \$9,464

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution In Kind
Name the Source of the Contribution Treasure Valley Community College
Select Type of Source Government
Date of Written Commitment 10/16/2008
Value of Written Commitment \$1,116

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution In Kind
Name the Source of the Contribution Oregon Law Center
Select Type of Source Private
Date of Written Commitment 10/15/2008
Value of Written Commitment \$1,500

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution In Kind

Name the Source of the Contribution Community Action Team & Columbia County Self
-Help, Inc.

Select Type of Source Private

Date of Written Commitment 10/16/2008

Value of Written Commitment \$400,000

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution Cash

Name the Source of the Contribution Oregon Coast Community Action

Select Type of Source Private

Date of Written Commitment 10/10/2008

Value of Written Commitment \$5,775

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution Cash
Name the Source of the Contribution Bay Area First Steps
Select Type of Source Private
Date of Written Commitment 10/20/2008
Value of Written Commitment \$5,785

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

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Select the Type of Contribution In Kind

Name the Source of the Contribution Bay Area First Steps
Select Type of Source Private
Date of Written Commitment 10/20/2008
Value of Written Commitment \$198,300

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

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Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

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Select the Type of Contribution Cash
Name the Source of the Contribution Oasis Transitional Housing
Select Type of Source Private
Date of Written Commitment 10/20/2008
Value of Written Commitment \$5,869

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

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Select the Type of Contribution In Kind
Name the Source of the Contribution Curry County Human Services
Select Type of Source Government
Date of Written Commitment 10/20/2008
Value of Written Commitment \$37,400

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

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Select the Type of Contribution In Kind

Name the Source of the Contribution Klamath Housing Authority
Select Type of Source Government
Date of Written Commitment 10/15/2008
Value of Written Commitment \$300

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution In Kind
Name the Source of the Contribution Klamath & Lake Community Action Services
Select Type of Source Private
Date of Written Commitment 10/17/2008
Value of Written Commitment \$1,200

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution In Kind

Name the Source of the Contribution Malheur Council on Aging & Community Services

Select Type of Source Private

Date of Written Commitment 10/17/2008

Value of Written Commitment \$2,600

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

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Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution Cash

Name the Source of the Contribution Community Action Team, Inc.

Select Type of Source Private

Date of Written Commitment 10/20/2008

Value of Written Commitment \$8,500

Homeless Management Information System (HMIS) Participation

Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

All projects must indicate their level of participation in the CoC's HMIS.

Does this project provide client level data to HMIS at least annually? No

Select the "Save" button to enter additional information.

Indicate the reason for non-participation in the HMIS New project not yet operational

For Federal/State prohibition, cite applicable law. For "Other", provide explanation.

SHP 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 \$284,580

SHP Leased Structures Budget

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

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

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

SHP Supportive Services Budget

Complete the following budget fields detailing how SHP funds will be used to provide supportive services project participants.

Instructions:

Enter the quantity and total dollar amount of SHP funds requested for each supportive service in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing services to project participants who are eligible for SHP funding. Refer to the SHP Desk Guide for details on eligible supportive services costs:

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> For detailed instructions and examples on completing this budget, reference the online training modules at: <http://esnaps.hudhre.info/training>.

By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 20% of the project's total supportive services annual budget. Although documentation of matching funds is not required in this application; if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

Rapid Re-housing projects - If the applicant is applying for a Rapid Re-housing Demonstration Project and will be providing housing placement, legal assistance and literacy training these items should be listed under "other" costs.

Supportive Services Costs	Quantity (limit 200 characters)	SHP Request Year 1	SHP Request Year 2	SHP Request Year 3	Total
1. Outreach		\$0	\$0	\$0	\$0
2. Case Management	1,148 @ \$16.50 per hour	\$18,936	\$18,936	\$18,936	\$56,808
3. Life Skills (outside of case management)		\$0	\$0	\$0	\$0
4. Alcohol and Drug Abuse Services		\$0	\$0	\$0	\$0
5. Mental Health and Counseling Services		\$0	\$0	\$0	\$0
6. HIV/AIDS Services		\$0	\$0	\$0	\$0
7. Health Related and Home Health Services		\$0	\$0	\$0	\$0
8. Education and Instruction		\$0	\$0	\$0	\$0
9. Employment Services		\$0	\$0	\$0	\$0
10. Child Care		\$0	\$0	\$0	\$0
11. Transportation		\$0	\$0	\$0	\$0
13. Other (must specify)					
Move in deposits & application fees	12 units x 2 @ \$275.00	\$6,600	\$6,600	\$6,600	\$19,800
Utility deposits	12 units x 2 @ \$137.50	\$3,300	\$3,300	\$3,300	\$9,900
14. Total SHP dollars requested		\$28,836	\$28,836	\$28,836	\$86,508
15. Cash Match		\$7,209	\$7,209	\$7,209	\$21,627
16. Total SHP Supportive Services Budget		\$36,045	\$36,045	\$36,045	\$108,135
17. Other resources (cash and in-kind)		\$0	\$0	\$0	\$0

Supportive Housing Program (SHP) Summary Budget

Instructions:

To update the individual budget activities (acquisition, new construction, rehabilitation, leasing, supportive services, operations, or HMIS), use the left menu bar to go back to the appropriate budget. Refer to the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> for details on funding limitations, cash match, and eligible budget activities.

The following information summarizes the SHP funding request and the available cash match for the total term of the project. Enter the appropriate amount of administrative costs for the project.

Selected Grant Term 3 Years

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition			\$0
2. Rehabilitation			\$0
3. New Construction			\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$284,580		\$284,580
6. Supportive Services From Supportive Services Budget Chart	\$86,508	\$21,627	\$108,135
7. Operations From Operating Budget Chart	\$0	\$0	\$0
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$371,088		
10. Administrative Costs (Up to 5% of line 9)	\$18,507	Max. Admin. Allowed	\$18,554
	Total SHP Request (Total lines 9 and 10)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
	\$389,595	\$21,627	\$411,222

Public Housing Authority (PHA) Certification Attachment Detail

Document Description:

Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	Rapid Re-Housing ...	10/16/2008

Program Outcome Logic Model (HUD 96010) Attachment Detail

Document Description: Rapid Re-Housing 2008 Logic Model