

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 ORCCA COOLS Expansion

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-004
(for multiple selections hold CTRL + Key)

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

The COOLS project currently provides scattered site permanent housing and services to three disabled homeless people at any one time. The participant must be a client of Coos County Mental Health (CCMH), have a diagnosed mental illness, and be verifiably homeless. ORCCA works in partnership with CCMH, providing housing services while CCMH provides mental health treatment. The need for this type of Permanent Supportive Housing in our county is estimated at about 40-50 beds. Therefore, the expansion of the COOLS grant by 7 new slots will more than triple our current capacity and help meet the current highest priority of our local continuum.

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	
Leasing	X
Supportive Services	X
Operations	
HMIS	

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 Sites	2110 Newmark	--	Coos Bay	Oregon	97420

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 Sites
Property Ownership	Lease
Street Address 1	2110 Newmark
Street Address 2	
City	Coos Bay
State	Oregon
Zip Code	97420
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, Provide additional supportive services to homeless persons

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	3
# of units	3
# of bedrooms	3
# of beds	3
New Effort	
# of additional persons served at a point in time that this project will provide	7
# of additional units this project will provide	7
# of additional bedrooms this project will provide	7
# of additional beds this project will provide	7

Additional supportive services to homeless persons

Indicate how the project is proposing to "provide additional supportive services to the homeless persons served." Increase number of and/or expand variety of supportive services provided

Describe the reason for the supportive service increase indicated above.

An increase in the number of disabled homeless people served from 3 to 10 will require a corresponding increase in the amount of mental health services and housing services that are being provided as part of the project operation.

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 Coast Community Action
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 2110 Newmark Ave.

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

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 Robert

Middle Name B.

Last Name More

Suffix

Title Director

E-mail Address robertm@orcca.us

Confirm E-mail Address robertm@orcca.us

Phone Number 541-666-7022
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.

This expansion project will engage the same partners as are involved in the current project, which has been in operation for 4 years. ORCCA has been providing housing and a comprehensive range of services to homeless people since the early 1980's, and is the state-designated lead homeless agency for Coos & Curry Counties in Oregon. Coos County Mental Health [CCMH] has been providing homeless services in partnership with ORCCA for 7 years, and is actively engaged with ORCCA in coordinating services to homeless clients in the COOLS project. Regular client staffings between ORCCA and CCMH staff occur once per month. Bay Area Hospital contracts with CCMH for services and beds in the hospitals mental health unit; some of the staff in the unit are CCMH employees. Coordination of services to homeless mentally ill people is currently being developed in the Coos County 10-Year Plan among 18 different agencies or organizations. Adoption and implementation of the Plan is expected in January 2009.

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 (...)	7	7	7

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: 7

Beds: 7

Bedrooms: 7

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

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	7
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Oregon Coast Community Action						EX2_008080	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	7	4	7	3	2		2
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
Total Persons (select "Save" to auto-calculate)	7	4	7	3	2	0	2
Total Number of Adults (select "Save" to auto-calculate)	7						
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 ORCCA Case Manager (5 years of landlord success in accepting mentally ill tenants) gives participants a housing assessment and then places them in leased permanent housing suitable to their identified needs. Those who have income provide 30% toward rent/utilities. ORCCAs certified inspectors follow HQS standards and approve each unit prior to lease-up. The Case Manager educates landlords on the COOLS Project and the particular client that may be renting from them. The Case Manager negotiates a lease with the landlord, following the signing of which, the Case Manager provides COOLS tenants a written rental contract which each participant must sign. ORCCA staff educate participants on their rights and duties as tenants. Following placement in housing, the Case Manager (and CCMH staff) proceeds with the supportive services plans designed to assist the participants in attaining and maintaining stability within their permanent housing setting.

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

Coos County Mental Health staff will take the lead in helping participants apply for and receive such income components as SSI, SSDI, GA, VA, unemployment, OHP health insurance, and others as applicable. The ORCCA Case Manager will assist CCMH with Social Security benefit issues. CCMH and ORCCA also will work with participants to help them reconnect with educational or vocational services/ settings to help them achieve long-range goals that may have been abandoned as a result of their illness. Finally, CCMH will work with participants using a strength-based approach that acts to reinforce productive skill sets that will help the participants function more productively. Such interventions as medication services, therapy, case management, in-home services, supported employment, and drop-in centers also complement the other support services that participants will need to be independently successful. Finally, as a backup to the CCMH staff, the ORCCA Case Manager and/or other ORCCA staff will check to ensure that participants have access to applicable Mainstream Resources not already identified by CCMH such as Food Stamps, Transportation, Disability Services, Vocational Rehabilitation, Workforce Investment Act, Veterans Health Care and community based Mental Health other than that provided by the Coos Mental Health Program.

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

65%	Persons who came from the street or other locations not meant for human habitation.
35%	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.

