

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 Oregon Housing Opportunities in Partnership (OHOP)

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-004, OR-005
(for multiple selections hold CTRL + Key)

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

OHOP will utilize Supportive Housing Program (SHP) scattered site tenant-based leasing support in private market rental housing and community-based affordable (non-subsidized) housing to provide permanent supportive housing to 3-4 homeless households living with HIV/AIDS in any county within the Rural Oregon Continuum of Care. All supportive services for assisted clients will be provided through leveraged community based resources. The model would operate using Housing First principles, attempting to place clients as immediately as possible upon referral into permanent housing with leveraged community-based supportive services provided to assist the client in maintaining stable housing. Following applicable SHP regulations, eligible clients would pay 30% of the households adjusted gross income to rent, with OHOP using SHP leasing funds to pay the remainder of the applicable units gross monthly rent.

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? No
Select the "Save" button to identify Rapid Re-housing or Samaritan Housing

Grant Term 2 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? No

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:**

New Construction
Acquisition

Rehabilitation	<input type="checkbox"/>
Leasing	<input checked="" type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operations	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

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	800 NE Oregon St....	--	Portland	Oregon	97232

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 Oregon St., Suite 1105
Street Address 2	
City	Portland
State	Oregon
Zip Code	97232
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? Yes
(if yes, select the "Save" button to identify the expansion activities)

Select the activities below that describe the expansion project, and select save to provide additional details. Increase the number of homeless persons served

Increase number of homeless persons served

Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	8
# of units	5
# of bedrooms	7
# of beds	8
New Effort	
# of additional persons served at a point in time that this project will provide	6
# of additional units this project will provide	4
# of additional bedrooms this project will provide	5
# of additional beds this project will provide	6

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? Yes
(If yes select the "Save" button to auto-fill the fields below)

Organization Name Oregon State Department of Human Services

Organization Type A. State Government

If "Other" specify:

DUNS Number 878144021
Format: xxxxxxxxx or xxxxxxxxxxxxxx

Tax ID or EIN 93-6001752
Format: 12-3456789

Street Address 1 800 NE Oregon Street, Suite 1105

Street Address 2

City Portland

State Oregon

Zip Code 97232
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

Non-Profit Documentation Attachment Detail

Document Description:

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 Ryan
Middle Name
Last Name Deibert
Suffix
Title OHOP Program Coordinator
E-mail Address ryan.j.deibert@state.or.us
Confirm E-mail Address ryan.j.deibert@state.or.us
Phone Number 971-673-0145
Format: 123-456-7890
Extension
Fax Number 971-673-0177
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.

The Oregon Department of Human Services, Public Health Division, HIV/STD/TB Section, HIV Care and Treatment Program (HIV Care and Treatment) has provided Housing Opportunities for People with AIDS (HOPWA) -funded housing services through its umbrella housing program, Oregon Housing Opportunities in Partnership (OHOP) program since 2002. The programs experience includes acting as the grantee or sole project sponsor for two HOPWA competitive grants, Oregon's Balance of State (BOS) HOPWA formula grant, and two HOPWA Special Projects of National Significance. Under these HUD Performance Grant Agreements, HIV Care and Treatment has successfully administered and directly provided a full continuum of HOPWA -funded housing services and leveraged supportive services to people living with HIV/AIDS who are homeless or at risk of becoming homeless, including tenant-based rental assistance (TBRA), housing information services, resource identification, permanent housing placement services, and short-term rent, mortgage and utility assistance. More than 50% (82/155) of new households enrolled in the OHOP program since the beginning of 2006 have been homeless at entry to the program.

For this project, only households coming from the streets, emergency shelters, safe havens, or transitional housing (if they originally came from the streets or emergency shelter) will be served.

In addition to direct tenant-based leasing assistance, OHOP currently provides homeless households with the following leveraged supportive housing services through cash or in-kind match:

- Comprehensive assessment and documentation of clients program eligibility and housing needs, including barriers to finding and maintaining housing
- Development of client-centered housing planning to assist the client in finding and maintaining suitable permanent rental housing
- Outreach to private market landlords to identify suitable rental units
- Documentation of clients income and calculation of leasing subsidy
- Inspection of proposed rental housing to document compliance with applicable rent reasonableness, housing quality, and fair market rent standards
- Ongoing housing case management to encourage client housing stability, prevent evictions, and assist in transition to independent permanent housing as appropriate
- Collaborative case consultation with HIV medical case managers

Additionally, the OHOP program provides the following supportive services to eligible clients within the scope of existing Ryan White Program-funded HIV case management activities:

- Continued development of relationships with homeless services providers to act as a referral resource for homeless individuals identified as living with HIV
- Identification of homeless clients living with HIV and client referral to the OHOP housing program
- Comprehensive psychosocial and medical assessment to determine client needs
- Client-centered case planning and case management services
- Referral to and coordination of primary medical and dental care
- Access to health insurance and prescription medications through the CAREAssist program
- Assessment of behavioral health needs and coordination of access and referral to appropriate mental health and substance use treatment services
- Direct provision of:
 - emergency and transitional housing assistance
 - food and transportation assistance
 - other emergency financial assistance

