

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	3	0	0	3
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	2	0		2
Adults ages 18-24	1	0		1
Accompanied Children under age 18	9		0	9
Unaccompanied Children under age 18			0	0
Total Persons	12	0	0	12

Click Save to automatically calculate totals

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Bonus



3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:			\$38,556
Total Units:			3
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NY - Ithaca, NY MSA (3610999999)	3	\$38,556

Rental Assistance Budget Detail

Instructions:

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

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

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

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NY - Ithaca, NY MSA (3610999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$632	x	12	=	\$0
0 Bedroom		x	\$842	x	12	=	\$0
1 Bedroom		x	\$911	x	12	=	\$0

2 Bedrooms	3	x	\$1,071	x	12	=	\$38,556
3 Bedrooms		x	\$1,383	x	12	=	\$0
4 Bedrooms		x	\$1,750	x	12	=	\$0
5 Bedrooms		x	\$2,012	x	12	=	\$0
6 Bedrooms		x	\$2,275	x	12	=	\$0
7 Bedrooms		x	\$2,538	x	12	=	\$0
8 Bedrooms		x	\$2,800	x	12	=	\$0
9 Bedrooms		x	\$3,063	x	12	=	\$0
Total Units and Annual Assistance Requested	3						\$38,556
Grant Term							1 Year
Total Request for Grant Term							\$38,556

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	.1 PTE Case manager salary & fringe	\$1,872
2. Assistance with Moving Costs	Cost for moving 4 families at an average of \$300	\$1,200
3. Case Management	.5 PTE Case manager salary & fringe	\$7,488
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	.1 PTE Case manager salary & fringe	\$1,872
9. Legal Services		
10. Life Skills	.1 PTE Case manager salary & fringe	\$1,872
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	.1 PTE Case manager salary & fringe	\$1,872

14. Substance Abuse Treatment Services		
15. Transportation	Costs for participant transportation to employment, training, medical or housing related tasks; necessary bus passes & case manager mileage reimbursement to assist participants with housing search, complete housing inspections.	\$1,500
16. Utility Deposits	Costs to turn utilities on for 4 families with an average of \$250/family	\$1,000
17. Operating Costs	Case manager computer, phone, office supplies	\$2,000
Total Annual Assistance Requested		\$20,676
Grant Term		1 Year
Total Request for Grant Term		\$20,676

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$16,289
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$16,289

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Unrestricted Income	08/14/2018	\$16,289

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Private

4. Name the source of the commitment: Unrestricted Income
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/14/2018

6. Value of Written Commitment: \$16,289

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$38,556	1 Year	\$38,556
4. Supportive Services	\$20,676	1 Year	\$20,676
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$59,232
8. Admin (Up to 10%)			\$5,923
9. Total Assistance Plus Admin Requested			\$65,155
10. Cash Match			\$16,289
11. In-Kind Match			\$0
12. Total Match			\$16,289
13. Total Budget			\$81,444

Click the 'Save' button to automatically calculate totals.