ORCCA receives direct referrals from all 6 shelters in our service district. Orcca also has outreach offices in Coos Bay, Myrtle Point, Reedsport, and Brookings, Oregon, and provides homeless services at each of them. In addition, Homeless Outreach information is provided at the 30 food pantries and meal sites in ORCCA's South Coast Food Share regional food bank, and at the 10 Head Start sites in our service area. ORCCA has significant contacts within the rental-owner community, and is able to rapidly access suitable rental units to place the homeless individuals served by this project.

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?

Not Applicable

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 \$161,128

Contributor	Source	Date of Commitment	Value of Commitment
ORCCA Cash Match ...	Government	09/08/2008	\$8,267
ORCCA Life Skills	Private	09/08/2008	\$2,980
ORCCA Health Care...	Private	09/08/2008	\$840
ORCCA Food Boxes	Private	09/08/2008	\$6,720
ORCCA LIEAP	Government	09/08/2008	\$4,340
ORCCA Transportation	Government	09/08/2008	\$600
ORCCA program spa...	Private	09/08/2008	\$1,000
ORCCA Administrat...	Private	09/08/2008	\$5,000
Coos County Menta...	Government	09/15/2008	\$98,000
Oregon Dept. Huma...	Government	09/15/2008	\$26,376
Oregon Dept. Huma...	Government	09/15/2008	\$7,005

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 ORCCA Cash Match - Case Management
Select Type of Source Government
Date of Written Commitment 09/08/2008
Value of Written Commitment \$8,267

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 ORCCA Life Skills
Select Type of Source Private
Date of Written Commitment 09/08/2008
Value of Written Commitment \$2,980

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 ORCCA Health Care Expenses
Select Type of Source Private
Date of Written Commitment 09/08/2008
Value of Written Commitment \$840

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 ORCCA Food Boxes
Select Type of Source Private
Date of Written Commitment 09/08/2008
Value of Written Commitment \$6,720

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 ORCCA LIEAP
Select Type of Source Government
Date of Written Commitment 09/08/2008
Value of Written Commitment \$4,340

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 ORCCA Transportation
Select Type of Source Government
Date of Written Commitment 09/08/2008
Value of Written Commitment \$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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Select the Type of Contribution In Kind
Name the Source of the Contribution ORCCA program space costs
Select Type of Source Private
Date of Written Commitment 09/08/2008
Value of Written Commitment \$1,000

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.

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Select the Type of Contribution In Kind
Name the Source of the Contribution ORCCA Administrative Support
Select Type of Source Private
Date of Written Commitment 09/08/2008
Value of Written Commitment \$5,000

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.

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Select the Type of Contribution In Kind

Name the Source of the Contribution Coos County Mental Health
Select Type of Source Government
Date of Written Commitment 09/15/2008
Value of Written Commitment \$98,000

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.

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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 Dept. Human Services
Select Type of Source Government
Date of Written Commitment 09/15/2008
Value of Written Commitment \$26,376

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 Oregon Dept. Human Services SPD
Select Type of Source Government
Date of Written Commitment 09/15/2008
Value of Written Commitment \$7,005

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.

This expansion project is in the application stage. Subject to a grant award being given, data will be entered into HMIS.

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 \$81,696

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	Total
1. Outreach	\$100 Appl. Fees/ 7 people	\$700	\$700	\$1,400
2. Case Management	10% FTE	\$8,580	\$8,580	\$17,160
3. Life Skills (outside of case management)		\$0	\$0	\$0
4. Alcohol and Drug Abuse Services		\$0	\$0	\$0
5. Mental Health and Counseling Services		\$0	\$0	\$0
6. HIV/AIDS Services		\$0	\$0	\$0
7. Health Related and Home Health Services		\$0	\$0	\$0
8. Education and Instruction		\$0	\$0	\$0
9. Employment Services		\$0	\$0	\$0
10. Child Care		\$0	\$0	\$0
11. Transportation		\$0	\$0	\$0
13. Other (must specify)				
Move-in Costs - Deposit	7 units @ 1 month's rent	\$3,404	\$3,404	\$6,808
Move-in Costs - Utility Hookups	7 units @ \$200	\$1,400	\$1,400	\$2,800
Furnishings - furniture, kitchen items, bedding	\$350 each for 7 people	\$2,450	\$2,450	
14. Total SHP dollars requested		\$16,534	\$16,534	\$33,068
15. Cash Match		\$4,134	\$4,134	\$8,268
16. Total SHP Supportive Services Budget		\$20,668	\$20,668	\$41,336
17. Other resources (cash and in-kind)		\$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 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	\$81,696		\$81,696
6. Supportive Services From Supportive Services Budget Chart	\$33,068	\$8,268	\$41,336
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)	\$114,764		
10. Administrative Costs (Up to 5% of line 9)	\$5,738	Max. Admin. Allowed	\$5,738
	Total SHP Request (Total lines 9 and 10)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
	\$120,502	\$8,268	\$128,770

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	ORCCA COOLS Expan...	09/10/2008

Program Outcome Logic Model (HUD 96010) Attachment Detail

Document Description: ORCCA COOLS Expansion 2008 Logic Model