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)

Assessment Tool Attachment Detail

Document Description:

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 (...)	4	6	5

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: 4

Beds: 6

Bedrooms: 5

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	1					
	Total Persons	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	1				1	
Non-Disabled Adults	1					
Disabled Children						
Non-Disabled Children	1					
Total Persons (select "Save" to auto-calculate)	3	0	0	0	1	0
Total Number of Adults (select "Save" to auto-calculate)	2					
Total Number of Children (select "Save" to auto-calculate)	1					

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	3
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Oregon State Department of Human Services						EX2_008709	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	3	3				3	
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
Total Persons (select "Save" to auto-calculate)	3	3	0	0	0	3	0
Total Number of Adults (select "Save" to auto-calculate)	3						
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.

Through its four regional housing coordinators (each located centrally in four regions that span this CoC) and network of HIV case managers, OHOP will provide the following leveraged supportive housing services:

- Assessment of clients eligibility and needs
- Development of client-centered housing plans
- Outreach to landlords to identify suitable rental units
- Documentation of clients income and calculation of SHP leasing subsidy
- Inspection of rental housing to document compliance with applicable rent reasonableness, housing quality, and fair market rent standards
- Ongoing housing case management to encourage stability, prevent evictions, and assist transition to independent permanent housing
- Coordination of primary medical and dental care
- Access to health insurance and medications
- Assessment of needs and coordination of access to mental health and substance use treatment services
- Direct provision of other housing, food, transportation, and financial assistance

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

Through its four regional housing coordinators and network of local HIV case managers, OHOP assesses each clients current income, ability to work, and potential eligibility for disability benefits and other income. In collaboration with the client and the clients housing coordinator, the HIV case manager develops a Care Plan that includes specific goals related to income and client self-sufficiency. Each Care Plan is client-centered, but plans often include assistance with applications for Social Security Income, access to health insurance and medications through the CAREAssist program, and referral to other state-level and community based resources, including local Oregon Employment Department offices, credit counselors, food stamps, and TANF.

Supportive Service	Select frequency
Outreach	Quarterly
Case Management	Weekly
Life Skills	Bi-monthly
Job Training	Monthly
Alcohol and Drug Abuse Services	Monthly
Mental Health and Counseling	Monthly
HIV/AIDS Services	Monthly
Health/Home Health Services	Does not apply
Education and Instruction	Does not apply
Employment Services	Monthly
Child Care	Does not apply
Transportation	Monthly
Other (Specify Below)	
Nutrition Services	Monthly
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? Somewhat 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.

67%	Persons who came from the street or other locations not meant for human habitation.
33%	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
	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.

Through its four regional housing coordinators and multiple HIV case managers, the OHOP program provides emergency housing services to people living with HIV throughout Oregon's balance of state. To that end, OHOP has developed relationships with other local homeless services providers to act as a referral resource for homeless households living with HIV/AIDS. Homeless participants are generally identified by HIV case managers when clients present to the HIV case management agency to receive medical and supportive services. Additional participants will be identified through ongoing outreach to other local homeless service providers, particularly shelter providers.

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.

Will more than 16 persons reside in a structure? No
(If yes, select Save to enter additional information.)

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 \$71,063

Contributor	Source	Date of Commitment	Value of Commitment
Ryan White Progra...	Government	08/08/2008	\$9,060
Housing Opportuni...	Government	08/08/2008	\$9,587
Ryan White Progra...	Government	08/08/2008	\$52,416

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	Ryan White Program (HIV Case Management)
Select Type of Source	Government
Date of Written Commitment	08/08/2008
Value of Written Commitment	\$9,060

Project Leveraging Detail

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Select the Type of Contribution In Kind
Name the Source of the Contribution Housing Opportunities for Persons With AIDS (OHOP Housing Coordination)
Select Type of Source Government
Date of Written Commitment 08/08/2008
Value of Written Commitment \$9,587

Project Leveraging Detail

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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 Ryan White Program (AIDS Drug Assistance Program)

Select Type of Source Government

Date of Written Commitment 08/08/2008

Value of Written Commitment \$52,416

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 \$34,992

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			

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 2 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	\$34,992		\$34,992
6. Supportive Services From Supportive Services Budget Chart	\$0	\$0	\$0
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)	\$34,992		
10. Administrative Costs (Up to 5% of line 9)		Max. Admin. Allowed	\$1,750
	Total SHP Request (Total lines 9 and 10)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
	\$34,992	\$0	\$34,992

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	OHOP Logic Model ...	10/03/2008

Program Outcome Logic Model (HUD 96010) Attachment Detail

Document Description: OHOP Logic Model 2008